

DENTAL MANAGEMENT AND PHYSIOLOGIC CONSIDERATIONS DURING PREGNANCY

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Pregnancy is a unique and dynamic period of various physiological changes that support the formation and maturation of new life. Every gestational woman should be encouraged to seek dental and medical care during her pregnancy as failing to do so can develop health problems for mothers and foetus. During pregnancy women complain of various and problems symptoms that develop during this time like nausea vomiting alteration in taste sensation and food cravings shortness of breath fatigue etc these are caused by various physiologic changes occurring in various systems like respiratory, gastrointestinal, cardiovascular, endocrine, circulatory system, etc. Susceptibility of pregnant women is more to infections than other women because of alterations in pharmacokinetics as well as physiological changes taking place in the body which can precipitate infections.

DENTAL TREATMENT DURING PREGNANCY

Dental professionals are often apprehensive about providing dental care to their pregnant patients due to fear of inadvertently harming the foetus. Systemic infections and disease should be minimized as far as possible in gestational women. Bacteria like *trepanoma denticola*, *actinobacillus*, *actinomyces*, etc. associated

with periodontal disease increase prostaglandin E2, tumour necrosis factor alpha & interleukin 1-B which can start inflammatory response that may stimulate cervical dilation and labor, leading to premature birth. Oral prophylaxis is advisable in any trimester of normal pregnancy to minimize the factorial load of periodontal pathogens. Reinforcement of good oral hygiene habit for the patient is of utmost importance.

Diagnostic Procedures like radiographs are not contraindicated. Foetus is exposed to 1×10^{-5} rade of radiation in full mouth dental film which is far below the teratogenic risk of unborn child. Safety precaution like beam collimation, high speed film, limited exposure lead apron protection, etc should be taken. Local anesthetics can be used in pregnant patients as long as used under therapeutic range and not injected into blood vessel. Many dentists feel comfortable to deliver elective dental care in second trimester of pregnancy as it is not associated with preterm birth in healthy pregnancies and it involves maturation of foetus. Even though the third trimester is also devoted to foetal maturation, gestational women may be prone to back ache, postural hypotension when reclined on dental chair, which leads to discomfort which delivering elective care.