



New Oral Health Guidelines Released for Pregnant Women

*Journal of the California Dental Association Publishes Expert Guidance
on Dental Care During Pregnancy*

For Immediate Release
June 7, 2010

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Sacramento, CA – Health care providers now have evidence-based guidelines to emphasize the importance of pregnant women maintaining good oral health care and the safety of providing appropriate treatment during pregnancy as published in the June [*Journal of the California Dental Association*](#).

“Oral Health During Pregnancy and Early Childhood: Evidence-Based Guidelines for Health Professionals” was developed by a panel of state and national medical, dental, and public health experts who reviewed scientific literature and recent research on the relationship between oral disease, treatment and pregnancy outcomes.

Prenatal and oral health providers are sometimes limited in providing oral health care during pregnancy because they lack understanding about its impact and safety. Dentists may needlessly withhold or delay treatment of pregnant patients because they fear injuring either the woman or the fetus – or because of fear of litigation.

The guidelines, which contain clinical recommendations tailored to specific health professionals, are intended to assist health care practitioners in private, public and community-based settings in understanding the importance of providing oral health services to pregnant women and making appropriate decisions regarding their care.

“Despite the multiple benefits of dental care for mothers and their babies, many women have nagging concerns about its safety during pregnancy,” said Lindsey Robinson, DDS, chair of the California Dental Association Foundation, which convened the panel in collaboration with the American College of Obstetricians and Gynecologists, District IX. “We hope these guidelines put to rest some of those worries and make dental treatment a recognized staple of prenatal care.”

The panel concluded that prevention, diagnosis and treatment of oral diseases, including dental x-rays and the use of local anesthesia, are highly beneficial and can be undertaken during pregnancy with no additional fetal or maternal risk when compared to the risk of not providing care.

Specifically, studies show there is no evidence relating early spontaneous abortion in the first trimester to dental treatment. The panel also found that preeclampsia, a challenging condition in the management of pregnant patients, is not a contraindication for dental care. Additionally,

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control of oral disease in pregnant women has the potential to reduce the transmission from new mothers to their infants of the pathogenic bacteria that causes dental disease.

Robinson hopes the guidelines will encourage prenatal care providers to fully integrate oral health into the care of their pregnant patients. “Pregnancy is a teaching moment for expectant mothers who should be encouraged to include dental hygiene and treatment in their prenatal care for their own health and their baby’s well-being,” Robinson said.

The *Journal of the California Dental Association* is an award-winning monthly peer-reviewed scientific publication that informs dentists about scientific advances, business management strategies and new products.

About the California Dental Association Foundation

The CDA Foundation was formed as the philanthropic affiliate of the California Dental Association in 2001 with the mission to improve the oral health of Californians by supporting the dental health profession and its efforts to increase access to care for the state’s most vulnerable people. The CDA Foundation works with experts in the dental profession, private business, academic institutions and government to produce programs that increase access to care, promote prevention, education and intervention, advance health policy research, and build a sustainable oral health workforce. www.cdafoundation.org.