Every expecting mother debates with herself about when to share the news with friends and family. But there's one person she may not have thought to tell: her dentist. In fact, most women will not see a dentist at all during pregnancy, and few are aware that rising progesterone levels put them at increased risk for gum inflammation (gingivitis) and gum disease (periodontitis). Add morning sickness to the picture, and you've got a mouth that needs—but too rarely gets—special care.
There should be no fear. There should be proactive communication and education.

According to Dr. Rose McPharlin, assistant professor at the OHSU School of Dentistry, pregnant women will and do seek dental care, under the right conditions. "I find that women who have access to care actually do come to see the dentist, often because their physicians or ob-gyns are encouraging it," she says.

It isn't just about women's access and awareness, though; dentists' own fear has played a part. In a 2009 study, ob-gyns reported that 77 percent of their pregnant patients had been refused care by a dentist. One reason could be that decades ago some dental schools taught their students that it was not safe to treat pregnant women. But, Dr. McPharlin says, this is definitely not the case today.

"In the university setting and among contemporary practitioners, we are aware of the need to treat infection, and for communication between all of a woman's health care providers. There should be no fear," she says. "There should be proactive communication and education."

Neglecting to care for pregnant women can have profound effects. Women with chronic gum disease are four to seven times more likely to give birth to premature and low-birth-weight infants. These infants face dramatically higher risks of death in infancy and chronic health problems. In short, neglecting to care for women is neglecting to care for the next generation as well.

The good news is that—with a little strategic timing—almost all dental work can be done safely during pregnancy.

### BEFORE CONCEPTION

- Get evaluated for and promptly treat any existing issues so that they won't be a factor during your pregnancy.

### THE FIRST TRIMESTER

- Morning sickness is usually worst now, but rinsing with baking soda and water after vomiting can help protect teeth.
- The risk of medications harming an embryo is highest during this trimester. Avoid aspirin, ibuprofen, and naproxen (acetaminophen is safe), and delay routine dental care.

### THE SECOND TRIMESTER

- Early in the second trimester is the safest time to get dental work done. But, just in case, delay elective treatments until after giving birth.
- Avoid routine dental X-rays, but if they are necessary to treat a problem you can safely receive them while wearing a lead apron.
- Certain antibiotics and nonlocal anesthetics (e.g., nitrous oxide) should be avoided during pregnancy. Consult with your ob-gyn if any are prescribed.
- Aspirin, ibuprofen, and naproxen can be used, but in short duration (48–72 hours).

### THE THIRD TRIMESTER

- Expect the dentist to use special pillows to position you in the chair. This reduces the pressure on certain large veins, minimizing the risk of cardiac problems.
- Avoid aspirin, ibuprofen, and naproxen.

### AT HOME

- Brush and floss regularly, and use alcohol-free mouthwash.