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ORAL HEALTH CONDITIONS OF WOMEN DURING PREGNANCY

Abstract

Pregnancy is a period in which many hormonal changes occur in the woman's body and, accordingly, many local and systemic changes occur. Increased hormonal secretion and growth of the fetus trigger some systemic and local physiological and physical changes. Local physical changes can be observed in various parts of the body, the oral cavity being one of them. The effect of various factors in this regard has been studied in this article. During different periods of pregnancy, different situations that arise in the oral cavity are reflected.

Keywords: pregnancy, oral cavity, clinical longevity, hormonal changes, prophylactic measures, plaque, bacteria

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Hamiləlik dövründə ağız boşluğunun vəziyyəti

Xülasə

Hamiləlik qadın orqanizmində bir çox hormonal dəyişikliklərin baş verdiyi və buna uyğun olaraq bir çox yerli və sistemli dəyişikliklərin baş verdiyi bir dövrdür. Hormonal ifrazatın artması, dölün böyüməsi bəzi sistemli və yerli fizioloji və fiziki dəyişikliklərə səbəb olur. Bədənin müxtəlif yerlərində yerli fiziki dəyişikliklər müşahidə oluna bilər ki, bunlardan biri də ağız boşluğudur. Məqalədə bununla bağlı olaraq müxtəlif faktorların təsiri araşdırılıb. Hamiləliyin müxtəlif dövrləri zamanı ağız boşluğunda yaranan müxtəlif vəziyyətlər öz əksini tapır.

Açar sözlər: hamiləlik, ağız boşluğu, klinik uzunömürlülük, hormonal dəyişikliklər, profilaktik tədbirlər, ərp, bakteriya

Introduction

The increase in hormonal secretion during pregnancy and the increase in the secretion of estrogen and progesterone hormones are emphasized. Due to such hormonal changes, during pregnancy, the mother develops an inflammatory response to the bacterial plaque tissue on the teeth and gums, and the gums become more sensitive, especially if the mother's care is inadequate. In this condition called "pregnancy gingivitis", the gums appear red, swollen and bleed easily, accompanied by bad breath. If the mother's oral care is not sufficient before pregnancy, this situation may be more severe. Another gum disease that may occur during this period is "pregnancy tumor". The causes of pregnancy tumor are increased hormonal secretions as well as inadequate oral hygiene, as in pregnancy gingivitis. Surgical intervention is rarely needed in its treatment, the disease is usually monitored by a physician during pregnancy and heals spontaneously after birth. If a pregnancy tumor causes a lot of discomfort to the mother, it can be removed by the doctor in the second trimester of pregnancy (Murtomaa, 2016: 115).

Regardless of hormonal changes, one of the health problems that we may encounter during pregnancy is "erosion". Vomiting, which occurs in the early stages of pregnancy, makes the oral environment acidic, causing weakening and erosion of dental tissues.

Toothache During Pregnancy:

Treatments that can be performed during pregnancy differ in each trimester. These;

First trimester:

In the first three months of pregnancy, the baby's organs are in the development phase (Petersen, 2005: 71-74). A bacteremia caused at this stage may negatively affect the baby's organ development, and unnecessary interventions may cause miscarriage. However, in cases where teeth that cause pain and/or may cause more damage if left untreated require urgent treatment, such as extraction or root canal treatment, one should go to the dentist without hesitation. In emergency situations such as toothache or gum infection, it should be taken into consideration that the existing infection may affect the baby's development more than the negative effects of dental treatment. The dentist will apply a treatment that does not harm the baby, in line with the recommendations of the gynecologist (Turkish Dental Association, 2020).

Second trimester:

In the first three months of pregnancy, adequate tooth brushing and oral care cannot be done due to nausea and vomiting. This situation negatively affects tooth and gum health. In order to reduce these negative effects in the second trimester and to protect the health of teeth and gums throughout the pregnancy, a simple dental cleaning should be performed. In addition, during this period, tooth extractions, fillings, root canal treatments, etc., which are not appropriate to be postponed until the end of pregnancy (Karabekiroglu, Unlu, 2017: 89-100). This is the most suitable period for many treatments.

Third trimester:

During this period, the baby has grown considerably in the womb and birth is approaching. The mother cannot sit comfortably in the chair and excessive stress may cause premature birth. Just like in the first trimester, the dentist will not intervene except for emergency treatments (Mutluay, Mutluay, 2019: 175-81).

During pregnancy, gum disease called pregnancy gingivitis is most common in the gums due to the imbalance in estrogen and progesterone hormones. In the early stages of pregnancy, swelling and redness of the gums may be observed. This type of gum is very sensitive and bleeds easily (Fitzsimons, Dwyer, Palmer, Boyd, 1998: 182-188). Pregnancy gingivitis usually begins in the 2nd month of pregnancy, reaches its peak in the 8th month, and subsides after birth.

Factors such as bacterial plaque or tartar, which form in people who do not perform regular oral and dental care and cause gum infection, can take pregnancy gingivitis to more serious levels (Hartnett, Haber, Krainovich-Miller, Bella, Vasilyeva, Kessler, 2016: 565-573).

Studies have reported that untreated maternal gestational gingivitis leads to the birth of a low-birth-weight baby. As with other dental treatments, scaling should be done especially in the second trimester of pregnancy.

The baby's dental development begins in the womb. During this period, the mother should pay attention to a balanced diet for both her own health and her baby's dental development. Protein for dental health, vitamin C (meat, milk, eggs, yellow vegetables and fruits), vitamin C (citrus fruits, tomatoes, strawberries), vitamin D (meat, milk, eggs, fish) and calcium (milk and dairy products, green leafy vegetables). Foods rich in) should be taken in sufficient amounts. In addition, unconscious drug use should be avoided. The medications used may negatively affect the baby's dental health as well as his general body development. Being knowledgeable about your baby's dental health is the first step in ensuring your child has healthy teeth for a lifetime. Learn about baby's dental care and nutrition.

Result. In order to minimize the risk of encountering dental and gum diseases during pregnancy, the mother must pay great attention to oral hygiene. During this period, some expectant mothers state that they are much more sensitive to smells and similar stimuli, and may experience nausea even during a simple procedure such as brushing their teeth (Bertness, Holt, 2017). However, the most important point to know is that it is not possible for the dentist to apply all kinds of treatment to the expectant mother at every period during pregnancy. For this reason, expectant mothers have to pay more attention to their oral and dental health than ever before.

Daily oral care should be done more carefully, teeth should be brushed at least twice a day and dental floss should be used. In this way, the "bacterial plaque" that causes tooth and gum diseases is removed from the oral environment. Apart from these, care can be strengthened with non-alcoholic mouthwashes, and if non-alcoholic mouthwash is not available, gargle with warm salt water to relieve the sensitivity of the gums (Oral Health Care During Pregnancy: A National Consensus Statement, 2012; The National Maternal and Child Oral Health Resource Center, 2012; Turkish Dental Association, 2020).

It is important to have regular dentist check-ups during this period in order to ensure effective plaque control and to prevent possible diseases early.

A diet rich in vitamins and minerals for the expectant mother is among the factors that support the oral and dental health of both the mother and the baby.

In planned pregnancies, it is very beneficial to have a dentist check-up beforehand, to detect problems that may be encountered in the future, and to complete the treatments, if any, before pregnancy. In this way, the desired maximum oral hygiene is achieved (Kaydirak, Shahin, Can, Koray, 2018: 11-16).

Laser Dental Treatment During Pregnancy: Laser tooth preparation before filling (decay removal), Root canal treatment, Gum treatments, Curettage (deep gum cleaning), Removal of soft tissue lesions, Canker sores and herpes treatments, which can be applied to all situations and all age groups, including children, pregnant women, heart patients, Treatment of tooth sensitivities (closing dentin canals), Surgical treatments (such as wisdom teeth, implants, mouth and jaw surgeries), Biostimulation (preventing pain after surgery) treatments can generally be performed without the need for anesthesia. Since laser provides 100% disinfection and sterilization with its strong bactericidal effect in the area where it is applied, it eliminates the risks of re-infection and the onset of caries. The laser has no known side effects. Laser application is not only applied to cancerous tissues. Patients and employees must wear protective glasses during laser applications.

Use of local anesthesia during pregnancy: Local anesthesia can be applied during pregnancy because it reduces stress by preventing pain during treatment. However, care should be taken when choosing a local anesthetic agent during pregnancy.

Local anesthetics containing Octopressin can cause premature birth by causing contraction of the uterus.

This type of local anesthetic should not be preferred during pregnancy.

Dental x-ray during pregnancy: It is not recommended to take x-rays as the baby's organ outlines develop in the first 3 months. There is no harm in taking x-rays in later periods. In this regard, you need to have a photoshoot after consulting your gynecologist. If an x-ray is absolutely necessary for emergency treatment, the expectant mother should wear a special protective lead apron and a low dose should be applied (Agueda, Echeverria, Manau, 2008: 609-15).

Drug use during pregnancy: Paracetamol type painkillers are generally used safely during pregnancy. Care should be taken when using painkillers and the recommendations of your gynecologist should be strictly followed. If antibiotic use is necessary, the use of antibiotics such as penicillin derivatives (amokicillin, etc.) has no harm for the baby. Tetracycline group antibiotics should not be used. If tetracycline is taken during pregnancy, it causes "tetracycline discoloration" on the baby's teeth (Dellinger, Livingston, 2006: 677-97).

Nutrition during pregnancy is very important for the general health and oral health of both the mother and the baby. During pregnancy, the baby's tooth development begins in the 5th and 6th weeks.

In terms of oral and dental health, during the entire pregnancy period: fruits and vegetables rich in vitamins A, C, D, phosphorus and calcium, grains, milk and dairy products, meat, fish and eggs should be consumed in a balanced manner. If adequate oral and dental care is provided along with a good diet, no different teeth and gum problems will be encountered during pregnancy than in the normal period.

Therefore, daily oral and dental care should not be interrupted. Because there is a direct relationship between plaque accumulation, gum diseases and hormonal changes that occur during pregnancy. The increase in hormones that occurs during pregnancy causes the oral mucosa to become sensitive to external factors, especially bacterial plaques.

Conclusion

Before planning a pregnancy, we should consult with a gynecologist and plan, as well as go to the dentist and solve the problems related to our problematic teeth and gums, and also have radiological examinations done to identify teeth that may cause problems and take precautions in advance. In this way, you can have a problem-free and stress-free pregnancy in terms of dental health.

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