CNA HealthPro

Caring for the Pregnant Dental Patient

One of the keys to successful care is good communication between the dentist and both the patient and her obstetrician.

Few patients elicit a greater fear of litigation among dentists than pregnant ones. The thought of a patient alleging that a birth defect or other complication of childbirth had resulted from negligent dental care is certainly worrisome. However, the current body of knowledge suggests that most dental care presents little, if any, risk to either the mother or child.

"Pregnancy alone is not a reason to avoid necessary dental care, states Aaron S. Lifchez, MD, a Chicago reproductive endocrinologist and chairman of the Fertility Centers of Illinois. "Most agents used in dentistry have a wide margin of safety and present minimal risk to the fetus." Himself the son of a dentist, Dr. Lifchez is aware of the concerns dentists have when treating pregnant patients and suggests ways to address these concerns.

Communication

Dr. Lifchez believes the key to effective management of the pregnant patient is good communication, especially the willingness to educate patients about evaluating risks and benefits. Dentists know the risk of not having an abscessed tooth treated is probably greater than the hazards associated with the treatment itself or with supportive antibiotic and other pharmacologic therapy. However, some pregnant women, understandably cautious, may focus only on the risks of recommended treatment and not on the benefits of the treatment or the various risks of *not* undergoing the treatment.

It is therefore important for pregnant patients to understand fully the rationale behind the recommendation. If provided information in an empathetic and understanding way, many women will follow through with care once they understand the importance of your recommendations.

Good communication between the dentist and obstetrician is also essential. Dentists should request a consultation whenever a question arises as to the risks or appropriateness of care with respect to pregnancy. A survey of leading obstetricians showed that, although 91 percent of the respondents did not want to be consulted about routine dental care, 88 percent wished to be contacted prior to the dentist prescribing an antibiotic and 79 percent wanted to be contacted prior to treatments that can induce a bacteremia. (Prophylaxes that produce bacteremias were not specifically queried.) Fifty-four percent of the obstetricians in the survey wished to be consulted before the dentist prescribed an analgesic. (Shrout et. al, "Treating the Pregnant Dental Patient: Four Basic Rules Addressed," ©May 1992, JADA.)

These results show that obstetricians desire a team approach to caring for pregnant patients, especially where prescriptions are concerned. It is a good idea to contact the obstetrician before prescribing medications. Dentists should document consultations in the patient record by making a written entry for phone consults and including all original written correspondence in the chart.

Specific Risk Factors

Drugs. Regarding antibiotics, penicillins remain widely used during pregnancy and are considered to have a wide margin of safety. Cephalosporins are an acceptable choice as well. Dentists should avoid prescribing tetracyclines during pregnancy because of their known effects on the development of enamel.

As for analgesics, acetaminophen is reported to be safe, as are mild narcotics in combination with acetaminophen. The literature recommends against the use of NSAIDs during pregnancy. But it is prudent to consult with the treating obstetrician prior to prescribing narcotic or synthetic narcotic analgesics.

Treatment timing. Dentists have long been informed that elective dental treatment should be performed during the second trimester, if possible. Dr. Lifchez concurs: "We have no research data proving that the risks of dental treatment are greatest during the first trimester. However, the fact that fetal structural development is most significant during the first trimester leads to the conclusion that *any* risk would have its greatest impact during that period. If immediate care is necessary during the first trimester, explain the need to your patient and her obstetrician."

X-rays. Radiographs are often a subject of great concern to pregnant patients. "With regard to dental radiographs, taking one or even a few necessary films presents virtually no risk to the developing fetus, as long as a lead apron is properly used and the beam is collimated," says Dr. Lifchez.

His views are supported in studies cited by Drs. Little and Falace in *Dental Management of the Medically Compromised Patient* (© Mosby), which show that "when an apron is used during contemporary dental radiography, gonadal and fetal radiation is virtually unmeasurable." As with any patient, have a clear reason for taking any radiographs and explain the need to your patient.

Oral hygiene. Increased gingival inflammation and bleeding, caused by hormonal changes, is the most common dental complication of pregnancy. Patients should be instructed in plaque control techniques and encouraged to maintain meticulous oral hygiene. Little and Falace's text notes that "pregnancy does not cause periodontal disease but only modifies and worsens what is already present."

Emergency care. Pregnant patients should be informed of the need to promptly address any dental problems that arise. Emergency dental care usually presents fewer fetal risks than the continued consequences of the pathologic condition. If left untreated, abscessed teeth and periodontal infections can cause bacteremias that might affect the fetus. Even the increased stress from a very painful carious lesion can be detrimental to the pregnancy.

Good dental care can play an important part in a successful pregnancy. By emphasizing communication with both the patient and her physician, and carefully documenting discussions and consultations, dentists can do much to reduce the risks associated with treating pregnant patients.