



The Importance of Oral - Dental Health in Pregnancy



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Abstract

Although pregnancy, physiological and anatomical changes are a natural process, the changes that are causes the deterioration of oral hygiene in the pregnancy. Hormonal changes, nausea, vomiting and malnutrition are among the factors that are causes of oral hygiene deterioration in pregnancy. The relationship between pregnancy and periodontal diseases has been known for many years. It is widely accepted that pregnancy affects oral and dental health negatively. Chances that occur during pregnancy create a favorable environment to deteriorate oral and dental health. Periodontal diseases have their negative implications both for the overall health status of the woman concerned and the fetus. Nurses are responsible for the oral and dental health of pregnant. In addition, there are roles such as promoting, maintaining, educating, coordinating and counseling. The aim of this study is to raise awareness of health professionals about oral and dental health in pregnancy.

Keywords: Pregnancy; Periodontal diseases; Oral and dental health; Nurse

Introduction

Oral and dental health problems in pregnancy are of special importance. Hormonal changes in pregnancy, particularly estrogen changes, can cause hyperemia, inflammation, bleeding, increased sensitivity to gingiva and increased risk of bacterial infection as a result, resulting in increased gum disease [1]. However, because pregnant women believe that dental treatment during pregnancy affects pregnancy negatively, they usually delay treatment. Most women do not know the negative effects of bad oral hygiene on pregnancy. In the studies carried out, it is observed that pregnancy periodontitis developed in two of the three pregnancies [2].

Oral hygiene directly affects an individual's self-respect, talking, nurturing and overall feeling good. Such problems decrease the quality of life of women and they cause serious economic and social problems [3]. Changes that occur during the pregnancy period create a suitable environment for the impairment of the health of the mouth and teeth. Common oral and dental health problems seen in pregnancies are pregnancy gynecology, benign oral gum lesions; tooth whirling, tooth erosion, tooth decay and periodontitis. The incidence of gingivitis in pregnancies has been shown to be 25-100% [4]. However, it is stated that common nausea and vomiting in the wombs cause erosion of the tooth base and impaired acid base balance in the mouth. Increased incidence of caries in the pregnancies, mouth and halitosis were also detected [5].

It is recommended that comprehensive oral and dental health assessments should be performed on pregnancies. Poor oral health negatively affects both general health and quality of life of woman and fetal health [6]. Periodontal diseases seen in pregnancy can

cause not only maternal health but also cardiovascular diseases such as low birth weight, premature rupture of membranes, premature birth, preterm delivery and preeclampsia in childhood, diabetes and depression [2-8]. Pregnancy is also considered to be the most appropriate time for the development of oral dental health for mothers and children and prevention of caries in early childhood period [9,10]. In the studies carried out, it has been reported that the frequency of oral and dental health problems in women during pregnancy varies between 30% and 98.8% [11-15].

Gram negative bacteria or lipopolysaccharides and cytokines can be transported to both placental tissues and uterus and cervix. It is thought that porphyromonas gingival is triggered placental tissue inflammatory responses and initiated premature labor by the release of effector molecules. Oral bacterial microorganisms pass through placental tissue and may affect Amniotic membrane, amniotic fluid, placenta, fetal circulation, brain and lung [16-18].

Studies show that the rates of going to dentists of pregnant are not at the desired level [19,20]. In a study (2013) examining oral hygiene habits and dental visits to the latest gestation of women in the postnatal service, the behaviors of women towards oral hygiene in the gestation and their attendance to the dentist were found to be inadequate [3]. Among the reasons why pregnant women don't go to dentistry, there are some factors such as financial problems, not having problem about the teeth, not giving importance, not knowing the effects on pregnancy, and not reaching at the service [21-25]. In the study of the relation of oral and dental hygiene to premature birth (2011); It is seen

that oral health is worse in preterm delivery. It is determined that there are deficiencies in mothers as to the oral and dental health information. As a result, it was determined that women who gave preterm delivery would be more conscious if they were informed about dental controls [26].

Research has shown that treatment and care for oral and dental health in pregnancy is safe and effective [27-30]. Dental treatment and care in pregnancy should be assessed according to trimesters. The optimal time for dental treatment in pregnancy includes the completion of the organogenesis period, the second trimester and the last [29]. In the first 3 months and last 3 months, any treatment but urgent interventions should not be done. It has been reported that periodontal treatment in pregnancy has significantly reduced oral health problems. For this reason, the development oral dental health is an important part of the prenatal care [31-33].

Physicians, dentists and nurses should work together to ensure that women receive adequate oral and dental care before and during pregnancy. Nurses have important roles and responsibilities in maintaining and improving oral dental health. Nurses roles and responsibilities; screening, oral health and dental care education with control systems to be formed, nutrition education. Nurses play important roles in the development and maintenance of oral health behaviors of pregnant women. In the first prenatal follow-up with the formed forms, the pregnant's mouth should be evaluated in terms of dental health [34]. Oral health and dental health education; nausea and vomiting in pregnancy and change in eating habits, tenderness in the gums due to hormonal changes and easy bleeding can be seen. In such cases you should not stop brushing your teeth and continue to clean your teeth with a dentist's recommended brush. In addition dental plaque should be cleaned using dental floss. If it is necessary every three months, change the toothbrush earlier and brush the teeth more frequently if necessary with fluoride toothpaste twice a day [34]. Adequate and balanced nutrition during pregnancy will also be an important contribution to the development of the mother and baby teeth. Calcium for healthy tooth development, consumption of the rich foods in phosphorus and vitamins are important [34].

Health professionals who follow-up pregnancies should evaluate oral dental health problems of all pregnant women in the scope of prenatal care, and the women having inadequate oral hygiene should be directed to the dentists, and educations about dental health protection should be given. Periodontal disease is thought to be prevented by good oral care, and oral health care can be given to pregnant women to prevent complications related to training with periodontal disease.

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