PERIODONTITIS IN PREGNANT WOMEN

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Abstract: Women who are pregnant may be at an increased risk of pathological dental conditions, such as periodontitis. This is associated with complications for both the mother and baby, including the potential for the mother to lose teeth as well as an increased risk of preterm birth or low birth weight for the baby.

Periodontitis is an inflammatory condition caused by bacteria that invade the connective tissues surrounding the teeth, such as the gums and bones. In the early stages of the disease, it can cause symptoms such as tender, red and swollen gums. In severe cases, the gums can pull away from the teeth and the connective tissues loosen, which can cause the teeth to fall out.

It has been suggested that the hormonal changes during pregnancy, particularly the marked increases in estrogen and progesterone, maybe in part responsible for the increased risk of developing periodontitis. Other possible factors that may be involved in the aetiology include changes in blood flow to the gums.

Although it has been observed that babies born to mothers with periodontitis are more likely to be born prematurely or with low birth weight, it is not clear why this is the case. The results have been normalized for other factors, such as lifestyle and dietary factors, but there appears to be an independent association between periodontitis and the risk of low birth weight and premature birth [1].

Periodontal disease generally begins with a bacterial infection in the gum (gingival) tissue, which progressively destroys the tissue and the underlying bone. If left untreated, the bacterial infection causes an inflammatory reaction in the body, which can significantly deepen the gum pockets (space between the teeth and gums) and forces the gum and jawbone to recede. Eventually, the progressive nature of periodontal disease causes the teeth to become loose and unstable, and eventually fall out.

Pregnancy causes many hormonal changes which increase the risk of the expectant mother to develop gingivitis (inflammation of the gum tissue) and periodontal disease. These oral problems have been linked in many research studies to preeclampsia, low birth weight of the baby and premature birth. Expectant women should seek immediate treatment for periodontal disease in order to reduce the risk of pre-natal and post-natal complications. It is particularly important for pregnant women to take good care of their teeth while they are pregnant to help prevent problems with dental health, such as periodontitis. Firstly, self-care of the teeth is crucial [2, 3]. Women who are pregnant should be encouraged to brush their teeth at least twice a day and to floss daily. This helps to remove plaque from around the teeth and gums on a regular basis so that it is difficult for a bacterial infection to take hold. The use of mouthwash may also be useful in some cases.

Dental care during pregnancy is generally considered to be safe. This can play a key role in the removal of plaque and bacteria that may cause an infection and possible complications for the woman and her child. Regular dental appointments for cleaning
teeth at intervals throughout pregnancy are recommended for this reason [4].

However, some dental procedures used in the treatment of periodontitis, such as scaling and root planning, may cause problems at some points during pregnancy. These procedures are usually best performed between 14 and 20 weeks of gestational age.

There are many safe, non-surgical treatment options available for pregnant women. It is of paramount importance to halt the progress of the periodontal disease in order to increase the chances of a safe and healthy delivery.

Initially, the dentist will assess the exact condition of the gums and jawbone in order to make a precise diagnosis. Scaling and root planing are two common non-surgical procedures used to rid the tooth-root surfaces of calculus (tartar) and remove the bacterial toxins from the gum pockets.

The advantages to the pregnant woman are plentiful. The risks of pregnancy complications caused by periodontal disease are reduced by as much as 50%, and these treatments will alleviate many unpleasant and harmful effects associated with gingivitis and periodontal infection. Dentists can provide dental education and recommendations to pregnant women on effective home care which can reduce risks that may affect her and/or her child’s health. Risks of periodontal disease can be vastly reduced by proper home care, smoking cessation, dietary changes and the ingestion of supplementary vitamins.

References: