Don’t Fight It Tooth and Nail: Your Dentist is on Your Side during Pregnancy!

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“There are so many risks to the baby if I go for dental work, right?” “What about x-rays?” “I don’t like going to the dentist anyway, so I’ll probably just wait until my baby is born. That should be fine, right?” Worries, excuses, we’ve heard it all at MotherToBaby when it comes to dental procedures during pregnancy. We often receive questions from women wondering whether dental care is safe. In short, the answer is….yes! What better time to talk about the reasons why it’s ok than during June – typically the month the American Dental Association dubs as “Oral Health Month.”

Routine dental care is low risk, and most emergency procedures can be done as well.
Good oral health improves your overall health, and increases your chances of a good pregnancy outcome. However, when you are scheduling a dental appointment and are pregnant (or trying to get pregnant), let the office know so that they can be prepared to make decisions about which procedures are safe for your baby. In some cases, you or your dentist may want to wait until after delivery for elective (non-necessary) procedures.

Here are some commonly asked questions we get from pregnant women:

- **When I brush my teeth, my gums have started to bleed. Is this normal? What should I do?**

Bleeding gums is a common problem during pregnancy. Pregnant women have hormonal changes that can increase their chances of getting gum problems such as gingivitis (puffy and tender red gums that bleed easily). Your dentist will want to monitor this so that it does not progress to a more serious gum disease. Periodontal disease is a bacterial infection of the gums and jaw bones that support the teeth, and can increase your chances of having a smaller baby, delivering early, and having other pregnancy complications. Dentists recommend that you floss daily, and get your teeth cleaned on a regular basis during pregnancy (consider having it done more frequently, if you are having pregnancy gingivitis).

- **It seems like pregnancy is causing me to get more cavities in my teeth…am I right?**

Pregnancy can contribute to women having more cavities. This is in part due to changes in diet such as frequent snacks including sugary foods. To prevent cavities, eat a healthy diet and brush your teeth after eating sweets. In addition, if you have morning sickness, the acid from your stomach can affect your tooth enamel and make cavities more likely. Rinse your mouth with water or mouthwash after morning sickness episodes. If your toothpaste is making your morning sickness worse, ask your dentist for the name of a bland-tasting toothpaste.

- **What if I need to get a cavity filled or a tooth pulled? Can I have a local anesthetic?**

Agents like lidocaine which are injected into your gums are low risk for your baby. In one study, researchers compared pregnant women who received lidocaine injections as part of dental treatment with women who did not, and found no significant increase in risk for miscarriage, prematurity, or birth defects. If you need a pain medication, your dentist will take into account where you are in your pregnancy so as to make a choice that is safest for your baby.

- **Are dental x-rays safe in pregnancy?**

You may choose to have routine X-rays done prior to pregnancy, or to delay them until after you deliver – talk to your dentist about the best options for you. However, if you have a dental emergency and need to have them done, don’t

hesitate. Advances in technology have made dental X-rays safer, and they do not involve as much radiation or may not involve radiation at all. Your dental office will cover your neck and abdomen with a lead apron, which lessens the exposure to your baby even more.

- **What else can I do to ensure dental health?**

Schedule a visit to your dentist before you are pregnant. Get teeth cleaned, gums examined, and any dental issues addressed prior to pregnancy.

Brush your teeth at least twice a day and floss once a day. This helps reduce plaque, the sticky film that covers your teeth and can make gums inflamed and increase your risk for periodontal disease.

I hope I've given you a few good tips to chew on – Your teeth and baby will thank you. Have a healthy pregnancy!

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About MotherToBaby
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Let’s be honest, we live in an era of perfection. Perfect hair, perfect nails, perfect teeth, perfect everything! Nowadays, it seems like almost all the celebrities, and influencers, have some type of work done on their teeth, and it looks great! Makes you want to try it out for yourself. However, these options might not be affordable or available to everyone. I know I wouldn’t be able to get those treatments for myself. So, I have settled for teeth whitening products used at home. Because yes, I too want pearly white teeth!

Now, does it matter if I am pregnant or breastfeeding? Which ones are okay to use, the strips, the toothpastes, and/or the blue light therapy? So many options to choose from, right? Before we talk about each of those ingredients, it’s important to point out that every pregnancy starts out with a small chance (3-5%) of having a baby with a birth defect, we call this the background risk. Now that we have defined the background risk, when we talk about any possible increased risk for birth defects, we refer to the increased risk above that background risk. Now, let’s break it down and take a look at some of these products and their ingredients.

1. Whitening strips

Most teeth whitening products contain various ingredients that are not well studied in pregnancy or lactation. Without good research it’s difficult to know whether the ingredients can cause a problem for the developing baby or breastfed infant. However, when the product is used as directed on the teeth (not swallowed) it is unlikely that a significant amount would enter the pregnant woman’s system or the breast milk. Let’s take a closer look at some of those common ingredients:

- Carbamide peroxide breaks down into urea and hydrogen peroxide when in contact with organic compounds in living tissues.
    - Urea is a chemical formed from protein breakdown and is often used in lotions to improve hydration. Urea is also found naturally in the body and is also part of breast milk. Since the body can excrete large amounts of urea, exposure to small or moderate amounts of urea is not expected to increase the chance of birth defects or cause any adverse effects to the breastfed infant.

    - Hydrogen peroxide is added to cosmetics and personal care products as an antimicrobial ingredient to

inhibit the growth of microorganisms. It also oxidizes stains on the teeth to whiten them. When in contact with your teeth, hydrogen peroxide will break down as a molecule of water and oxygen gas. Because of this, it is not likely to pose any significant chance for birth defects or problems while breastfeeding.

You may also find,

- Sodium Hydroxide. This ingredient is commonly found in industry and home-based products, such as soaps. It is toxic to tissues, and it is not meant to ingest or breathe. When used in dental preparations, they alter the acidity of the mouth for better protection of the teeth. There are no human studies done on sodium hydroxide in pregnancy or breastfeeding. However, due to potential maternal alkalosis (increase in the pH of the body), careful use should be advised in when an individual has kidney problems during pregnancy or while breastfeeding.

- Glycerin is colorless, odorless, and a sweet glycerol (sugar alcohol), used as a lubrication agent in multiple cosmetic products such as toothpaste, shaving cream, and soaps. Glycerin crosses the placenta in small amounts but there are no studies in humans looking at glycerin. However, since data in animals did not show any increase in birth defects, it is not likely that glycerin in tooth whitening would put a pregnancy or breastfed infant at increased chance for problems.

- Menthol is widely used in a variety of products in the cosmetic world as a flavoring and fragrance agent. There are no studies in humans on use of menthol in pregnancy or breastfeeding. However, animal data did not show any increase in birth defects. Therefore, when used in small amounts, it is unlikely to pose any increased chances for birth defects or any other problems during pregnancy or while breastfeeding your baby.

- Carbomer is commonly used as thickening agents and emulsifiers for pharmaceuticals and many other products. Carbomer is added to teeth whitening strips as a thickener and usually found in small amounts in some products. Because of the large molecular size of carbomer and the small amount used in these products, it would be unlikely to cause problems during pregnancy or enter the breast milk in amounts that are of concern for a breastfeeding baby.

2. Whitening toothpastes

Majority of these toothpastes contain:

- Sodium Monofluorophosphate (MFP), a sodium salt commonly used to increase the amount of fluoride incorporated into the enamel which can help prevent cavities. No research has been done during pregnancy; it is unknown if it causes problems for the baby. Sodium Monofluorophosphate can potentially cause adverse

effects if ingested, its use should be monitored closely during pregnancy and while breastfeeding your baby.

- Sodium fluoride is a colorless or white powder that dissolves in liquid. Sodium fluoride is mostly used for prevention of dental cavities, to polish the teeth, and reduce oral odor. Sodium fluoride can be found in drinking water. Ingestion of these ingredients in excessive amounts during pregnancy could lead to impaired development of the baby's teeth. Sodium fluoride gets into the breastmilk in small amounts, and it is not expected to cause adverse effects to the breast-fed infant.

3. Blue (LED) Light Therapy

This therapy is often used to treat acne and sun damage. This therapy will only work in areas where the light reaches, and it usually needs a combination of photosynthesizing drugs to activate the ingredients and help whiten the teeth. This blue (LED) light therapy is used with gels or strips containing some of the ingredients above. Some may contain ingredients we have not reviewed above. There is limited research on the use of blue light therapy during pregnancy or breastfeeding and the risk of birth defects or other pregnancy problems are unknown. However, the light itself is not expected to increase the risk of birth defects or pose any adverse effects to the breastfed infant.

4. Other ingredients commonly used:

- Herbals are not regulated by the Food and Drug Administration (FDA). Therefore, we are never sure what is in the product, and there is not enough information to evaluate possible risk to a developing baby or breastfed infant. For more information about herbals and supplements during pregnancy or breastfeeding, please refer to our fact sheet at: https://mothertobaby.org/fact-sheets/herbal-products-pregnancy/.

- Alcohol should be avoided completely during pregnancy. It has been established that there is no known amount or type of alcohol that is okay to consume during pregnancy. However, using a teeth whitener with alcohol is not expected to result in a significant amount getting in your bloodstream or the breast milk since the product is applied topically. Do not swallow or drink any of these products and use as directed on the package. If desired, you can select an alcohol-free product. To read more about alcohol during pregnancy and while breastfeeding, please refer to our Fact Sheet at: https://mothertobaby.org/fact-sheets/alcohol-pregnancy/ .

If you are interested in learning more about other products and their individual ingredients, make sure to contact the experts at MotherToBaby.

And remember, it is important to feel good in your own skin but, if you are leaning towards getting your teeth whitened, here are some tips to think about before buying any product.

- Look for non-alcohol based products.

- Use the product as directed, do not swallow it, and do not exceed the time listed on the package.
- Contact the experts at MotherToBaby.org with your questions.

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Tanya called in on a Monday morning. “I’m getting married in a few months and we want to start trying to get pregnant right away. What should I be doing now to have the best chance of a healthy baby?”

Preconception health and pregnancy planning present a terrific opportunity to assess a wide range of factors that can give your baby the best start. This blog will outline the things to consider, as I relayed to Tanya:

Your Personal Health

Are you generally healthy? If you already get headaches or have acid reflux, know that pregnancy can make these more frequent. Ask your doctor if the way you treat these common conditions should change once you are pregnant. Ask about your current exercise routine and if you need to alter it during pregnancy. Get checked for sexually transmitted infections because some may not show symptoms. Also discuss your medications – some should be stopped before you start trying to conceive, such as Valproic acid, leflunomide (e.g. Arava®), teriflunomide

(Aubagio®), methotrexate, and isotretinoin (e.g. Accutane®) to name just a few. For others, you'll want to weigh the risks vs. the benefits with your health provider before you conceive. Talk with your doctors now to make a plan.

Caffeine

Do you drink caffeinated coffee, tea, or soda? What about energy drinks, protein powders, or Kombucha? MotherToBaby's fact sheet on caffeine may put your mind at ease and encourage you to think about all your beverage options.

Body Weight

Is your weight a concern? One of the best things you can do before conception is to get to a healthy weight. Women who are overweight or obese have increased risks for miscarriage, birth defects, gestational diabetes, high blood pressure and preeclampsia, and unplanned cesarean birth. Now is a good time to meet with a nutritionist or go on a sensible diet to get to a healthy weight in anticipation of pregnancy. Once you are pregnant, continue to watch what you eat but don't try to lose weight. Weight gain is inevitable during pregnancy but guidelines from the American College of Obstetricians and Gynecologists (or ACOG, the leading professional society for OB/GYNs) advise women to gain anywhere from 11-40 pounds, depending on your pre-pregnancy weight. It's a myth that you need to "eat for two," so don't set yourself up for postpartum weight gain by eating more than you should. After delivery of an average 7-8 lb. baby, you may lose 2 lbs. in amniotic fluid, 1.5 lbs. of placenta, 5-7 lbs. in blood volume, and 2 lbs. as the uterus returns to its normal size. That could still leave you with 10 pounds of excess weight, or more if you gained more weight during the pregnancy. Some women never take off those extra pounds, and their weight creeps up with successive pregnancies and age, which can lead to pregnancy complications and chronic health problems later on. See our exercise fact sheet for more information.

Chronic Health Conditions

Do you have chronic health conditions like diabetes, high blood pressure, migraines, asthma, high cholesterol, heart conditions, varicose veins, or anemia? Do you have an autoimmune disease like Crohn's or ulcerative colitis, lupus, rheumatoid arthritis, ankylosing spondylitis, multiple sclerosis, psoriasis or psoriatic arthritis? Meet with your obstetrician for a "preconception" appointment to discuss how a pregnancy might impact your health, and how your health might affect a future pregnancy. Your specialist can provide an important opinion too. A maternal-fetal medicine specialist (MFM) is a doctor who specializes in high-risk pregnancies, and consulting with a MFM once you are pregnant could help you learn how to optimize your and your baby's health.

Mental Health

What about your mental health? If you have a history of anxiety or depression, ADHD or other conditions, ask your psychiatrist and OB about treatment, and don't make changes before you do. Many medications can be continued during pregnancy and while breastfeeding. In fact, mental health is incredibly important – for example, when a woman doesn't treat her mood disorder or inadequately treats it, some studies suggest risks for miscarriage, premature birth, low birth weight, and preeclampsia. Talk therapy is vitally important too. And if you struggle with mental health

concerns during the pregnancy, you are at risk for postpartum depression. Let's face it – pregnancy and caring for a new baby is stressful, so now is the time to marshal your helpers – friends, relatives, therapists and doctors – to ensure you have enough support. Your obstetrician should ask about mental health but if not, speak up. Your doctor can be your ally here, helping you get treatment and addressing concerns related to pregnancy and postpartum mental health. And MotherToBaby can give you an overview of the research related to any prescriptions you might choose to take.

Dental Health

Have you seen a dentist lately? Oral health can impact a pregnancy, meaning that if you have swollen or bleeding gums, a toothache or an infection, it can increase risks to the pregnancy. If you need to have a dental x-ray, take antibiotics, or have local anesthesia for a dental procedure, these are generally acceptable during pregnancy, but best to complete before you get pregnant. Contact MotherToBaby for more details.

Your Workplace

Where do you work? MotherToBaby can give you information to minimize exposures in a veterinarian office, dry cleaners, salon, laboratory/hospital, imaging center, pest control service, or other business. Your occupational safety department can recommend personal protective equipment (PPE) and tell you about ventilation that may be in place to ensure workplace safety. Safety data sheets (SDS) give an overview of chemicals used in industry and are available online or at work.

Food Safety

Read up on food safety and learn how to minimize your exposure to foods that have commonly been associated with foodborne illness such as E. coli or listeria. Get in the habit of washing your fresh fruits and vegetables well. Check out other blogs on our website too.

Vitamins and Supplements

Have you started taking a prenatal vitamin? Are you getting enough folic acid? ACOG recommends that women take at least 400 mcg of folic acid before getting pregnant and at least 600-800 mcg/day once they are pregnant. This can help prevent birth defects of the brain and spinal cord. Call MotherToBaby if you want to learn the recommended daily intake for specific vitamins or minerals. In general, taking more than what is recommended is not advisable – we haven't studied how mega-doses of vitamins may impact a pregnancy. Other supplements beyond taking a prenatal vitamin are not advisable either – the Food & Drug Administration (FDA) doesn't supervise their manufacturing plants and past surveys have shown some supplements actually contain contaminants. Furthermore, we've seen instances where the label didn't match the contents of the bottle and could cause ill effects. Pregnant and breastfeeding women should avoid herbal supplements unless specifically recommended by your doctor.

Alcohol, Cannabis, and Tobacco

Do you smoke cigarettes? Do you use cannabis for medicinal or recreational purposes? Do you drink alcohol? Recent research has demonstrated that marijuana use very early in pregnancy causes changes in brain development, which could result in behavioral or learning challenges we see later in the child's life. Cigarettes increase risks for pregnancy loss, among other things. And alcohol is known to cause a variety of birth defects known as fetal alcohol spectrum disorder (FASD). We don't believe that there is a "safe" amount of alcohol which when consumed doesn't cause issues for a developing child. Now is the time to quit smoking, drinking, and using cannabis – your baby will be heathier for it. MotherToBaby can provide resources, or check with your doctor.

Vaccinations

Are you up to date on all your vaccines? Did you get a flu shot this past season? You don't want a vaccine-preventable illness to have an impact on your pregnancy. Flu infection can increase risks for more severe symptoms, longer-lasting illness, pregnancy loss and premature delivery, which can have a lifelong impact on your baby. Flu vaccine helps prevent infection. Another benefit to vaccinating during pregnancy? Studies show the protection extends to your baby, and gives them a little extra immunity from birth until they can receive vaccines. Also good to know: some vaccines can be given and are recommended during pregnancy, like a flu shot or TDAP, but others are best given before you conceive to avoid a small risk of spreading the illness to the fetus (e.g. the measles, mumps, and rubella (MMR) vaccine, as well as the Varicella (chicken pox) vaccine) – so try to get these done at least a month before trying to conceive. Check your medical records to see the last time you received any of these vaccinations. If you don't know if you were previously vaccinated, your doctor can draw blood to check if you have immunity.

Your Pets

Do you have a cat? There is some concern in pregnancy about an infection called toxoplasmosis, which is caused by a parasite that can be found in cat feces. Read our blog for more info on what you can do to prevent this infection if you have a fur baby at home.

Other Illnesses

Do your upcoming travel plans involve travel to a warm tropical place? Check out our Zika fact sheet to learn more before you book nonrefundable tickets. In general, women will want to wait to try to conceive for eight weeks from the time of your return home; the wait time is three months if your male partner travels with you. COVID-19 is also spreading around the globe and our fact sheet can give you the latest information on whether and how it could affect a pregnancy.

Finally, your obstetrician or primary care doctor would be glad to see you for a Preconception consultation. Make an appointment to discuss your personal history and health. It's a great way to get you and your baby off to the best start.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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