Pregnant women are hardly informed about the importance of oral health

By DTI

A new mother herself, pregnancy gingivitis has become a subject close to Dr Anja Carina Borer’s heart. She set up a joint campaign between Oral-B and the European Federation of Periodontology (EFP), which promotes oral health during pregnancy and educates health professionals and the wider public on the issue. Originally trained as a dentist in Mainz in Germany, Anja now serves as Professional and Scientific Relations Manager Europe at Procter & Gamble in Geneva in Switzerland, where we met with her for some questions and answers on the subject. Fittingly, she brought along her 4-month-old daughter, who cooed quietly in her pram throughout the interview.

Oral-B and the EFP have touched upon a very important and personal topic, in that periodontal disease could affect the developing baby.

Dr Anja Carina Borer: Yes. Gingivitis is a well-known side-effect during pregnancy and the latest data shows that practically every pregnant woman suffers from it. The number of bleeding sites is about three times higher in pregnant women than in the average adult. Even I, a dentist equipped with more than enough scientifically sound Oral-B products, experienced some gingival bleeding for the first time in my life! As we know, untreated gingivitis can lead to periodontitis, the inflammatory burden of which can negatively impact pregnancy. Although more consistent in-depth studies are necessary, periodontitis during pregnancy has already been linked with premature birth, low birthweight and pre-eclampsia. This topic is important as most pregnant women are not aware of this problem and therefore often do not recognize the warning signs of gum problems such as bleeding or sensitive gums. With our campaign, we want to inform women and make sure they take good care of their oral health and see a dental professional in order to prevent possible oral health problems and pregnancy complications.

How can periodontitis lead to these complications?

Clinical studies suggest that bacteria from the oral cavity — specific microorganisms associated with periodontitis — colonise the foetus and the placenta, with blood as the most likely vehicle of transmission. As a consequence, the presence of periodontal bacteria in the feto-placental unit may activate a local immune or inflammatory response that might negatively affect the pregnancy.
Biologically, that makes perfect sense, but how widely accepted is this point of view?

Although clinical research on the matter has existed for years, it is still a fairly neglected topic. Not only does it not receive enough attention from dental professionals, it is also largely overseen by healthcare professionals such as gynaecologists and midwives. When I was pregnant, I was warned about many potential risks, ranging from flying to eating sushi or dying my hair! I did enough research on the aforementioned “risks” to conclude that there is no scientific data to support these. However, no one—my gynaecologist included—told me to go and see a dental professional or take care of my oral health.

To me, this really is a very personal matter, as I fell pregnant while establishing the cooperation concerning pregnancy gingivitis with the EFP. I find it worrying that pregnant women are hardly ever informed about the importance of good oral health during pregnancy. Therefore, I was passionate about establishing the Oral-B/EFP cooperation and lead the joint campaign. Our aim is to better educate dental professionals and medical professionals in general, as well as the wider public, on the importance of good oral health during pregnancy.

Could you explain the changes in the bodies of pregnant women that cause pregnancy gingivitis?

The biggest hormonal changes in a woman’s life take place during pregnancy. It is a period of great change and obviously the mouth is one of the main areas affected by such changes, which in itself can lead to gingivitis.
It is not for nothing that people used to say that women gain a child and lose a tooth. During pregnancy, there is a 150 times increase in oestrogen compared with the amount during a normal menstrual cycle. This and the increase of progesterone and other hormones lead to an increased vascular permeability of gingival tissues, which promotes gingival inflammation in the presence of dental plaque. For women who have already developed periodontitis, the situation usually gets worse because of the changed hormonal situation.

Apart from cardiovascular disease, periodontal disease is known complication of diabetes. What is the risk of pregnant women with diabetes developing periodontitis?

For women who already have diabetes, the biggest challenge is to keep their blood sugar under control. Independent from this, a small percentage of women develop diabetes during pregnancy. Although this type of diabetes disappears after pregnancy, these women need treatment in order to avoid serious complications. Both groups, however, have a higher risk of developing periodontal disease. It is important to note that treatment is more likely to succeed if a person’s blood sugar levels are under control. Vice versa, periodontal disease also negatively impacts diabetes. Overall, it is important that women with diabetes take care of their oral health before and during pregnancy.

How do you integrate all of your findings in your Oral-B seminars?

Oral-B’s mission is to promote oral health and work closely with dental professionals to ensure optimal home care. Our collaboration with the EFP serves as a way to raise awareness about all matters concerning oral health during pregnancy. Our educational activities such as the Up-to-Date events are a way to communicate this and support dental professionals in their objective to improve oral health. We believe a healthy mouth is part of a healthy body and promoting good oral health during pregnancy is one way to help to achieve this.

How can general dental practitioners, periodontists and dental hygienists integrate this last thought into their daily practice?

It is important that they understand the connection between oral and general health, be it the link between periodontitis and diabetes, as well as cardiovascular disease, or complications during pregnancy. Gynaecologists, cardiologists and endocrinologists too should be aware of this connection. That being said, many women avoid professional dental care during pregnancy and, conversely, many dental professionals are insecure about treating pregnant patients. However, female patients of childbearing age should be informed about the importance of oral health during pregnancy. This is especially important for patients who suffer from periodontitis. These patients should be encouraged by dental professionals to undergo treatment before pregnancy. During pregnancy, non-surgical periodontal therapy has been considered safe in the second trimester.

Finally, what would your tips be for pregnant women?

Women who have periodontitis must seek treatment before pregnancy, whereas women who enjoy good oral health should go and see a dentist or a dental hygienist in the second trimester for a dental cleaning. Of course, they should brush their teeth twice a day with a fluoride-containing toothpaste—even better is an antibacterial toothpaste containing stannous fluoride—and clean their teeth interdentally. It is scientifically proven that electric brushes such as our Genius toothbrush are particularly good for reducing plaque and gingival bleeding. Moreover, they are a practical solution for women who have less time to brush their teeth. There is no question that all mothers with a baby will know exactly what I am talking about.