



Advancing Oral Health in Pregnant Females

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Oral health is a critical component of overall health and well-being yet, oral disease remains a silent epidemic in part due to missed prevention opportunities [1]. Physiological conditions such as pregnancy, puberty, menstrual cycle, menopause and non-physiological conditions such as hormonal contraception and hormonal therapy, all influence women's oral health [2]. Pregnant women have special oral health needs due to hormonal fluctuations (estrogen and progesterone), which have a strong influence on the oral cavity. Maintenance of oral health during pregnancy has been recognized as an important public health issue worldwide [3]. Several studies have shown a positive relationship between periodontal disease and adverse pregnancy outcomes, including low birthweight, preterm birth, preeclampsia, and miscarriages. Moreover, maternal oral disease increases risk for early childhood caries. Early childhood caries is the most common chronic disease in childhood and can result in significant health and developmental consequences (e.g. increased emergency room and hospitalization visits, poor nutritional intake, delayed physical growth and development, missed school days) [4,5].

The pregnancy period has been recognized as an important focus area on Women's Health. Health care goals during the inter-conception period are to improve the knowledge, attitudes, and behaviors of women regarding their preconception health, ensure all women of childbearing age receive preconception care services, reduce risks to future pregnancies, reduce disparities in adverse pregnancy outcomes. In many cases neither pregnant women nor health professionals understand that oral health care is an important component of healthy pregnancy. Internationally, evidence-based guidelines support the integration of oral health education, promotion and dental referral mechanisms in to the care pathways for pregnant women. Prevention, diagnosis and treatment of oral diseases, including needed dental radiographs and use of local anesthesia, are highly beneficial and can be undertaken during pregnancy with no additional fetal or maternal risk when compared to the risk of not providing care. Good oral health and control of oral disease protects a woman's health and quality of life and has the potential to reduce the transmission of pathogenic bacteria from mothers to their children [6].

Thus, given that rates of periodontal disease during pregnancy are high and the significant health implications of poor oral health for mother and offspring across the life course, there is a critical need to assess what interventions are available and effective that translate the oral health guidelines into practice and improve oral health during pregnancy and in newborn.

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