Letter to Editor

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# Awareness of Dental Treatment Protocol for Pregnant Women and Lactating Mother's in General Dental Practitioners of Davangere District, Karnataka, India

Oral Pathology and Microbiology Section

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Dear editor,

Oral health is vital for successful pregnancy and lactation. Physiological changes in pregnancy cause several systemic and local physical changes. Alterations in the mother's health and medical and dental interventions during pregnancy and lactation influence on growth of the foetal and infant. Many dentists are reluctant to provide dental care to pregnant patients and lactating mothers due to the risks involved. These apprehensions can cause inadequate oral care in Davangere population. The questionnaire-based Survey was conducted to assess–awareness of established treatment protocols of treating pregnant women and lactating mothers among dentists in this population.

Second trimester is the safe trimester for dental treatment, [1] elective dental treatment like restoration, replacement of the missing teeth and extractions are to be performed in this trimester [2]. Eighty-Eight percent of the dentists had the knowledge about safe trimester and Fifty-Six percent of dentists followed this protocol for restoration, Fifty-Four percent for extraction and Forty-Four percent follow this protocol for teeth replacement. First and third trimesters are not safe because in first trimester major organs are being formed and would be at risk. During the 3rd trimester it is uncomfortable for mother to lie back in a dental chair for a long period and stress in this period may result in premature delivery [1].

Left lateral supine position is the ideal position for treating pregnant women [3], only Fifty-Six percent practitioners treated their patients in this position. Right lateral supine position causes pressure in aorta and inferior vena cava resulting in reduced cardiac output and supine hypotension, to the mother. Dental radiographs can be taken during all the trimesters of pregnancy if standard radiation hygiene practices like use of lead apron and thyroid collar are followed [4]. Twenty-Four percent practitioners followed the protocol. Dental radiography is limited to oral and maxillofacial region, additionally use of high speed films, filtration and collimation greatly reduce radiation exposure and exposure time. The 1st trimester is the period of organogenesis; hence use of diagnostic radiography should be minimized, in this period. Gingival bleeding and calculus deposit should be managed by oral hygiene instructions, prescribing mouth rinses and scaling. Fifty percent of the dentists followed this procedure. Failure to treat these patients appropriately places them at a risk of having preterm low birth weight children [5].

Preferred analgesic of choice for pregnant women is paracetamol and for lactating mother, paracetamol and ibuprofen [2]. Most of the practitioners followed this protocol and rest of the practitioners prescribed contraindicated drugs like aspirin and codeine.

Amoxicillin, cephalosporin and Clindamycin are antibiotics of choice during pregnancy and lactation [2]. Ten percent of dentists treating pregnant women and Twelve percent of dentists treating lactating mothers prescribed antibiotics as per case requirement, irrespective of contraindications in this patient population. Choice of local anaesthesia for pregnant women and lactating mothers is lidocaine with adrenaline [6]. Forty percent dentists treating pregnant women and Fifty-Six percent treating lactating mothers used lidocaine with adrenaline while rest of the practitioners avoided adrenaline. Avoidance of adrenaline would shorten the duration of action which will limit the time available for dental procedure, and induce dental pain/psychological stress [6].

This survey showed that there is a clear lack of knowledge about appropriate management of the pregnant women and lactating mothers, necessitating continuous dental education and dental curricular on the management of the pregnant women and lactating mothers for undergraduate and post graduate.

## REFERENCES

[1] Pregnancy, hormone change and oral health awareness http://bohone.wikispaces.com/Group10.
[2] Lakshmanan Suresh, Lida Radfar, Buffalo NY. Pregnancy and lactation. oral surgery, *Oral Medicine and Oral Pathology.* 2004; June 96: 672-82.
[3] Michael turner, shahid. Management of the pregnant oral and maxillofacial surgery patient. *J Oral Maxillofac Surg*. 2002; 1479-488.
[4] Ra'ed Al- Sadhan, Abdullatif Al- Manee. Dentist's opinion toward treatment of treatment of pregnant patients. *The Saudi Dental Journal.* 2008; 2: 24-30.
[5] N J lopez, P C Smith, j Gutierrez. Higher risk of preterm birth and low birth weight in women with periodontal disease. *Journal of Dental Research.* 2002; 81: 58-63.
[6] Régia Luzia zanata, Karen Barros Parron Fernades, Patrícia Silva Lopes Navarro. Prenatal dental care: Evaluation of professional knowledge of obstetricians and dentists in the cities of Londrina/pr and Bauru/ SP, Brazil, 2004. *J Appl Oral Sci*. 2008; 16: 194-200.

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