

# Supporting Oral Health in Pregnancy and Childhood

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# The Oral-Systemic Connection Across the Lifespan



## Pregnancy/Postpartum

- Periodontal treatment during pregnancy is linked to **lower risk of perinatal mortality, preterm birth, and low birth weight**.<sup>1</sup>



## Childhood

- Early childhood caries (ECC) and its associated pain are linked to negative **impacts on play, school, sleeping, eating, and overall well-being**.<sup>2,3</sup>
- Children with ECC face **significant risk of infection** as well as risks associated with the use of general anesthesia to treat ECC.<sup>2</sup>



## Adolescence

- E-cigarette use (“vaping”), the most common form of nicotine used by adolescents, is linked to **increased risk of gum disease and oral lesions**.<sup>4,5,6</sup>
- Adolescents are more likely to have **oral injuries through school sports**, as well as **chipped teeth from oral piercings** and **dental decay due to increased sugar intake**, as they become more independent from their parents.<sup>7</sup>



## Young Adulthood

- Adolescents and young adults are at **greater risk for eating disorders**, which are linked to increased dental erosion and oral lesions.<sup>8</sup>
- **Use of tobacco and alcohol**, often beginning in young adulthood, increases the risk of developing oral cancer.<sup>9</sup>



## Middle Age

- **Periodontal disease**, which becomes more common in middle and older age, has bidirectional relationships with systemic conditions such as **diabetes, kidney disease, and cardiovascular disease**.<sup>10-13</sup>



## Older Adulthood

- Poor oral health, including periodontal disease, is linked with **increased risk of Alzheimer's disease** and other forms of dementia as well as **hospital-acquired pneumonia**.<sup>14,15</sup>
- Older adults with fewer than 20 teeth are more likely to experience **greater overall disability and cognitive decline**.<sup>16</sup>

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# Learning Objectives

- Understand the bidirectional connection between oral health and pregnancy
- Describe the importance of dental care during pregnancy and early childhood
- Discuss practical recommendations that providers can share with families



# Physiological Changes During Pregnancy



- **Hormonal Impact on Oral Health**

Hormonal changes during pregnancy increase gum inflammation and susceptibility to oral infections.

- **Common Pregnancy Oral Conditions**

Pregnancy gingivitis, periodontitis, and pregnancy tumors are common due to tissue response and plaque accumulation.

- **Behavioral and Systemic Risks**

Diet changes and morning sickness increase acid exposure; untreated infections can trigger systemic inflammation.

- **Importance of Proactive Care**

Timely dental care and patient education reduce complications and support maternal and fetal health.

# Impact on Pregnancy Outcomes

- **Maternal Oral Health Risks**

Periodontal disease significantly increases risks of preterm birth and low birthweight due to systemic inflammation.

Oral pathogens enter the bloodstream, releasing inflammatory mediators that may impair placental and fetal development.

- **Preventive Interventions**

Periodontal treatment during pregnancy reduce bacterial load and inflammation.

- **Education and Outcomes**

Educating expectant mothers about oral health encourages preventive care, improving maternal and neonatal health.



# Dental Care During Pregnancy

- **Safety of Routine Dental Procedures**

Routine dental exams, radiographs, and treatments like cleanings and fillings are safe at any stage of pregnancy. Usually safer and more comfortable in second trimester.

- **Medication Safety**

Certain local anesthetics and antibiotics are safe during pregnancy. Nitrous oxide is not recommended.

- **Interprofessional Collaboration**

Dentists, obstetricians, and primary care providers should collaborate to ensure dental care aligns with prenatal health plans for optimal outcomes.



# Preventive Strategies During Pregnancy



- **Regular Dental Check-Ups** to help monitor oral health and manage conditions like gingivitis and caries.
- **Oral Hygiene Education** on importance of brushing, flossing, fluoride use and management of erosion
- **Advice for Morning Sickness:** rinsing with water or baking soda after vomiting helps reduce acid erosion. Fluoride or remineralizing agents are important
- **Nutritional Counseling** on balanced diets rich in calcium and vitamins support dental and overall health, while reducing sugar intake.
- Dental care **before delivery** for mother and child health.

# Early Childhood Caries (ECC)

- **High Prevalence of ECC**

ECC is the most common chronic condition in children, more prevalent than asthma and obesity.

- **Bacteria Transmission**

Cavity-causing bacteria spread from caregivers to infants through sharing utensils and saliva contact.

- **Risk Factors for Decay**

Frequent sugary liquid exposure and prolonged bottle use increase risk of early childhood caries.

- **Importance of Early Intervention**

Parental education during prenatal and pediatric visits is crucial to prevent ECC and protect oral health.



# Importance of the Age 1 Dental Visit

Prevents Early Childhood Caries (ECC) — most common chronic disease in children.

Establishes a dental home for ongoing, coordinated oral health care.

Children who visit by age 1 have **40% lower dental costs** in first 5 years.

Allows early detection of developmental issues and cavity risk.

Provides caregivers education on brushing, diet, fluoride, and habits.

Reduces dental anxiety by creating positive early experiences.

Improves health equity through early access for at-risk populations.



**1st Dental Visit?**  
By age one or when  
the first tooth  
appears!

# Preventive Care for Children

- **Early Dental Care**

Establishing a dental home by age one enables early risk assessment and timely oral health interventions.



- **Protective Treatments**

Fluoride varnish and dental sealants strengthen enamel and prevent tooth decay in children.



# Preventive Care for Children



- **Nutrition and Habits**

Limiting sugary drinks, early introduction of fibrous foods, avoiding prolonged bottle feeding, especially at night.

- **Good homecare habits:**

Creating good homecare habit as early as possible for prevention and long-term oral health

# Preventive Care for Children



# Role of Parents and Caregivers

- **Modeling Good Oral Practices**

Parents and caregivers establish positive habits by modeling brushing twice daily and flossing.



- **Supervised Brushing for Children**

Supervision until age six ensures proper technique and effective plaque removal.



- **Regular Dental Visits**

Dental visits every six months provide cleaning, risk assessment, and reinforcement of preventive strategies.

- **Education and Support**

Education on oral hygiene, diet, and habits empowers families to maintain lifelong oral health.

# Key Messaging for Families

Dental care is safe and important during pregnancy

Dental and gingival infections can affect pregnancy and baby

Bacteria can easily be transmitted from mom to baby

Primary (baby / milk) teeth are VERY important and should be treated as early as possible

The earlier babies are comfortable with oral care the easier it becomes when they have teeth

Oral health habits (and fears) are shared as a family

# Conclusion

1

Oral health in pregnancy and childhood shapes lifelong wellness for the whole family.

2

Prevention and collaboration help improve community outcomes.

3

Call to action: promote awareness, preventive care, and interprofessional teamwork.

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