

SPOTLIGHT ON: ORAL HEALTH & PREGNANCY

The mouth is the gateway to our body but **did you know oral health can act as a window to what is happening inside the body during pregnancy?**

During pregnancy, women naturally have an increased focus on their own health as well as that of their baby. From morning sickness, to taking additional multivitamins, to reviewing their diet, there are many things to consider.



One thing that may not be at the top of the list of considerations is Oral Health. Pregnancy causes an increased risk of gingivitis, with the Centers for Disease Control (CDC) reporting that **60-75% of pregnant women today have gingivitis.**¹

PREGNANCY HORMONES CAN MAKE THE MOUTH MORE SUSCEPTIBLE TO PLAQUE AND AMPLIFY INFLAMMATION.



A healthy mouth has minimal plaque build-up. Without plaque build-up in the mouth, bad bacteria cannot multiply, cause cavities, gum deterioration or spread beyond the mouth.



When plaque bacteria builds up and the plaque becomes thick and dense, it can provide the perfect environment for bacteria that cause disease to thrive.



Anaerobic plaque bacteria in your mouth create toxins and can lead to inflammation. What's more, these bacteria are known to spread into your body!



Stomach acid from morning sickness can cause enamel to wear away. Oral-B Stannous Fluoride Toothpaste can help protect the teeth against mineral loss caused by stomach acid.

INCREASED HORMONES IN PREGNANCY EXACERBATES GINGIVITIS IN PREGNANCY

During pregnancy the body increases the production of hormones; estrogen, progesterone and relaxin.²

There is a strong link between increasing levels of these hormones and the increasing severity of gingivitis in pregnancy.²

It is thought that progesterone in particular increases the permeability of blood capillaries in the gingiva making the tissue more sensitive to bacteria and its toxins.^{3,4}



HOWEVER GOOD ORAL HYGIENE COMBINED WITH REMOVAL OF PLAQUE THROUGH PREVENTATIVE MEASURES HAS BEEN SHOWN TO REDUCE GINGIVITIS BY 50% IN PREGNANT WOMEN.⁵

WHY IS GOOD ORAL HEALTH IMPORTANT FOR PREGNANCY (before and during)?

Periodontitis increases the risk of adverse pregnancy outcomes including:



- **PRE TERM BABIES⁶**
- **LOW BIRTH WEIGHT BABIES^{6,7}**
- **PREGNANCY HYPERTENSION (pre-eclampsia)⁸**

THE WARNING SIGNS OF GUM DISEASE TO LOOK OUT FOR IN PREGNANCY⁹



- **Red, swollen or tender gums**
- **Bleeding gums**
- **Receding gums**
- Loose teeth
- Sensitive teeth
- Persistent bad breath
- Pain when chewing

Oral-B is leading the way in innovation, technology and research to help protect your oral health and educate you about the connections between oral health and overall health.

Electric Toothbrush with a Round-Head

Oral-B is the category leader in oscillating-rotating electric toothbrushes. The Oral-B iO's revolutionary technology removes 100% more plaque than a manual brush to give you that professional clean feeling every single day.

Stannous Fluoride Toothpaste

Oral-B Stannous Fluoride (SnF₂) toothpaste helps to protect your gums against bacterial plaque.

Mouth Rinse

Mouth rinses containing bioavailable Cetylpyridinium Chloride (CPC) formulated at 0.07% helps to reduce plaque.

Interdental Cleaning

Plaque easily accumulates and hides between teeth where toothbrushing can't reach. Regular cleaning between teeth helps to remove plaque and helps to protect gums.

Regular Oral-Health Check-Ups

Partner with your dental professional regularly to prevent and detect signs of gum infection at its earliest stages.

Follow a holistic Oral-B regimen for a happy healthy mouth and body!

1. American Dental Association Council of Access, Prevention, and Interprofessional Relations, 2006 - quoted in Centers for Disease Control and Prevention: Pregnancy and Oral Health web page (www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html) last reviewed: February 19, 2019.

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3. Hugoson A. Gingivitis in pregnant women. A longitudinal clinical study. Odontol Revy 1971. 22:65-84.

4. Stamm JW. Epidemiology of gingivitis. J Clin Periodontol 1986; 13:360-366.

5. Loe H. Periodontal changes in pregnancy. J Periodontol 1965; 36:209-217.

6. Daalderop LD, et al. Periodontal disease and pregnancy outcomes: Overview of systematic reviews. JDR Clinical & Translational Research 2018. 3:10-27.

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8. Conde-Agudelo A, et al. Maternal infection and risk of preeclampsia: Systematic review and meta-analysis. Am J Obstet Gynecol 2008; Jan:7-22.

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