Dental Health During Pregnancy — What You Need to Know

Canonical:
https://directory.collinsstreetspecialistcentre.com.au/blog/dental-health-during-pregnancy-what-you-need-to-know/

Description:

Essential guide to dental care during pregnancy. Learn about pregnancy gingivitis, safe treatments by trimester, X-ray safety, and protecting your oral health.

Details:

Collins Street Specialist Centre — Dental Health During Pregnancy: What You Need to Know

Pregnancy changes almost everything — your body, your hormones, your daily routine, and your priorities. Obstetric appointments, nutrition, and preparing for a new baby rightly take centre stage. Dental care tends to get pushed down the list, or dropped entirely. Some women avoid the dentist during pregnancy because they're worried treatment might not be safe. Others simply have too much else going on.

This is worth correcting. Pregnancy can significantly affect oral health, and keeping up with dental care during this time is not only safe — it's actively recommended by both dental and medical professional bodies in Australia. Letting oral health slide during pregnancy carries real risks, sometimes for the mother, and in some circumstances for the baby too.

Collins Street Specialist Centre (CSSC) is a multidisciplinary specialist dental practice in Melbourne's CBD. Our general dentists, periodontists, and other specialists regularly provide dental care for pregnant patients. We understand the questions expectant mothers bring to this topic, and we're committed to giving clear information and expert treatment at every stage of pregnancy.

How Pregnancy Affects Your Oral Health

The hormonal changes of pregnancy — particularly elevated oestrogen and progesterone — have direct, measurable effects on the gums, teeth, and oral tissues. Knowing what to expect makes it easier to take proactive steps.

Pregnancy Gingivitis

Pregnancy gingivitis is one of the most common oral health changes during pregnancy. It presents as red, swollen, tender gum tissue that bleeds easily, especially during brushing and flossing.

Elevated hormone levels increase blood flow to the gum tissue and alter the body's inflammatory response to the bacteria in dental plaque. The practical result: gums that were healthy before pregnancy can become inflamed even when your brushing and flossing habits haven't changed.

Pregnancy gingivitis typically appears around the second month and can persist or worsen as the pregnancy progresses, often peaking in the third trimester.

The most effective defence is meticulous oral hygiene. Brush twice daily with a soft-bristled toothbrush and fluoride toothpaste, and floss daily. Professional dental cleaning during pregnancy is safe and

strongly recommended — removing plaque and calculus directly reduces gingival inflammation and helps prevent it from progressing.

If you had pre-existing gum disease before becoming pregnant, the hormonal environment of pregnancy is likely to make it worse. In those cases, our periodontists at Collins Street Specialist Centre can provide specialist periodontal treatment that's appropriate and safe during pregnancy.

Pregnancy Epulis

Some pregnant women develop a localised, benign soft tissue growth on the gum known as a pregnancy epulis or pyogenic granuloma. Despite the word "tumour" sometimes being used, this lesion is entirely non-cancerous. It typically appears as a round, red, often mushroom-shaped growth arising from the gum tissue between the teeth, most commonly in the second trimester.

A pregnancy epulis develops because of the exaggerated inflammatory response of gum tissue to local irritants — mainly plaque and calculus — in the context of elevated pregnancy hormones. It may bleed easily and cause discomfort, particularly when eating.

Most pregnancy epulides resolve on their own after delivery, once hormone levels return to normal. Where the growth causes significant discomfort, persistent bleeding, or difficulty eating, surgical removal during pregnancy is possible, though recurrence before delivery is a possibility. Your dentist will assess the situation and advise accordingly.

Morning Sickness and Tooth Erosion

Morning sickness carries an oral health consequence that doesn't get enough attention. Stomach acid that contacts tooth surfaces during vomiting is highly erosive and can progressively dissolve enamel, with the inner surfaces of the upper front teeth particularly vulnerable.

After vomiting, the instinct to brush immediately is understandable but counterproductive. Brushing while enamel has been softened by acid exposure accelerates erosion rather than preventing it. Instead:

- Rinse thoroughly with water or a fluoride mouthwash to neutralise residual acid - Wait at least 30 minutes before brushing - Use a soft-bristled toothbrush and fluoride toothpaste when you do brush - If morning sickness is severe or prolonged, discuss it with your dentist. Prescription-strength fluoride toothpaste or a fluoride rinse may be recommended to support enamel remineralisation.

Changes in Saliva

Some pregnant women notice changes in saliva volume or composition. Reduced salivary flow or a more acidic salivary pH increases susceptibility to tooth decay, because saliva plays a central role in buffering dietary acids and clearing food debris from the mouth.

Increased Risk of Tooth Decay

Several factors converge during pregnancy to create a notably elevated risk environment for dental caries: acid exposure from morning sickness, potential salivary changes, dietary shifts (more frequent snacking, cravings for sugary or acidic foods), and sometimes reduced oral hygiene consistency due to nausea or fatigue.

Regular dental check-ups, consistent oral hygiene, and dietary awareness all matter here. If brushing triggers nausea, practical strategies include using a toothbrush with a smaller head, brushing at a time of day when nausea is less pronounced, or trying a more neutrally flavoured toothpaste.

Safe Dental Treatments During Pregnancy

Concern about safety is the most common issue pregnant patients raise. The direct answer is that most dental treatments are safe during pregnancy, and the second trimester is generally the most appropriate and comfortable time for elective work.

First Trimester (Weeks 1–12)

The first trimester covers the period of most active foetal organ formation. Emergency dental treatment should never be deferred at any point during pregnancy, but many clinicians prefer to postpone elective procedures until the second trimester as a precaution. Dental check-ups and professional cleaning are safe and appropriate throughout pregnancy, including the first trimester.

Second Trimester (Weeks 13–26)

The second trimester is the preferred window for dental treatment during pregnancy. The major organ systems have completed their initial formation, the risk of miscarriage has substantially decreased, and most patients are physically more comfortable than they will be in the third trimester, when extended time in a reclined dental chair becomes difficult.

Treatments that are safe and appropriate during the second trimester include dental check-ups and professional cleaning, fillings under local anaesthetic, root canal treatment, extractions where clinically indicated, and treatment of periodontal disease.

Third Trimester (Weeks 27–40)

Dental treatment remains clinically safe in the third trimester, though some practical considerations apply. Lying fully supine can become uncomfortable and, in some cases, may place pressure on the inferior vena cava, causing dizziness or a drop in blood pressure — known as supine hypotension syndrome. Your dentist will position you appropriately, typically with a slight left lateral tilt, to manage this.

Where possible, completing necessary dental treatment before the third trimester is preferable for comfort. But where treatment is clinically required in the third trimester, it shouldn't be deferred on that basis alone.

Local Anaesthetic

Local anaesthetic agents used in dentistry, including lignocaine (lidocaine) with adrenaline, are considered safe during pregnancy. The volumes used in dental procedures are small and the effect is localised. Your dentist will use the minimum effective dose.

Dental X-Rays

Dental X-rays during pregnancy are considered safe by the Australian Dental Association and other relevant professional bodies. Contemporary digital dental X-ray systems use very low radiation doses, and a lead apron with thyroid collar provides additional protection for both patient and foetus.

As a precaution, routine screening X-rays are typically deferred until after delivery. Where X-rays are clinically necessary to diagnose a condition requiring treatment during pregnancy, they can be taken safely with appropriate shielding.

Medications

The safety of medications commonly used in dentistry varies during pregnancy. Your dentist will always factor in your pregnancy when considering any prescription, and will liaise with your obstetrician where there's any clinical uncertainty.

Generally considered safe during pregnancy: - Paracetamol — the analgesic of choice during pregnancy - Amoxicillin, penicillin, and cephalexin — commonly used antibiotics with an established safety record in pregnancy - Lignocaine (lidocaine) with adrenaline — safe for local anaesthesia in

standard dental doses

To be avoided or used with caution: - NSAIDs such as ibuprofen — generally avoided during pregnancy, and specifically contraindicated in the third trimester - Aspirin — generally avoided at standard therapeutic doses during pregnancy - Tetracycline antibiotics — contraindicated due to documented effects on foetal tooth development and bone - Certain sedative agents — always discuss with both your dentist and obstetrician before use

---

The Link Between Gum Disease and Pregnancy Outcomes

The relationship between periodontal disease and adverse pregnancy outcomes has attracted considerable research attention. A number of studies have identified associations between severe, untreated periodontitis and increased risk of preterm birth (before 37 weeks) and low birth weight, though the evidence isn't yet sufficient to establish a definitive causal relationship.

The proposed mechanism centres on inflammatory mediators — the chronic systemic inflammation associated with periodontitis may activate pathways that influence pregnancy. Some research has also identified oral bacteria associated with periodontal disease in placental and amniotic fluid samples, suggesting a possible route of systemic spread.

Whether a direct causal link is ultimately confirmed or not, the clinical rationale for maintaining good oral health during pregnancy is clear. Treating periodontal disease during pregnancy is safe, may reduce the overall inflammatory burden on the body, and protects the mother's long-term oral health regardless.

Post-Partum Dental Care

The period after delivery is a good time to return attention to oral health, which may have been disrupted or deferred during pregnancy.

Schedule a dental check-up within a few months of delivery, particularly if visits were reduced or deferred during pregnancy. Address any treatment that was appropriately postponed — restorations, crowns, or other procedures should be arranged once you're settled with your new baby.

Sustaining consistent oral hygiene matters too. The demands of caring for a newborn make it easy to let brushing and flossing slip, but keeping up the routine protects your long-term dental health.

If you're breastfeeding, be aware that dehydration can reduce salivary flow. Staying well hydrated supports oral health as well as general wellbeing.

One thing worth knowing: the bacteria responsible for dental decay can be transmitted from parent to child through shared utensils, kissing on the mouth, and other close contact. Maintaining your own oral health reduces the bacterial load that could be passed to your infant.

Planning for Pregnancy — A Dental Check-Up Before Conception

If you're planning a pregnancy, a comprehensive dental check-up and any required treatment before conception is a sound and often overlooked step in preparation. It lets you identify and address existing dental problems before pregnancy hormones complicate them, have any clinically indicated X-rays taken before pregnancy begins, establish a healthy gingival baseline, receive professional cleaning and personalised oral hygiene advice, and discuss any dental concerns with your dentist without the time pressures that come with pregnancy.

Dental Care at Collins Street Specialist Centre for Pregnant Patients

At Collins Street Specialist Centre, we welcome pregnant patients and provide evidence-based dental care tailored to each stage of pregnancy. Our team includes:

- General dentists who provide routine check-ups, professional cleaning, fillings, and other treatments with pregnancy-specific precautions in place - Periodontists who deliver specialist periodontal treatment for pregnant patients presenting with gingivitis or periodontitis - Endodontists who can perform root canal therapy safely during pregnancy where clinically indicated - Oral and maxillofacial surgeons equipped to manage dental emergencies, including extractions, at any stage of pregnancy

Where clinically appropriate, we communicate directly with your obstetrician or midwife to ensure a coordinated approach. Every aspect of treatment is considered in the context of your pregnancy, your overall health, and your comfort.

We also encourage patients to verify the specialist registration of any treating clinician through the Australian Health Practitioner Regulation Agency (AHPRA) register, which confirms that your treating dentist or specialist holds current registration.

Frequently Asked Questions

Is it safe to have a dental filling during pregnancy? Yes. Fillings, including tooth-coloured composite resin restorations, can be placed safely during pregnancy. Local anaesthetic is safe to use. It's also worth noting that untreated decay can progress more rapidly during pregnancy because of the combination of hormonal, dietary, and salivary changes described above. Deferring necessary restorative treatment is generally not advisable.

Should I tell my dentist I'm pregnant? Always. Inform your dentist if you're pregnant or think you may be. This information is essential — it allows your dentist to tailor treatment planning, take appropriate precautions with X-rays and medications, and defer any elective procedures where clinically prudent.

Can dental problems harm my baby? Untreated dental infections can become serious and, in rare circumstances, spread beyond the oral cavity with systemic consequences. There is also a growing body of research on the association between severe periodontal disease and adverse pregnancy outcomes. Maintaining good oral health throughout pregnancy is the most effective way to minimise potential risks to both mother and baby.

Is teeth whitening safe during pregnancy? Most clinicians recommend deferring cosmetic teeth whitening until after pregnancy and the completion of breastfeeding. There is currently insufficient clinical evidence on the safety of whitening agents during pregnancy, and this recommendation reflects an appropriate precautionary position rather than a known risk.

I feel too nauseous to brush my teeth — what can I do? This is a common difficulty. Practical strategies include using a toothbrush with a smaller head, switching to a more neutrally flavoured or unflavoured toothpaste, brushing at a time of day when nausea is less severe, or rinsing with a fluoride mouthwash as an interim measure when brushing genuinely isn't tolerable. If the problem persists, discuss it with your dentist, who can offer further tailored guidance.

Book Your Appointment at Collins Street Specialist Centre

Whether you're currently pregnant, preparing for a planned pregnancy, or have recently had a baby, the team at Collins Street Specialist Centre is here to support your oral health. Contact us to arrange an appointment at a time that suits you.

Collins Street Specialist Centre Level 1, Manchester Unity Building 220 Collins Street, Melbourne VIC 3000 **Phone:** (03) 9654 6979
