Pregnancy is an exciting time in a woman’s life. In addition to your excitement, you may have questions about how your pregnancy will affect your dental care.

During your first trimester of pregnancy, our focus will be on maintaining a preventative care program that will consist of plaque control and oral hygiene instructions. In addition to dental cleanings, only emergency dental needs will be considered during this trimester.

The second trimester and the first half of the third trimester is generally considered the safest time to provide dental treatment. Some simple restorative procedures and periodontal maintenance may be recommended during this time to eliminate potential problems and control active disease.

If your preventative care program continues in to your third trimester, adjustments may be needed to chair positioning to prevent lightheadedness. Periodically positioning yourself on your left side will help alleviate any faint feeling.

Dental radiographs, performed properly with the use of a lead abdominal shield, pose an extremely LOW risk to your growing baby. However in the interest of safety, radiographs are generally postponed until the pregnancy is complete. If an emergency dental situation presents, the fewest number of images necessary to obtain the correct diagnosis will be taken.

Due to fluctuations in hormone levels, pregnant women may notice changes to their gum tissue. Your gums may appear more swollen and bleed easier. Your dentist may recommend additional dental cleanings to help manage this condition.

Morning sickness is common and has the potential to cause permanent damage to the tooth enamel. You should rinse your mouth with water after vomiting rather than immediately using a toothbrush and paste; as this may inadvertently remove layers of enamel softened by stomach acids.

Additional changes that may be noticed during pregnancy related to dental health are changes in bone density that may affect your jaw bone and an increased gag reflex.

Please continue to provide us updated information regarding your medical conditions and medications, so that we can ensure that we are providing you the best care possible care during this very special time.

My signature below acknowledges I have read and understand the information provided to me and my questions have been answered.

Patient’s (or Legal Guardian’s) Signature Date

Print Patient’s (or Legal Guardian’s) Name/Relationship Date