

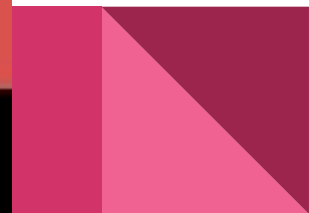
Mamá Self-Care

By Sandra, Cindy, Maria, Nashyra, Nadzeya,
Rebecca







THE ART OF
FOR-TWO ING



Gingivitis

- Gingivitis is the first stage of gum disease
 - Caused by the accumulation of plaque and tarter in the gums
 - Symptoms include red, inflamed gums that bleed easily
 - Risk Factors: poor oral hygiene, smoking/tobacco use, stress, hormonal changes, manifestations of systemic disease etc.
 - Gingivitis can be avoided by maintaining good oral hygiene.
 - It is a REVERSIBLE condition if it is treated. If left untreated, gingivitis can progress to periodontitis which involves receding gums and bone loss.
- 

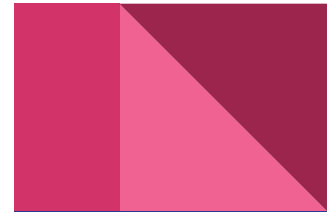
What is Pregnancy Gingivitis?

- Gingivitis that is induced by increased levels of estrogen and progesterone.
 - The changes in hormones can lower the body's immunity and make it more vulnerable for bacteria to multiply in the gums.
 - The increased hormone levels can also cause hyperaemia, edema and bleeding in the gum tissues which can lead to risk of oral infections.
 - Poor oral hygiene increases the risk of pregnancy gingivitis significantly.
 - About 60% - 75% of pregnant women have gingivitis.
- 

Healthy Gums

Vs

Diseased Gums



Effects on the Mother

- Placenta produces large levels of Progesterone and Estrogen.
- Increases gingival sensitivity to irritants.
- Usually occurs at the second month of gestation.
- Gums may appear red- ‘swollen strawberry’.

Gingivitis can lead to perio disease.

What is Periodontitis?

Gum disease that damages the soft tissues and bones.



Why is Oral Home Care *crucial* during Pregnancy?

- Nausea and vomiting are seen in 70% of pregnancies. This can lead to erosion.
- During the first months of pregnancy some mothers may have extreme interest in some foods, especially carbohydrates.

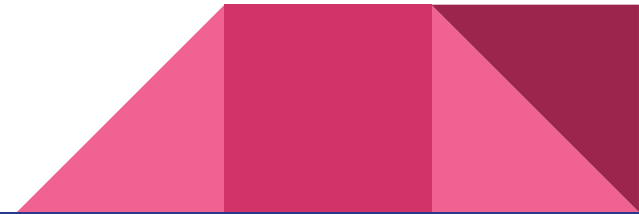
Although mothers are known to face tooth decay and gingival problems during pregnancy, if they take some simple precautions, they will not have any loss of teeth or dental problems.

“Pregnancy is not a disease state but instead it is a sign of being healthy.”



Effects on the Baby

- Preterm delivery
- Low birth weight
- Miscarriage
- Preeclampsia (Mother's blood pressure- greater than 140/90 mm Hg)



Is Pregnancy Gingivitis Preventable?

*60-70% of
pregnant women
have gingivitis*

A woman with good oral health and dental homecare prior to pregnancy will not experience major changes in their gums and they will have a lower chance of developing pregnancy gingivitis

- Good dental home care (flossing daily, brushing 2x/day)
- Inform your Dentist and Hygienist if you are planning to get pregnant

Remember...

- Pregnancy increases susceptibility to gingivitis, due to increases in hormones and hypersensitivity of the immune response
- Removing plaque daily can prevent gingivitis



Goals for Today

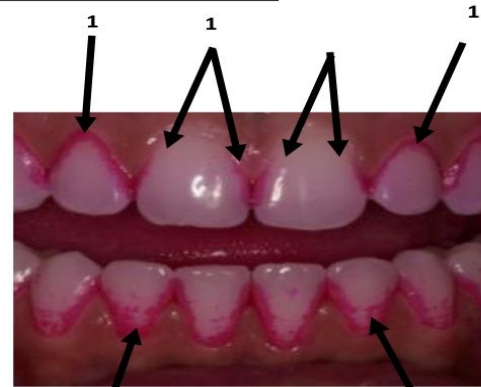
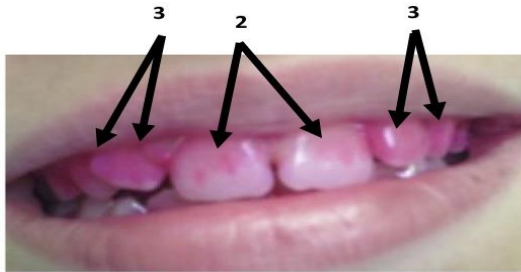
1. Bring awareness and educate pregnant mothers on the importance to maintain good oral hygiene during pregnancy in order to avoid pregnancy gingivitis
2. Educate the course instructor on the importance to promote good home oral care during gestation
3. Assess the current state of oral hygiene at home as well as in office visits by using questionnaire
4. Visual assessment of the gingival health and collection of Plaque Index
5. Teach and demonstrate the proper technique of brushing and flossing



How do we calculate the Plaque Index?

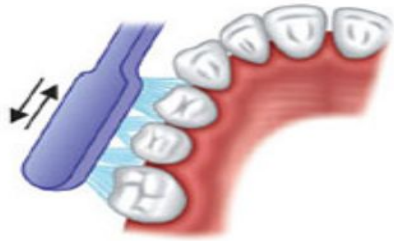
Debris Score and Criteria

- 0** = No soft debris or stain present
- 1** = Stainable soft material covering up to one-third of the tooth surface
- 2** = Stainable soft material covering half of the tooth surface
- 3** = Stainable soft debris covering more than three-quarters of the tooth surface

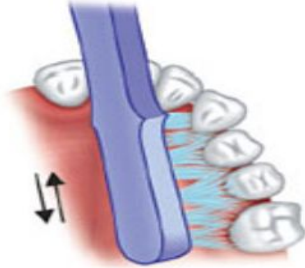




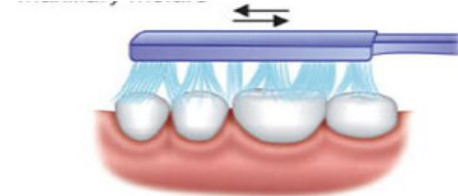
Toothbrush Technique



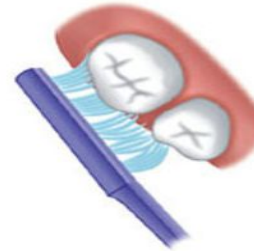
1 Toothbrush position on facial and facioproximal surfaces of maxillary molars



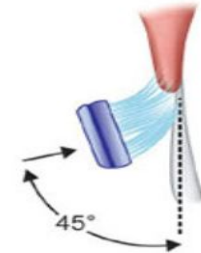
2 Palatal position on molars and premolars



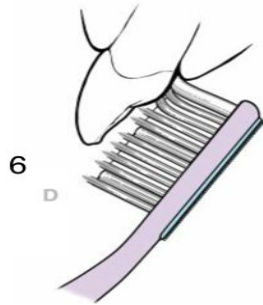
3 Brush position on occlusal surface used with Bass, Stillman and Charter's method



4 Palatal position on incisors



5 Intrасulcus position of the brush at 45° angle to the long axis of the tooth



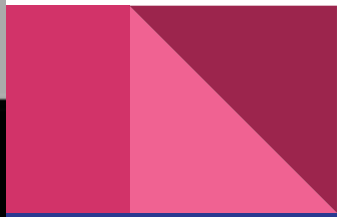
6

D

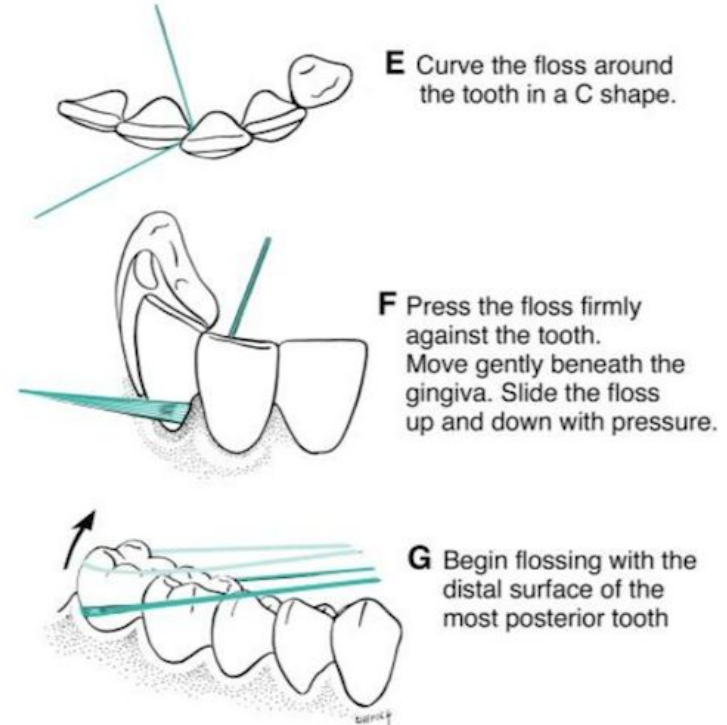
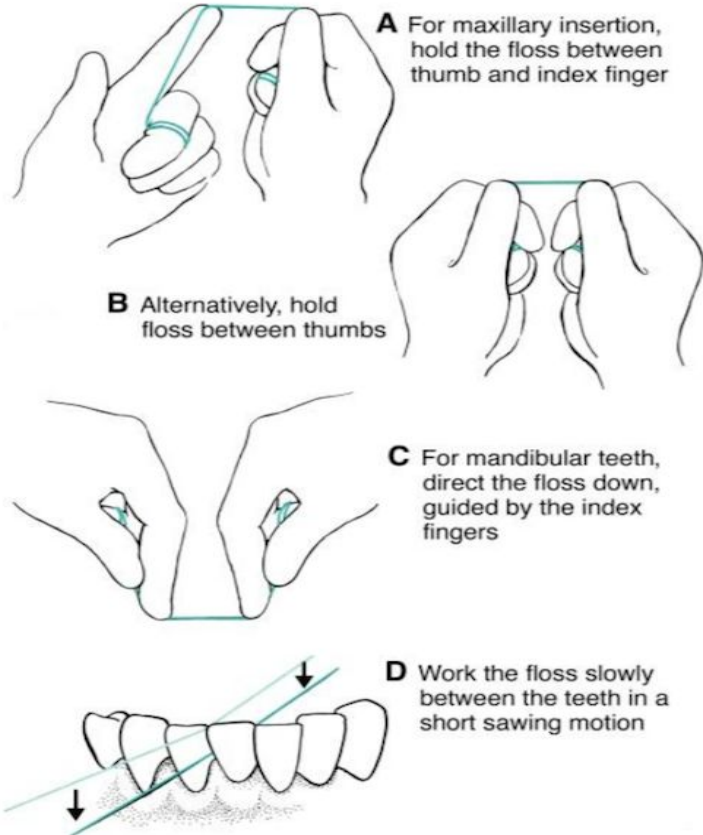


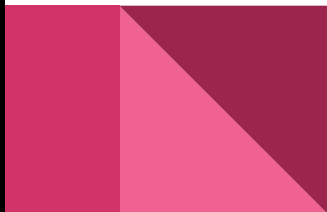
Powered by Ortho2


ORTHODONTICS
www.orthodontics.com




Floss Method

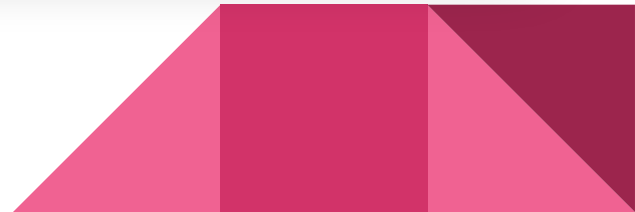




To Summarize...

- Brushing and flossing using the correct techniques are essential for prevention of pregnancy gingivitis.
 - It is also very important to get dental examinations before and during pregnancy to prevent or treat gingivitis and/or other conditions.
 - It is recommended for pregnant women to have oral hygiene services during the second trimester (around the 14th to 20th week marks)
 - Consider the effects of pregnancy gingivitis on the unborn baby.
- 

Thank You All for Listening!



References

“Preeclampsia: Symptoms, Causes, Treatments & Prevention.” *Cleveland Clinic*, my.clevelandclinic.org/health/diseases/17952-preeclampsia.

“The Pregnant Patient and Infant.” *Wilkins' Clinical Practice of the Dental Hygienist*, by Linda D. Boyd et al., Jones & Bartlett Learning, 2021, pp. Ch. 46.

Saadaoui, Marwa, et al. “Oral Microbiome and Pregnancy: A Bidirectional Relationship.” *Journal of Reproductive Immunology*, Elsevier, 19 Feb. 2021, www.sciencedirect.com/science/article/pii/S0165037821000231.

Yenen, Z., & Ataçğ, T. (2019). Oral care in pregnancy. *Journal of the Turkish German Gynecological Association*, 20(4), 264–268. <https://doi.org/10.4274/jtgga.galenos.2018.2018.0139>

