

MOTHER AND CHILD ORAL CARE - AWARENESS

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INTRODUCTION:

Motherhood is one of the most beautiful milestones in a woman's life. The most precious gift bestowed upon a woman is her ability to procreate new life. This turning point in her life causes numerous changes from emotional and social to physical changes. The changes that occur during pregnancy can have long term effects on her health. A pregnant woman cannot afford to ignore her oral health, as oral health care definitely contributes to her general well being. Not only does the effect of poor oral health have an impact on the health of the mother herself but also on the child.

ORAL HEALTH ISSUES ASSOCIATED

WITH PREGNANCY: Good oral hygiene becomes more important during pregnancy, as the gums tend to be especially reactive to the hormonal changes in your body. The most common oral problem associated with pregnancy is bleeding gums. This condition, called pregnancy gingivitis, can be controlled and even prevented with thorough scaling and polishing to remove tartar (calculus) and plaque

that irritate the gums. This needs to be followed up with good brushing and flossing, twice daily at home.

It is best to complete any dental treatment work before getting pregnant so that your mouth can stay trouble-free during your pregnancy.

During pregnancy, a routine dental check-up and cleaning is recommended to ensure that a high level of cleanliness is maintained. This is especially so during the 4th to 8th months when bleeding from the gums are most commonly seen.

If morning sickness keeps you from brushing with toothpaste, just brush with a moist toothbrush or use bland, non-foaming toothpaste. Frequent vomiting may cause wear or erosion of the dental enamel, which could lead to sensitivity at a later stage. So it is advisable to rinse mouth with water immediately after vomiting.

If emergency dental treatment is to be done due to pain, infection or injury, don't delay it. After all, if it improves your health, it's probably good for your baby as well.

Eating a balanced diet is necessary to provide the correct amounts of nutrients to nourish both the mother and the child.

What you eat during the nine months of pregnancy affects the development of your unborn child — including teeth. Your baby's teeth begin to develop between the third and sixth month of pregnancy, so it is important that you receive sufficient amounts of nutrients — especially calcium, protein, phosphorus, and vitamins A, C, and D.

It is a myth that calcium is lost from the mother's teeth during pregnancy. The calcium your baby needs is provided by your diet, not by your teeth. If dietary calcium is inadequate, however, body will provide this mineral from stores in bones leading to poor quality of bone later on in life. An adequate intake of dairy products — the primary source of calcium — or the supplements your obstetrician may recommend will help ensure that you get all the calcium you need during your pregnancy.

A radiograph may be needed for dental treatment or a dental emergency that can't wait until after the baby is born. Untreated dental infections can pose a risk to the fetus, and dental treatment may be necessary to maintain the health of the mother and child. Radiation from dental X-rays is extremely low. However, every precaution is taken to minimize radiation exposure. A leaded apron minimizes

exposure to the abdomen and should be used when any dental radiograph is taken. A leaded thyroid collar can protect the thyroid from radiation, and should be used whenever possible. The use of a leaded thyroid collar is strongly recommended for women of childbearing age, pregnant women and children. Dental radiographs are not contraindicated if one is thinking of starting a family or is breast feeding.

During pregnancy, body's hormone levels rise considerably. Gingivitis, especially common during the second to eighth months of pregnancy, may cause red, puffy or tender gums that tend to bleed during brushing. This sensitivity is an exaggerated response to plaque and is caused by an increased level of progesterone in your system

Recent studies have shown that uncontrolled gum disease, or periodontitis, is associated with pre-term births. Considering all the complications of pre-term (premature) births, it makes sense to ensure that your mouth is clean and healthy during your pregnancy.

You can prevent gingivitis by keeping clean, especially near the gum line. You should brush with possible. You should also floss thoroughly each day.

PRENATAL VISITS : Maternal oral health affects not only an infant's future

oral health but also the infant's overall health. Periodontal disease has been linked to pre term labor. The results of initial trials suggest that periodontal therapy can decrease the risk of premature births

ORAL HEALTH ISSUES IN CHILDREN: Eruption of teeth in infants is highly variable. The primary incisors typically begin to erupt between six and 12 months of age. The first molars erupt at about one year and the second molars at about two years. Teeth that erupt with enamel defects, typically areas of white, brown, or rough enamel, are at greater risk of caries. Defects are more prevalent in children who are born prematurely or have a low birth weight, and in children of low socioeconomic status.

BIRTH TO THREE MONTHS OF AGE

Initial counselling should focus on diet. Breastfeeding is the preferred source of infant nutrition. If the infant is bottle-fed, the mother should hold the infant when feeding, and the bottle should not be propped or placed in bed. Only formula or breast milk should be used in the bottle. Fruit juice is discouraged because it is considered a causative agent for decay as it has a rich source of sugar which is nutrient

for streptococcus mutans (the germ causing decay).

FOUR MONTHS OF AGE

Teething symptoms include increased sucking behavior, and loose stools. Increased drooling is common at this age but not necessarily associated with teething. Temperatures higher than 38.1°C (100.6°F) are not associated with teething and should be evaluated for other causes. Symptomatic relief of teething discomfort includes sucking on cold teething rings or washcloths. Numbing gels are less helpful and, in high doses, can be harmful.

SIX TO 12 MONTHS OF AGE

Dietary instruction should be provided. Sugar-containing foods should be limited to meal times, and a regular pattern of meals and set snacks should be developed, rather than "grazing."

The Sippy cup should be introduced at six months of age in preparation for weaning from the bottle or breast at 12 months. Drinks between meals should be limited to water and plain milk. Juice, if introduced, should be limited to no more than 4 to 6 oz per day and only consumed in cups and during a meal. Eating whole fruit is preferable to drinking fruit juice.

FIFTEEN MONTHS AND OLDER

Each child should have an established source of dental care. Dental screening should be performed at each visit to evaluate for decay and other pathology, and to monitor oral hygiene. Oral hygiene should be reinforced along with the use of fluoride toothpaste for every child from two years of age and onward. Parental assistance with tooth brushing should continue until eight years of age. Dietary advice should focus on limiting snacks and drinks between meals and limiting sweetened foods to meal times. The need for systemic fluoride supplementation should continue to be evaluated and supplements prescribed, if appropriate, through age 16. The appropriate use of mouth guards and face shields should be advocated as they are prone to falls.

PROFESSIONAL GUIDELINES FOR CHILD ORAL CARE:

1. Clean an infant's mouth with a gauze pad or infant washcloth after feedings and before bed.
2. Avoid putting the infant to bed with a bottle (this is bad for emerging teeth and also perhaps conducive to ear infections)
3. Begin brushing emerging teeth with a soft-bristled infant toothbrush. Clean other areas of the mouth with a gauze pad or washcloth.
4. When necessary, begin fluoride supplements as prescribed by a pediatric dentist. (Do not use fluoride on a baby's gums or teeth before checking with a pediatric dentist).
5. Ask your pediatric dentist about sealants (a protective coating that covers the teeth) for primary molars and permanent molars.
6. Children should visit the dentist by age 1 (or sooner if necessary).
7. Limit snacks between meals to 3-4 per day, and avoid sugary snacks and drinks
8. Brushing should be supervised (and assisted) until age 8. A small, circular scrubbing motion is recommended for children.
9. Toothbrushes should be changed every 3-4 months.
10. Use a pea-sized amount of toothpaste (ask your dentist if it should be fluoridated), because younger children tend to swallow it. Teach your child to never swallow the toothpaste. They should also learn to swish water in their mouth after brushing and then spit it out.
11. Children should visit the dentist every six months.
12. Set a good example by letting them watch you brush and floss.

CONCLUSION:

Oral health is an inseparable part of general health. And the fact that general health is incomplete without oral health makes oral health absolutely necessary. Thus, the mother's health is not only significant

for her well being but also for her child's well being.

Mother is the personification of affection, and let every moment of affection be healthy and clear from blemishes of diseases

