

Obstetric Patient Care

Dental care is safe and essential during pregnancy. Forward are some treatment guidelines for special needs in pregnancy and the post-partum period. Routine dental hygiene treatment can be done at any time during pregnancy or post-partum. Although, "Routine" x-rays should be postponed until after delivery, if possible. If any other dental procedures during pregnancy are required, please keep the following in mind.

1. Anything other than emergency care should be postponed until 12 weeks gestation (1st trimester).
2. X-rays required to evaluate and treat any problems may be done with abdominal shielding. Postponing until 12 weeks gestation would be best unless it is an emergency.
3. Local anesthetics such as Lidocaine, Marcaine, etc. can be used with or without Epinephrine.
4. Pain relievers such as Tylenol and Tylenol #3 are acceptable in pregnancy and breastfeeding. "NSAIDS" (aspirin, ibuprofen, naproxen, etc.) should be avoided at all stages of pregnancy, but are acceptable during breastfeeding.
5. Antibiotics in the penicillin and cephalosporin classes are acceptable in pregnancy, and during breastfeeding, if the patient is not allergic. Please let the dentist know if there is any history that would require septic bacterial endocarditic (SBE) prophylaxis, so it may be treated appropriately. Tetracycline, Doxycycline, Ciprofloxacin, and Erythromycin estolate are contraindicated in pregnancy. Ciproflaxacin is also contraindicated in breastfeeding.

Pregnancy alone is not a reason to postpone routine or necessary dental treatment; it is safe, effective and should continue throughout the pregnancy. After reading these guidelines if there are any questions please do not hesitate to ask your dentist. They are very happy to help you.