

Oral Health Knowledge of Pregnant Women on Pregnancy Gingivitis and Children's Oral Health

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ABSTRACT

Objective : In Madurai, early childhood caries and pregnancy gingivitis are still common. The purpose of this study was to evaluate the knowledge and attitudes of expectant mothers on pregnancy gingivitis and the dental health of their unborn children. Study design: An awareness survey was conducted in a clinic offering prenatal care. Pregnant women were given a written dental hygiene questionnaire about early childhood caries and pregnancy gingivitis. Of the fifty expectant mothers who signed up for the research. Results: Just 33% of the 50 participants correctly identified the connection between pregnant gum disease and hormone changes. Just 34% of patients had gingivitis, which was indicated by swelling and redness of the gums. Furthermore, a majority of the pregnant mothers surveyed, 58% of them, were unaware of the recommended toothpaste dosage for a child between the ages of eighteen months and 5 years. Nearly 25% of respondents said that a replanted avulsed tooth wouldn't likely survive the brief extra-alveolar time of less than 60 minutes.. Conclusion: Most expectant mothers are ignorant of what constitutes appropriate oral health care for their unborn child and about a common mouth condition that develops during pregnancy. A before birth care program should include teaching in oral medical services.

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1. INTRODUCTION

Over the previous five years, the Madurai Immigration Department says that over 75,000 infants were born in the city annually, including 91,600 in 2012. Pregnant women's oral health knowledge is intimately tied to their own and their children's dental health.1 Pregnancy gingivitis and early childhood caries are two key concerns from the time of pregnancy to the first few years following birth.

Because pregnancy hormone levels fluctuate during pregnancy, women are more likely to get exacerbated gingivitis.2 There is evidence that undesirable pregnancy outcomes may be linked to a mother's poor periodontal health.3. The mother of the child takes care of her first after giving birth. dental health of children. Children's oral health is correlated with moms' dental health and oral flora. If moms have high levels of dental caries, children are more likely to experience early childhood caries.4,5 Early childhood caries are linked to a host of long-term dental issues, stunting growth, and impairing cognitive development,

all of which lower a child's quality of life. Six Investigate. It was discovered that over 50% of preschool-aged children in Madurai had untreated dental caries.⁷ A different survey carried out in 2001 revealed that neither adults nor children receive regular dental care.⁸ However, no particular research has been done on the oral health profiles, beliefs, or knowledge of pregnant women in Madurai.

If medical and dental professionals are aware of the oral hygiene knowledge and beliefs of pregnant women, they can develop a comprehensive prenatal programme that includes dental care for expectant mothers. This programme may also act as the first line of defence against pregnancy gingivitis and childhood dental problems. Therefore, the purpose of this study is to gather data on the oral health beliefs and knowledge of expecting mothers as well as to provide a broad overview of the factors that may discourage them from seeking out the best oral health care for themselves and their children on their own. In this sense, it aims to raise awareness of children's oral health and more quickly promote the prevention of gum disease during pregnancy.

II. MATERIALS AND METHOD

We looked for moral endorsement from the Institutional Survey Board (IRB No. UW12-213) for this investigation. Pregnant women in Madurai were the intended audience. A major Madurai hospital that provided antenatal examinations hosted an outreach survey. The overview was directed in a composed poll design. Self-designed questionnaires with 14 questions each were distributed. A big part of the inquiries alluded to pre-birth dental

Care and required an understanding of how to prevent pregnancy gingivitis. The remaining half dealt with childhood oral health misconceptions, dental trauma management, and caries prevention during postpartum dental care. The questionnaires were given to pregnant women at random in the waiting area for the prenatal checkup. The people who couldn't peruse Madurai or who wouldn't partake in the review were prohibited. The questionnaires were given to the participants to complete on their own, and the completed questionnaires were gathered

III. RESULT

100 pregnant women were invited to participate in the survey, and 50 sets of questionnaires were completed and collected. 50 woman refused to fill in the questionnaire. Of the 100 sets of questionnaires. Based on the 50 sets of valid questionnaires collected, the response rate was 50% (50/100).

With regards to pre-birth dental consideration, the majority of the respondents (76%) saw gum draining as an indication of pregnancy gum disease, however few (34%) had the option to distinguish different indications of the infection like enlarged and blushed gums. Concerning preventive measures, the greater part of the respondents realize that day to day tooth brushing and flossing can forestall pregnancy gum disease (79%), yet relatively few knew that dental exams before pregnancy (30%) and during the subsequent trimester (13%) are additionally deterrent measures. A small percentage of responders (51%) considered proficient scaling as a form of treatment. The responders also didn't know what could happen if they didn't treat the illness. Pregnancy gum disease was connected by some of the responders to unrelated dental conditions such tooth decay (21%) and tooth hypersensitivity (18%). Sixty-six percent of the respondents were either unaware of the disease's potential to cause unfavourable pregnancy outcomes or did not think it might (20 percent). The majority of respondents (95%) were generally aware of the importance of regular dental exams, although less were aware of the importance of properly cleaning and flossing teeth. The answers to specific questions about prenatal Regarding the information questions about dental care for children during pregnancy, about 66% of the participants (64%) agreed that children shouldn't use toothpaste with fluoride until the age of two. Furthermore, only 66% of respondents (63%) are aware that adults should use fluoridated toothpaste. Although a significant number of respondents could identify sugar-rich foods like sweets (94%) and frozen yoghurt (84%) as linked to dental caries, only a minority were aware of the hidden amount of sugar in juice (49%), rolls of bread (49%) and milk (7%). As cleaning tools for young babies' teeth, only 62% of respondents chose the finger and 21% chose the toothbrush, suggesting that many of them were not well aware of.

With regards to the respondents' oral wellbeing convictions (Table 3), 12% of the respondents felt that taking care of a kid in bed would help his resting, and 14% idea that cleaning a kid's teeth once each day was ok.

Because they would soon be lost, some people thought there was no need to worry about a child's primary teeth (16 percent).

DISCUSSION

Past examinations have shown the huge impact of pregnancy on periodontal health.⁹ Despite the fact that data about pregnancy gum disease is promptly accessible on the site of the Division of Wellbeing in Madurai, most of pregnant ladies who answered the survey utilized in this study had barely any familiarity with pregnancy gum disease.

¹⁰ Only 33% of respondents were aware that pregnancy-related gingivitis is influenced by hormonal changes, and only 34% recognized red and swollen gums as symptoms. Pregnancy gum disease only occasionally causes torment and is probably going to be disregarded. A few examinations uncovered a relationship between's periodontal infection and unfavorable pregnancy results.¹¹ Nonetheless, in this review, not very many pregnant ladies knew about the impact of pregnancy gum disease on oral wellbeing, particularly concerning its conceivable effect on pregnancy results. Just 13% of the respondents picked the right response, and as numerous as 66% conceded that they didn't have the foggiest idea.¹² Overviews led in different nations uncovered ladies' absence of consciousness of this oral medical issue. In one review led in southwestern Sydney, the greater part of the pregnant ladies respondents knew nothing about the expected impacts of poor maternal oral wellbeing on pregnancy and baby results. One more investigation of pregnant ladies in Turkey showed that the greater part of the respondents didn't really accept that tooth and periodontal issues could influence pregnancy outcomes. These discoveries demonstrate an overall desperation to advance antenatal oral wellbeing.¹³ These discoveries demonstrate an overall direness to advance antenatal oral wellbeing.

Pregnancy gingivitis can be avoided with dental examinations in the second trimester, according to 75% of research participants, and many of them also thought that dental examinations were unneeded prior to or during pregnancy. Pregnant women may be concerned about the safety of dental checkups. A study discovered an association between routine dental service usage during pregnancy and the oral hygiene practices of mothers.¹⁶ Pregnant women may find it easier to adopt appropriate oral hygiene practices if they are informed about the importance of routine dental exams prior to or during the second trimester of pregnancy. Research indicates that receiving dental care in the second trimester is safe.^{14,15} Notwithstanding the oral medical conditions of pregnant ladies, past investigations showed that lacking maternal oral wellbeing conduct place kids' oral wellbeing at more prominent risk.¹⁴ The oral wellbeing information on moms and guardians is straightforwardly connected with the oral strength of small kids. Thus, it is essential that medical and dental experts teach expectant mothers how to avoid oral problems in their babies as soon as feasible. This study evaluated information related to dental injury executives, fluoride use, tooth rot risk factors, and oral hygiene support in relation to the assessment of postnatal dental considerations.

A high reaction rate(50%) was accomplished in this review. The ladies welcomed to take part were all genuinely intrigued and ready to dive deeper into oral wellbeing information. Consequently, the post-survey schooling got generally excellent input. It is reasonable to anticipate high attendance rates for oral health education programs.

Albeit the polls were just managed at one risk natal exam clinic, the emergency clinic is one of the major antenatal exam communities Madurai, and its patients hail from various pieces of the city. Further review including various focuses is normal. Regarding the poll, as the "Don't have the foggiest idea" choice was not presented as a solution for the inquiries in general, a portion of the respondents left those answers clear. The surveys with clear responses were viewed as invalid and rejected. The survey ought to be altered in ongoing examinations.

Despite these limitations, this was the first study to examine pregnant Madurai women's oral health knowledge. The findings are significant because they highlight areas in need of improvement and intervention.

Table 1 Reactions to information inquiries regarding pre-birth dental consideration

Questions	Right answer	Wrong answers
1.Gingivitis during pregnancy causes	Hormonal changes -33% Poor oral hygiene -52%	Traumatic tooth brushing -5% Eating fried food-2% Malnutrition -3% Don't know-6%
2.signs of Pregnancy gum disease	Red and inflamed-34% Gum bleeding -76%	malodour-16% Red spot over oral lining-1% Don't know-8%
3.Preventative Treatments for Gingivitis During Pregnancy	Daily tooth brushing and Flossing-79% Dental checkup before pregnancy-30% Oral hygiene check during second trimester -13%	Balanced diet-7% Scaling every Month-36% Don't know -4%
5.The impact of gingivitis during pregnancy on oral health	Over growth of gum- 11% Tissue Periodontal disease-43%	No effect -7% Dental csries-21% Sensitivity in tooth -18% Loosned tooth-24% Don' t know -13%
6.Effect of pregnancy gum disease on pregnancy result	Pre-term birth-7%	No affect-20% Malformation of bone-1% Cleft lip and palate-1% Don' t know -66%
7.key to appropriate oral medical services	Flossing and brushing -95% Oral hygiene checkup before pregnancy -58%	

Table 2. Answers to informational queries on children's dental care after pregnancy

Question	Right answers	Wrong answers
1. Should a child who is two years old or younger use fluoride dental glue?	Yes-26%	NO -64%
2. Is it appropriate for an adult to use fluoridated toothpaste?	Yes-66%	NO-32%
3. foods that can lead to dental decay	Juice-49% Biscuits-49% Sweets-94% Milk-7% Ice cream-84%	Vegetables-5%
4. When will a tooth that has been avulsed heal differently after being replaced?	After 60 minutes -47%	In less than 30 mins-13% In 30 to 60 mins- 25%

5. Storage media for extracted teeth:	Tooth socket-21% Between cheek and alveolus-5% Physiological saline-48% Milk-5%	No medium needed-24%
6. appropriate dental hygiene product for kids under 18 months	Toothbrush-21% Fingers-62%	Mouth rinse-1% Saline-0%

Table3, Reactions to conviction inquiries concerning post pregnancy dental consideration for kids

Question	Incorrect answers	Correct answer
A child finds it easier to go asleep when fed in bed..	12%	77%
At six months old, children are unable to brush their teeth with toothpaste.	89%	1%
Kids matured year and a half to 5years can not clean their teeth with a pea-sized measure of toothpaste	48%	42%
A child's teeth can be brushed once a day.	14%	77%
If a child's primary tooth was traumatized and fell out, there is no need to see a dentist.	4%	86%
Sucking propensities won't influence the advancement of teeth	5%	80%
There is compelling reason need to think often about a kid's essential teeth as they will be before long be supplanted	16%	80%

CONCLUSION

Most pregnant women were found to require knowledge about oral health and awareness of oral considerations during the prenatal period. Improved oral health knowledge and behaviour can prevent pregnancy gingivitis and childhood dental disease. More oral health education programmes for expectant mothers are needed in the interim, and more research on the oral health of pregnant women in Madurai should be conducted to better understand the ongoing general condition.

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