Oral Health and Pregnancy – Patient Survey using a Questionnaire

Authors
Tobias Odermatt¹, Andreas Schötzau², Irene Hoesli³

Affiliations
1 Gynecology and Obstetrics, University Hospital of Basel, Basel, Switzerland
2 Department of Biomedicine, University Hospital of Basel, Basel, Switzerland
3 Obstetrics and Antenatal care, University Hospital of Basel, Basel, Switzerland

Background The causes that lead to gingivitis and periodontitis are multifarious. Besides oral hygiene, genetics, environmental and acquired factors also play a decisive role in the progression of periodontitis. Due to physiological changes, the risk of suffering from gingivitis increases during pregnancy. Various studies show a possible link between poor oral hygiene and adverse pregnancy outcomes.

The extent to which pregnant women are informed about a possible correlation between oral hygiene and an adverse pregnancy outcome is not yet known. The aim of this study is to investigate how well pregnant patients were informed about the causes and effects of gingivitis during pregnancy.

Methods A newly designed questionnaire investigated three topics: general history and acute dental complaints, oral hygiene before and during pregnancy, and information about the relationship between oral hygiene and possible effects on pregnancy. Factors such as age, level of education, and nationality were taken into account. Data was collected for the overall oral hygiene of the patients and differences between outpatient and inpatient pregnancies were shown. Possible risk factors in terms of birth results were also defined.

The survey was conducted between February 2014 and August 2014 at the University Hospital of Basel.

Results A total of 83 women (40 outpatient / 43 inpatient) answered the questionnaires. Additionally, birth outcome data for 50 patients was collected for the purposes of this study.

Twenty-seven percent of the participants had not had a dental check-up in over a year. 31 percent of the responders did not want to go to the dentist

during pregnancy. 11 percent consulted a dentist more frequently during pregnancy than before pregnancy.

Inpatient participants were significantly better informed about the effects of gingivitis than the outpatient participants (Fig. 1).

The factor of education had a significant influence on the birth result. 83.3 percent of the patient group that had a PLBW (preterm low birth weight) had neither a high school diploma nor a higher education degree, whereas for the patients who had a planned delivery date this percentage was 34.2 percent (Fig. 2).

Conclusion According to the present study, only one out of four women is informed by their gynaecologist about the importance of regular dental check-ups during pregnancy. This low rate of patients being informed about oral hygiene likely has to do with the gynaecologists being less informed about periodontal diseases, which therefore receive less attention and are less likely to be diagnosed. Thus, it would make sense for gynaecologists to recommend during the first pregnancy check-up that patients schedule an appointment with their dentist. The higher risk groups should be informed early on so as to motivate them to improve their oral hygiene. It is here that the collaboration between gynaecologists and dentists becomes especially important.