Original Article

Oral Health

Attitude and Perception of Oral Health Problems in Pregnant Women

1. Muhammed Junaid Lakhani 2. Mohsin Girach 3. Wahab Kadri 4. Umair Hasan 5. Shaur Sheikh 6. Hareem Sultan 7. Hina Khan 8. Mehak Irshad Abro

1. Assoc. Prof. of Oral Maxillofacial Surgery, JM&DC, Karachi 2. Prof. of Oral Maxillofacial Surgery, JM&DC, Karachi 3. Assoc. Prof. of Oral Maxillofacial Surgery, JM&DC, Karachi 4. Asstt. Prof. of Periodontology, JM&DC, Karachi 5,6,7 & 8. House Officers, Dept. of Oral Maxillofacial Surgery, FJM&DC, Karachi

ABSTRACT

Objective: The objective of this study was to assess attitude towards oral and dental health during pregnancy and to examine their self-care practices in relation to oral and dental health.

Study Design: cross-sectional descriptive and analytical study

Place and Duration of Study: This study was conducted at the Jinnah Medical & Dental College, Karachi from January 2013 to September 2013

Materials and Methods: This was a cross-sectional descriptive and analytical study conducted at the Jinnah Medical & Dental College Karachi (JMDC). The study group comprised of 118 pregnant women attending the Jinnah Medical & Dental College OPD from January 2013 to September 2013 using convenience sampling method. A 15 item questionnaire was used, after it was pre-tested and validated. The data entry was done by the house officers of JMDC. Statistical analysis was done using SPSS version16.

Results: 65% of the total patients were found to have dental caries on overall intraoral examination out of these 52% patients had pain on percussion. 44% of the patients presented with gingivitis and bleeding on probing while 21% presented with clinical periodontitis with mobility. 22.8% of the pregnant women presented with gingival enlargements out of which 13.55% had localized while 9.3% had generalized gingival enlargements. 62% of the pregnant women said they brush twice daily while 27% brush once daily only 3% women said that they brush their teeth occasionally. None of them did flossing. Only 10% of the women had regular dental checkups after every six months.

Conclusion: This study observed the oral health care practices of the pregnant women. The study highlighted the lack of awareness of maintenance of oral health. Intensive oral and dental health education in pregnancy can lead to improved oral and dental health, and ultimately safe pregnancy outcomes.

Key Words: Pregnancy, Oral health care, Attitudes, Perception.

INTRODUCTION

Oral hygiene maintenance and regular dental checkups are important factors for prevention of complications like; gingivitis, periodontitis and tooth loss. Unfortunately oral health is ignored in majority of population due to lack of education, poverty and lack of awareness programs.

Good oral hygiene is often overlooked during pregnancy.[1] A number of periodontal changes including; bleeding gums, gingivitis, localized or generalized gingival enlargement may be seen during pregnancy.[2] This is caused by hormonal alteration during pregnancy. Hormones like progesterone and estrogen may affect the metabolism, immunology and size of blood vessels all leading to periodontal problems.[3] The gingivitis which is caused by the hormonal changes in pregnancy is known as pregnancy gingivitis.[4] Neglecting oral hygiene during pregnancy may result in caries progression and tooth ache.

The objective of this study was to assess attitude towards oral and dental health during pregnancy and to examine their self-care practices in relation to oral and dental health. The problem is well recognized but only a limited work is done locally. This study was carried out at the Jinnah Medical and Dental College, Karachi.

MATERIALS AND METHODS

This was a cross-sectional descriptive and analytical study conducted at the Jinnah Medical & Dental College Karachi (JMDC). The study group comprised of 118 pregnant women attending the Jinnah Medical & Dental College OPD from January 2013 to September 2013 using convenience sampling method. A 15 item questionnaire was used, after it was pre-tested and validated. The data entry was done by the house officers of JMDC. Statistical analysis was done using SPSS version 16.

RESULTS

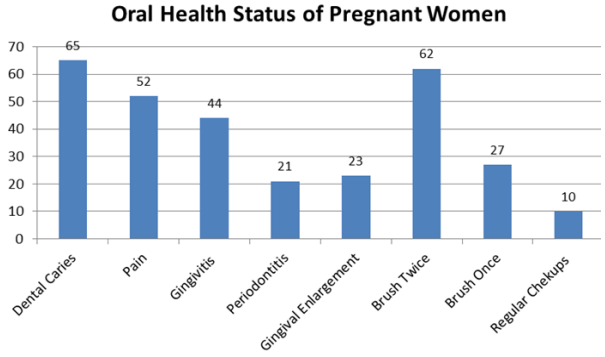
65% of the total patients were found to have dental caries on overall intraoral examination out of these 52% patients had pain on percussion.

44% of the patients presented with gingivitis and bleeding on probing while 21% presented with clinical periodontitis with mobility 22.8% of the pregnant women presented with gingival enlargements out of

which 13.55% had localized while 9.3% had generalized gingival enlargements.

62% of the pregnant women said they brush twice daily while 27% brush once daily only 3% women said that they brush their teeth occasionally. None of them did flossing. Only 10% of the women had regular dental checkups after every six months.

13% of the women had a habit of using betel nuts while only 3% consumed smokeless tobacco.



DISCUSSION

Routine dental care such as brushing at least twice daily, use of floss, brushing after meals, and dental checkup at least twice a year was found to be poor among the pregnant women in this study. In our study 62% of the pregnant women said they brush twice daily while 27% brush once daily only 3% women said that they brush their teeth occasionally. None of them did flossing. Only 10% of the women had regular dental checkups after every six months in comparison with a postnatal survey conducted in Australia,[5] 26.4% of pregnant women did not receive dental care at least twice yearly. This raises serious concerns as pregnant women may need extra oral and dental care due to susceptibility to gum disease during pregnancy. Studies have shown that gum disease may contribute towards the birth of low birth weight babies and premature births.[6,7,8]

In our study 65% of the total patients were found to have dental caries on overall intraoral examination out of these 52 patients had pain on percussion. This may be due to the fear of getting the dental treatment during pregnancy may harm the fetus. The new research data shows women should not fear any dental intervention during pregnancy; indeed, specialists believe that common treatment during pregnancy is not harmful for pregnant women or the unborn baby.[9]

44% of the patients presented with gingivitis and bleeding on probing while 21% presented with clinical periodontitis and mobility, pregnant women are more susceptible to periodontal disease like gingivitis because of female reproductive hormonal influences.[10]

In this study 22.8% of the pregnant women presented with gingival enlargements out of which 13.55% had localized while 9.3% had generalized gingival enlargements. Gower in his study described that the hormonal imbalance coincident with pregnancy heightens the organism's response to irritation; however, bacterial plaque and gingival inflammation are necessary for subclinical hormone alterations leading to gingival enlargement.[11]

13% of the women had a habit of using betel nuts while only 3% consumed smokeless tobacco. Knowledge intervention in this area might be necessary.

This study shows that proper education on oral and dental healthcare among the pregnant women may lead to correct practice of oral and dental health. Pregnancy is a time when women may be more motivated to make health changes. Therefore, maintaining good oral health during pregnancy is important, apart from reducing the risk of adverse pregnancy outcomes, but it also improves general health of both the mother and her infants.[12]

CONCLUSION

This study observed the oral health care practices of the pregnant women. The study highlighted the lack of awareness of maintenance of oral health. Intensive oral and dental health education in pregnancy can lead to improved oral and dental health, and ultimately safe pregnancy outcomes.

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Address for Corresponding Author:
Dr. M. Junaid Lakhani,
Associate Professor,
Dept. of Oral Maxillofacial Surgery,
Jinnah Medical and Dental College, Karachi
R/o 22-23 Shaheed-e-Millat Road, Karachi
Cell No.:0300-8222287