

## THE IMPORTANCE OF STRATEGIES IN PROMOTING ORAL HEALTH IN PREGNANCY

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**Abstract:** The gestational period must be the focus of attention by dental professionals, with a view to promoting oral health and preventing diseases that affect the oral cavity. Several factors can promote the manifestations of oral alterations during pregnancy, especially hormonal changes and the presence of bacterial plaque due to inefficient oral hygiene. In view of this, developing new ways of clarifying the possibilities of treatment and the meaning of chronic conditions as factors of harm to oral health is fundamental for the promotion of oral health in pregnant women. **Objective:** To discuss the importance of implementing strategies to promote oral health during pregnancy, as well as highlighting the dentist's role in achieving the maintenance of the mother's general health. **Methodology:** The present study is a review of the literature with a quantitative approach and descriptive character. The articles were obtained after searching the Database: VHL. Database: LILACS and BBO. With the use of keywords: Oral health, Pregnant women and Health Education. As inclusion criteria: full text available, articles in Portuguese, articles published between the years 2012-2022 and original articles. **Result:** The lack of knowledge about oral health makes many pregnant women continue to practice wrong habits, causing many oral pathologies. Therefore, it is necessary to disseminate correct information about dental treatment during pregnancy, in addition to reinforcing the training of dentists to serve this specific public. **Conclusion:** Based on strategies implemented by dentists in prenatal care, the pregnant woman can act as a multiplier agent of preventive information, thus contributing to the promotion of oral health.

**Keywords:** Oral health; pregnant women; Health education.

## INTRODUCTION

In the gestational period, the woman goes through physical and psychological changes that can generate health problems. Therefore, it is interesting that this phase occurs with the least possible negative complications for the mother and baby. It is important to carry out prenatal care and professional follow-up, with an understanding of the sharing of responsibilities between pregnant women and health professionals (DE ARAÚJO SOUZA et al., 2021).

In the context of Oral Health, guidance on oral care is essential. Dental management during pregnancy aims to promote the integrality of oral health in the care of women during pregnancy. Thus, it is important that the dentist not only be trained to serve this specific public with quality and efficiency, but also act in health promotion, reinforcing the choice for healthy lifestyles that will directly influence the health of the pregnant woman (DOS SANTOS et al., 2021).

Another key factor to point out is that many pregnant women have doubts about dental care. The existence of old myths and beliefs in relation to dental procedures are propagated and can contribute to the removal of pregnant women from dental care, making it even more difficult to maintain adequate oral health for the mother. Pregnant women, most of the time, think that toothache, gingival bleeding and other oral pathologies are associated with the condition of pregnancy (FIGUEIRA et al., 2013).

Therefore, health promotion aimed at the group of pregnant women contributes to the spread of correct information about dental care in order to demystify myths and beliefs. To collaborate to assist in monitoring and dental treatment during prenatal care, preventing the development of oral diseases and providing a better quality of life for both mother and baby (DE ARAÚJO SOUZA et

al., 2021).

Therefore, in view of the relevance of dental care during the gestational period, the benefits of an adequate health condition for the mother and the baby, and also the risks that oral diseases can cause during pregnancy, the present work aims to highlight the importance of strategies in the dental clinic approach to promote oral health in pregnant women. In addition, it also aims to highlight the role of the dentist as an integral part of a multidisciplinary health team during prenatal care to maintain the mother's general health.

## MATERIALS AND METHODS

### NATURE OF STUDY

The present study is a review of the literature with a quantitative approach and descriptive character on the importance of strategies to promote oral health during pregnancy.

### SEARCH STRATEGIES

Health databases were used, such as the VirtualHealthLibrary(VHL), Latin American and Caribbean Literature on Health Sciences (LILACS) and the Brazilian Bibliography of Dentistry (BBO). The descriptors used were "Oral Health", "Pregnant Women" and "Health Education", in Portuguese. The Health Sciences Descriptors (DeCS) system was used to help with convenient terms in the English language. In the case of a bibliographic study, it does not require the opinion of the Research Ethics Committee.

### EXCLUSION AND INCLUSION CRITERIA

As inclusion criteria: articles published between the years 2012-2022, full text available, articles in Portuguese, original articles. As exclusion criteria: repeated articles, theses, dissertation, TCC and articles that did not fit the objective of the research.

## RESULTS

A total of 19 articles were found after the search strategies, however, only 9 fit the objective of the research, some characteristics

of the studies were summarized, being organized according to the author, year, title, objective and results.

AUTHOR / YEAR	TITLE	GOAL	RESULT
VASCONCELOS et. al., (2012)	Dental care for pregnant patients: how to proceed safely	provide clarification and recommendations on drug prescriptions and radiographic examinations related to dental care for pregnant women, with a view to instituting an adequate treatment plan and safe and effective care.	<p>The knowledge of dentists about the trimesters in pregnancy is important to measure and be able to predict possible problems, allowing dental care in the prescription of drugs and radiographic exams, inducing a safe, effective treatment with less risk of harmful effects to babies.</p> <p>Thus, dental care for pregnant women must preferably be performed in the 2nd trimester of pregnancy, but in urgent cases, any time is acceptable, since no need must be neglected for fear of putting the baby's health at risk. The radiographic examination, as a complementary examination, can be performed if all precautionary measures are taken, taking into account that the dose received by the conceptus in a dental radiograph is much lower than that which can cause congenital malformations.</p> <p>Fluorotherapy during pregnancy can be performed topically only to improve the pregnant woman's oral health, while fluoride supplementation through vitamin complexes, especially those containing calcium, is not recommended, as it can interfere with the absorption of this ion and that it does not. It has scientifically proven action on reducing caries in children.</p> <p>Additionally, there is a need for health education with pregnant women as part of dental treatment to demystify popular beliefs, enabling the insertion of new habits that will culminate in the promotion of oral health for women and their children.</p>
PRESTES et. al., (2013)	Maternal and child oral health: an integrative review	to evaluate the dental care provided to pregnant women in the city of Rio Grande, Rio Grande do Sul, during the year 2013, verifying whether the pregnant women, even being under health monitoring, sought the dental services provided by the Unified Health System (SUS), through the health units of that municipality.	<p>Oral health indicators were obtained from the Primary Care Information System (SIAB) and consisted of the consolidation of the year 2013 in relation to: number of pregnant women in the municipality; number of pregnant women in attendance; number of first dental appointments; number of dental visits to pregnant women; and number of appointments on demand scheduled. Based on the analysis carried out, the importance of using health information systems in the management of the actions carried out was verified, suggesting, therefore, that permanent education actions be implemented in order to provide good conditions for care.</p>

FIGUEIRA et. AL., (2013)	The health belief model and the health-disease-oral care process by pregnant women	to identify the beliefs of pregnant women that influence the demand for dental care and the adoption of care related to oral health	In the population studied, Self-efficacy regarding oral health care was low. Pregnant women have the perception that the only measure they are able to perform routinely is tooth brushing. In the case of dental floss, in addition to the restricted perception of its benefit, there is the conception that its use is difficult and boring and its incorrect use ends up causing injury, bleeding and pain. Regarding sucrose consumption, the preference for sweet foods determines a great difficulty in controlling its consumption, being considered irresistible. They still feel incapable of breaking the barriers that make it difficult to seek dental care, which is usually reversed in the presence of the installed problem.
BRIÃO, (2014)	Dental Care for Pregnant Women in the Municipality of Rio Grande, Rio Grande do Sul	to evaluate the dental care provided to pregnant women in the city of Rio Grande, Rio Grande do Sul, during the year 2013, verifying whether the pregnant women, even being under health monitoring, sought the dental services provided by the Unified Health System (SUS), through the health units of that municipality.	Oral health indicators were obtained from the Primary Care Information System (SIAB) and consisted of the consolidation of the year 2013 in relation to: number of pregnant women in the municipality; number of pregnant women in attendance; number of first dental appointments; number of dental visits to pregnant women; and number of appointments on demand scheduled. Based on the analysis carried out, the importance of using health information systems in the management of the actions carried out was verified, suggesting, therefore, that permanent education actions be implemented in order to provide good conditions for care.
MONTEIRO et. al., (2016)	Dental treatment in pregnancy: what has changed in the conception of pregnant women?	to investigate whether there was a change in the perception of pregnant women about dental care during prenatal care, comparing the results of research carried out in the last years of the century XX and first decades of the beginning of the century XXI with results found in the present research.	80% of respondents answered that they go to the dentist during prenatal care. Of these, 76.6% think it is very important to go to the dentist during this period to create a healthy atmosphere around the baby. It was noticed that despite the beliefs that persisted, some pregnant women would like to have dental care linked to prenatal care, however, financial conditions and limited access to services make it difficult to fulfill this desire.
DA SILVA (2017)	Proposal of a clinical protocol for dental care for pregnant women in primary health care	Propose a clinical protocol, clearly determining the guiding instruments to organize and standardize dental care for pregnant women in the care primary health care.	21 works were selected for reading and analysis. The elaboration of the protocol was obtained, which addresses the care that the dental surgeon must have when performing the treatment in a pregnant woman, what is the best period of gestation to carry out the treatment, which procedures can be performed safely in each period, which drugs and anesthetics must be used and topics that must be addressed during groups held with pregnant women, making it possible to qualify the assistance to this group in primary health care.

DE ARAÚJO SOUZA et. al., (2021)	Oral health care of pregnant women in Brazil: an integrative review	To identify general aspects of oral health care for Brazilian pregnant women assisted in Primary Health Care available in scientific publications	17 scientific article studies were selected and they reveal that many pregnant women are unaware of what dental prenatal care is and its importance. Studies indicate that some are not guided during prenatal care to consult with the dentist. Pregnant women use the toothbrush and toothpaste habitually, but flossing is not part of the hygiene routine. Caries and periodontal disease are the most frequently encountered oral problems, especially among pregnant women who have lower income and lower level of education.
DOS SANTOS et. al., (2021)	Oral health care during pregnancy: knowledge and attitudes of community health workers.	To describe knowledge and practices of CHAs regarding oral health care (SB) during pregnancy.	revealed weaknesses in the knowledge of CHAs about maternal oral health childish. Furthermore, it was perceptible incipient participation of these professionals in the practices of prenatal Christmas, with emphasis on the practices of oral health surveillance and health promotion
EMBARAZO (2022)	Oral health and pregnancy: challenges and weaknesses in care from the perspective of Previne Brasil results	To investigate dental care during pregnancy from the perspective of the results of Previne Brasil, with a time frame of the last three quarters of the year 2020, in the city of Belém, Pará.	When analyzing the proportion of pregnant women with dental care, Belém presented 4%, 3% and 5%, respectively, in each four-month period of 2020. demonstrating a fragility in the continuity of care and monitoring during pregnancy, which implies carrying out an active search and evaluating the impact of this number on adherence to dental prenatal care.

## DISCUSSION

According to studies by Vasconcelos et al. (2012), pregnancy is a unique and valuable state in a woman's life cycle. Due to the psychological, physical and hormonal changes that occur in this phase, adverse conditions in the oral environment are generated, causing pregnant women to be exposed to supposed oral pathologies. In addition, dental care during pregnancy is a very controversial subject, especially in relation to myths that are based on beliefs without scientific foundation, both by the pregnant woman and by dentists who do not feel safe when attending them.

In this context, Monteiro et al., (2016) observed through their study that pregnant women claim to perceive changes in their oral health during pregnancy and that they know that it can cause some oral problems,

such as caries and gingivitis. However, due to the fear of affecting their health and that of the baby, they prefer not to go to the dentist. Concomitant to this, Da Silva., (2017) reinforces the idea that it is necessary to include Dental Prenatal care in the routine consultations of pregnant women as a strategy for the promotion of oral health, since the Dentist can guide the pregnant woman through the correct information, demystifying the myths about dental care, leaving the mother safe and calm about the treatment.

According to research by Figueira et al., (2013) most pregnant women even consider regular visits to the dentist to be important, however, not all of them seek dental care frequently, since other factors influence this behavior. The fear caused by dental care

is reinforced by the lack of knowledge of pregnant women in relation to oral health, since they believe that the teeth become weaker as a result of the loss of calcium to the bones and structure of the baby or even that the removal of a tartar can generate a hemorrhage that causes a miscarriage. On the other hand, Monteiro et al., (2016) emphasizes that many pregnant women do have the desire to go to the office, but they also have the correct information about dental treatment, however, due to lack of financial resources, they have limited access. services, analyzing that a relevant number of procedures have a high financial cost, causing pregnant women to not have regular dental appointments.

According to Da Silva., (2017), one of the strategies for dental care in pregnant women is to avoid invasive procedures in the first trimester, since, at this gestational stage, most of them have indisposition, morning sickness and nausea at the slightest provocation, factors that can make dental care difficult. In this sense, only procedures to adapt the oral environment, scraping and prophylaxis must be performed. Together, Vasconcelos et al., (2012) pointed out that the most suitable period for more invasive treatments is in the second trimester, making it possible for there to be a lower probability of risks for the mother and baby. This phase is the most recommended, depending on the need, for performing uncomplicated extractions, periodontal treatment, dental restorations, endodontic treatment and placement of prostheses.

However, Prestes et al., (2013) states that the prescription of drugs during pregnancy must be carried out with great care and responsibility on the part of the dentist. Always observing the principle of the therapeutic choice to be used, which must be based on the risk-benefit ratio for the fetus and the mother. For, during the first three

months of pregnancy, organogenesis occurs. At this stage, the organs of the fetus are under development, which is considered a critical period for teratogenic susceptibility, mainly due to infections that may arise. Following this same line, Vasconcelos et al., (2012), describes a good clinical approach strategy. For the prevention and treatment of oral infections during pregnancy, antibiotics called penicillins are used. Because it has specific action against substances from the cell wall of bacteria and does not cause damage to the maternal organism or the fetus.

Regarding the use of local anesthetics in pregnancy, Da Silva., (2017) reports that the anesthetic solution used must be the one that provides the best anesthesia of soft and dental tissues with the presence of a vasoconstrictor, since anesthetics without a vasoconstrictor, in addition to having action vasodilator, have increased toxicity because they are rapidly absorbed by maternal blood, have a very short anesthetic duration. In this bias, Vasconcelos et al., (2012) adds that a good anesthetic option for pregnant women is 2% lidocaine with epinephrine at a concentration of 1:100,000, because the presence of the vasoconstrictor favors an increase in the local concentration of anesthetics, reducing systemic toxicity, helping hemostatic action and prolonging its pharmacological effect.

According to Embarazo., (2022), the resistance of some dentists in providing care to pregnant women is associated with a lack of knowledge in the protocols of care for this specific public, analyzing that some dental professionals have a lot of insecurity in the clinical approach to the use of anesthetics, drug prescription and even in performing procedures. The same author also emphasizes the importance of preparation through the training of dental professionals for the care of pregnant women, emphasizing that dental care must be performed at least once every

trimester, as it is a tool that can assist in the detection of diseases and conditions that affect the health of the pregnant woman and the baby.

## FINAL CONSIDERATIONS

It was possible to perceive that the knowledge of preventive methods and dental treatments by pregnant women is still very limited. Most do not know the benefits generated by the follow-up to the dentist during pregnancy.

Therefore, it is necessary to promote monthly lectures, in Basic Health Units and private offices, to this public, teaching the theory and practice of a well-done hygiene, and explaining that this will help in the control of gingival diseases and reduce the risk of tooth decay. In addition, pregnant women must be

instructed to brush their teeth daily and after meals, using fluoride toothpaste, as well as to use dental floss to prevent dental caries and remove interproximal bacterial plaque.

Therefore, from the work of health education and the creation of strategies developed by health professionals in prenatal care, the pregnant woman will be able to act as a multiplier agent of preventive information and oral health promotion, because this way, it will be possible to have a informed and aware of the importance of her role in the acquisition and maintenance of positive health habits in the family environment. Furthermore, it is necessary to reinforce the importance of dental prenatal care for dental surgeons, who, through studies carried out, are instructed on how to provide quality and safe care to this target audience.

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