



# Diabetes & Dentistry & YOU

## Pregnancy and Diabetic Women Avoid Complications for You and Your Baby

**If you are a diabetic, it seems just about everything is harder. And childbearing is no exception.**

Whether you've adhered strictly to the program your doctor created for you (meticulously watching your diet, shunning processed food, white sugar and white flour while regularly noshing fiber-rich foods) or not, things get tougher when there's a tiny human growing inside of you. Nutritional demands don't just expand to (well) pregnant proportions. They change – sapping energy levels

and whipping glycemic control.

And leaving you vulnerable to more complications such as retinopathy, nephropathy, neuropathy and cardio vascular disease.

What may be worse is that diabetes can also contribute to pre-term, low birth weight babies. It may also predispose your child to oral health issues and lead to congenital abnormalities. In its *Standards of Medical Care Supplement (2007)*, the American Diabetes Association reports that “Major congenital malformations remain the leading cause of mortality and serious morbidity in infants of mothers with type 1 and type 2 diabetes.”

That same ADA report cited five separate studies that found that infants, whose mother participated in preconception care, developed malformations (aka birth defects) at a rate of 1 -1.7 per 100 infants. This preconception care focused almost solely on achieving “normal” blood glucose

concentrations. 80% of the participants achieved that target before they became pregnant.

On the other hand, infants whose diabetic mothers did not participate in the preconception care program developed malformations at a rate 1.4 to 10.9 per 100 infants – more than 10%.

That is a very big difference!

### **Staying Healthy – One of the Little-Known Facts**

That does not mean women, who are diabetic and in their childbearing years, cannot or should not get pregnant. It does mean, however, that managing blood glucose is incredibly important. And it means that prevention is key.

One of the little-known facts about diabetes is that it is closely connected to oral health. There are many studies that show how and why diabetics contract gum diseases more than 300% more often than non-diabetics. There are

**Infants whose diabetic mothers did not participate in a preconception care program developed malformations at a rate as high as 10.9% vs. 1.7% for those whose mother did participate.**

### **Did you know?**

The American Diabetes Association recommends that women, who are considering or may become pregnant use of effective contraception at all times, until the patient is in good metabolic control and actively trying to conceive.

other studies that talk about how infection caused by periodontal disease can trigger inflammation throughout the body and knock glucose levels out of safety zones. And these statistics are even more prevalent in diabetics who become pregnant.

But periodontal disease can also be a friend to the pregnant woman.

Here's why.

As gums become inflamed and begin to bleed, your dentist will probe for and will (very likely) find deepening holes between your gum line and the root of your teeth -- a sure sign of advancing periodontal infection. He will treat the immediate infection. He'll remove dead, decaying tissue and scrape away the bacteria that's collecting in those reservoirs below your gum line. He will

apply antimicrobial to rid you of residual bacterial infection. AND he will test your A1C levels to see how the infection is impacting your glucose levels.

And then he'll do one more thing.

He will contact your internist or primary care physician (with your permission) and collaborate on an oral care and systemic care program that will multiply your ability to swing control back into your hands.

### BOTTOM LINE

Women with diabetes, who are planning, considering or wondering about getting pregnant should use all means at their disposal to get glycemic levels under control **before they get pregnant**. That means taking charge of your own health. It

means visiting the doctor regularly, getting and following the plan the doctor creates for you.

It also means building a "team" of pros who can help you manage your current health, and plan for a future as a pregnant woman. At minimum, that team should consist of a diabetologist, an internist or a family physician, an obstetrician, a diabetes educator, a dietitian and a dentist.

### MORE INFORMATION

For more information about pregnancy and diabetes:

- Talk to an internist or your primary care physician
- Visit the American Diabetes Association web site [www.diabetes.org](http://www.diabetes.org)
- Learn about the diabetes-oral health connection [www.dentistryfordiabetics.com](http://www.dentistryfordiabetics.com)



When you are pregnant, you can feel scared or worried about just about everything from what to name the baby to how you'll make room in your home for another person. But when you're also diabetic, that feeling can be overwhelming.

Oral health need not be another thing for you worry about. In fact, a dentist trained in the proper care of diabetics can be a tremendous ally in your journey to maintain your own health and the health of your growing baby. By participating in a 12-month oral health program that

begins before you become pregnant and continues throughout pregnancy, you will be maximizing your body's ability to control glucose levels (while supporting the healthy growth of your baby). The program consists of rigorous oral care on your part, coupled with 2 - 4 visits to your dentist during a 12-month period:

**Visit 1:** As part of your pre-pregnancy program, this visit will consist of check up and treatments to address and infection, inflammation or dental caries — to get you primed for a healthy pregnancy.

**Visit 2:** The 2nd dental appointment should take place within two months after learning you are pregnant. This visit will again test and treat any signs of periodontal

disease or dental caries – both of which can be passed on to the baby and may result in pre-term, low birth weight babies, or predispose for cavities later.

**Visit 3:** This visit should take place late in the 2nd trimester to provide one last check up and thorough treatment to ensure optimum health for both mother and child during the final trimester of pregnancy.

**Visit 4:** Your final visit should take place post partum, ideally within 8 weeks of birth. Because during those first weeks of motherhood lack of sleep and general recovery can take a toll on your oral health routine — your dentist should treat any issues that arise during that time, and discuss changes and goals for your oral health and overall health programs.

## Pregnant and Diabetic: Four Ways Your Dentist Can Improve Your Health