

Assessment of Pregnant Women Knowledge and Attitude Regard Oral Health Care

Thesis

*Submitted for Fulfillment of the Requirements of the Master
Degree in (Maternity & Gynecological Nursing)*

By

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Eman Reda Mohamed Abd el Fatah Salhi

Abstract

This study was aimed to assess the pregnant women knowledge and Attitude regard oral health care. **Sample:** Apurposive sample technique was used to recurrent 265 pregnant women . **Setting:** The study was conducted at ante natal outpatient clinic At Ain Shams Maternity University Hospital . **Study design:** A descriptive study design was used. **Study Tools:** Administered structured interviewing arabic questionnaire sheet, and likert scale were developed to collect data. **Result:** three quarters of study sample had unsatisfactory knowledge about oral health care during pregnancy. While more than half of them had negative attitude regard oral health care. **Conclusion:** the current study concluded that most of the study sample had unsatisfactory knowledge and had negative attitude towards oral health care during their pregnancy period. **Recommendations:** Emphasize the importance of oral health care during pregnancy to prevent the oral health problems for both mothers and their infants.

Keywords: pregnancy, oral health care, antenatal care, nursing role.

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List of abbreviations

ACOG	American College Of Obstetricians And Gynecologists
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
CDC	Centers For Disease Control
CTG	Cardio To Cography
DDS	Doctor Of Dental Surgery
EDD	Expected Delivery Date
FDA	Food And Drug Administration
FSH	Follicle Stimulating Hormone
HCG	Human Chorionic Gonadotropin
HIV	Human Immuno Deficiency Virus
IUGR	Inrta Uterine Growth Retardation
IUGR	Intra Uterine Growth Restricted
IVC	Inferior Vena Cava
LES	Lower Esophageal Sphincter
LMP	Last Menstrual period
MOH	Ministry Of Health
NICE	National Institute For Health And Care Excellence
P.Value	propability
PCC	Pre Conception Care
PGP	Pelvic Girdle Pain
QOL	Quality Of Life
SFH	Symphysial Fundal Height
SPSS	Statistical Package for Social Science
UK	United Kingdom

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Introduction

Introduction

Introduction:

Pregnancy is a state of physiological condition that brings about various changes in the oral cavity along with other physiological changes taking place throughout the female body (*Patil et al., 2013*). The role of high levels of circulating estrogen is well established and associated with high prevalence of gingivitis and gingival hyperplasia. Progesterone in the serum is also seen to be associated with melasma, presenting a bilateral pigmentation or brown patches in the mid face region (*Hemalatha et al., 2013; Kurien et al., 2013*).

The well-being of a pregnant woman and the fetus are integrally related and may be affected by the woman's oral health. Dental care during pregnancy is often delayed because of fear on the part of the woman, the health care provider, or the dentist, but poor maternal oral health can have significant consequences for the pregnancy and pregnancy outcomes. Evidence shows that dental care, including radiographs, local anesthesia, and oral pain medication, is safe throughout pregnancy (*Hummel et al., 2015*). All pregnant women should have dental consultations

to evaluate their own oral health and to reduce the risk of their offspring developing caries (*American Academy of Pediatric Dentistry, 2013*).

Dental treatment for tooth decay can be performed throughout pregnancy, but the ideal time is in the second trimester of pregnancy (14–28 weeks). During the second trimester the gravid uterus is still small enough not to cause much pressure on the vena cava while a woman reclines in a dentist chair. Pregnant women can be reassured that dental care during pregnancy is safe. If a pregnant woman has not seen a dentist in the last 6 months, should be referred. Delay in treatment could result in significant risk to the woman and the fetus. Preterm birth, low birth weight, and poor glucose control have been linked with periodontal infection during pregnancy (*Bansal and Kumer., 2013*). In addition, periodontal disease during pregnancy has been associated with development of preeclampsia (*Varshney and Gautam ., 2014*).

Approximately 40% of pregnant women have some form of periodontal disease (*Srinivas and Parry., 2012*). Periodontitis has been shown to contribute to premature birth, thus increasing the risk for low birth weight, and

preeclampsia. Pregnant women with periodontitis have bacteria that may cause systemic inflammation leading to preterm labor. Studies have not yet shown that treatment of periodontal disease during pregnancy will improve outcomes; however, they do show that dental treatment of periodontal disease during pregnancy is safe. Women should be seen by a dentist early in the pregnancy to prevent or correct any oral health conditions (*Thomas and Chitra ., 2013*).

During pregnancy, gingival alterations occur as the gums become highly vascularized, hyperplastic, and edematous, yet only 63% of women visit a dentist during pregnancy. Bleeding gums, mediated by elevated estrogen, are often associated with pregnancy. Nonetheless, bleeding gums are often a sign of periodontal disease and should not be ignored. During pregnancy, it is estimated that 40% of women have some form of periodontal disease (*Manchir, 2016*).

Nausea and vomiting in pregnancy can contribute to the erosion of tooth enamel. Women should be encouraged to rinse after vomiting with a solution of baking soda and water. Prescription-strength topical fluoride may also be

recommended by a dentist to prevent caries caused by erosion (*American College of Nurse-Midwives, 2014*).

Pregnancy is a time of growth. Pyogenic granuloma, or pregnancy tumor, is a benign inflammatory lesion that is the most commonly found lesion in the oral cavity. Influenced by the hormones of pregnancy, pyogenic granuloma can be found on the gingiva, tongue, lips, or buccal mucosa but most commonly appears on the labial aspect of the anterior maxillary region. Pyogenic granuloma, if present, is usually noticed during the second month of pregnancy, reaching maximum growth at 8 months. Removal of a pregnancy tumor is recommended only when the tumor interferes with mastication or causes pain. Pyogenic granuloma usually resolves and disappears by 12 weeks postpartum. It is imperative that care providers are aware of this condition that can occur in 10% of pregnancies (*Sun et al., 2014*).

Significance of the study:

The critical role which pregnant women play in shaping the oral care habits adopted by their children made pregnant women a very important target group for oral health intervention. In addition, hormonal changes during pregnancy together with other determinants of health

affect their oral health, many studies demonstrating a positive relationship between oral diseases and preterm birth, low birth weight or both ((*Ibrahim , 2012*)).

Doctors, midwives, and nurses are the front liners in prenatal care. Their responsibilities in oral health care provision are mainly to recommend dental referral to all prenatal mothers and to emphasize the importance of good oral health. It is imperative that they are aware of the current evidence linking maternal oral health and pregnancy outcomes. However, studies have shown that prenatal care providers do not regard oral health care as an essential part of prenatal care, and that most of them do not routinely advise their prenatal patients to seek dental care (*Saddki and Yusoff, 2015*).

No data base or statistics in the information center of ministry of health, maternal and child health administration in Egypt about oral health care programmes provides as routine part of antenatal care visits for pregnant women during pregnancy and there are no clear national guidelines and strategies regard oral health care during pregnancy.

So, the researcher suggested the present study to view real situation in Egypt as one of developing country has many challenges regarding oral health status of the pregnant women and has no statistics regard it.