

Dental FAQs - Frequently Asked Questions

Many patients and dentists may be a little apprehensive about treating an obviously pregnant woman. It is actually best, for the overall health of the mother and pregnancy, to provide the necessary interventions. If you have dental appointments planned, please bring this sheet to your dentist. Below are a few suggestions that may make the experience less problematic for both you and your dentist.

- For patients who clearly need an anesthetic: Local injection is preferred since inhalation anesthesia involves more risk of aspiration. Lidocaine, a class C drug, is acceptable. Epinephrine, also a class C drug, is acceptable in small amounts; however, it is preferable if epinephrine can be avoided due to vasoconstriction that can occur systematically when large doses are used. Pregnant women must always be treated as if they have a full stomach. Being supine with inhalation anesthesia will require true NPO to minimize this risk.
- Lying flat on her back in a dental chair for an extended period of time may precipitate supine postural hypotension. The pregnant patient should be instructed to bring a small sofa pillow that she can place under her hip, preferably the right side, to tip her large pregnant uterus off the vena cava.
- If antibiotics are required, tetracycline should not be used. For bacterial endocarditis prevention, penicillin class and erythromycin are acceptable.
- X-rays for dental procedures may be taken as necessary. The abdomen should be appropriately double shielded.



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