

# The Midwife.

## CARE OF THE MOUTH DURING PREGNANCY.\*

[ABRIDGED.]

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### SUPERSTITIONS OF THE PAST.

This is an age of great scientific discovery. Possibly among the most wonderful discoveries have been those pertaining to the advance of health and the prolongation of life.

As these discoveries have come to light they have cleared away the fogs and darkness of superstition; but two of the bogies that have been slowest to sink away into the shadows are:—

First, the superstition that dental care of the prospective mother will produce birthmarks upon the child; and

Second, the superstition that it is natural for a woman, during pregnancy to have trouble with her teeth, and that she must expect to lose a tooth for each child.

### KNOWLEDGE OF THE PRESENT.

To banish the first bogy we have only to recall two facts, first, that foetal development is too far advanced before the mother is aware of her condition to affect the developing child—cleft palate with hare-lip being due to lack of union of the superior maxillary bones, which occurs in the second month; and, second, that the histories show many major operations successfully performed upon women during pregnancy, each of which was followed by the successful delivery of a normal child.

The bogy of a tooth for each child has, unfortunately, more reason for making a slow retreat, because women do suffer with their teeth and often lose one or more for each child. It is not a natural condition, but a pathological condition due to neglect, and the greater the neglect the more pathological do the tissues of the mouth become.

The only danger that a woman need fear from dental work is a shock so great that it will produce abortion or miscarriage. Such a danger is so remote that for all practical purposes we can say that it need not exist if the dentist knows of the woman's condition, for then he will not undertake long or painful operations. On the contrary, where the mouth is neglected, the shock from prolonged toothache or the poison absorbed from an abscessed tooth may be severe enough to cause such an abortion. Even if this serious condition does not follow, the suffering caused by a neglected mouth, the indigestion, the toothache, or the effects of absorbed pus, must surely lower the vitality of the developing foetus.

### NEGLECT OF THE ORAL CAVITY DURING GESTATION.

If there is much nausea during the first three months the mouth generally begins to show the results. The teeth and tongue are badly coated. The saliva is acid and ropy, and the teeth decay in direct proportion to the acidity. Cavities begin to form. Soon, if a visit is not made to a dentist, the pulps of one or more teeth may die. The woman may suffer day and night from the abscesses around her teeth. There are cases on record where the shock from such suffering has brought on premature delivery.

If these abscesses are neglected, the pus is absorbed into the circulation in two ways, first, by mixing with the food during mastication; and, second, by being absorbed by the blood vessels in the tissues surrounding the abscess, where it is taken directly into the circulation. This poisoning may be so excessive that the foetus cannot survive. Such cases are on record.

Another source of danger is from pyorrhoea, frequently termed Rigg's disease.

The important fact to remember about pyorrhoea is that it is preventable.

In a woman's life a time of great susceptibility to pyorrhoea is during pregnancy. Then the circulation in the gums is more sluggish, and their exercise is apt to be neglected. The woman often stops brushing her teeth at this time because the gums bleed, thinking that she will injure them.

If the dentist to whom such a case presents itself understands his business, he will reduce the inflammation by the removal of tartar, the use of local astringents, and advise a coarser or more fibrous diet to stimulate the alimentary canal; and advise that more water be taken between meals.

The gums will be given exercise by local massage and vigorous mastication of coarse foods.

The foetus suffers, with the mother by toxemia. This may interfere with its growth. No one can estimate the injury done to the developing child by the constant poisoning which goes on every day where the mother is suffering with pus pockets around her teeth. Knowing the possibility of this toxemia, the prospective mother should do everything in her power to keep her mouth clean and free from pus germs.

If the nutrition of the foetus is interfered with by this toxemia, it may result in the formation of teeth of a poor grade, which are not so resistant to caries. While this is true, it must also be remembered that other constitutional effects from the toxemia undoubtedly predispose to such diseases as scurvy, tuberculosis, rachitis, and other osteogenetic disturbances.

The first teeth begin to calcify about the seventeenth week of pregnancy, and a few weeks later the first permanent molars (the most valuable teeth of the second set) begin to form.

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