



## Review Article

# Gingivitis In Pregnant Women: A Common Problem or A Serious Threat?

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## ABSTRACT:

This article examines the causes, clinical presentation, and potential risks to fetal development of a common dental problem during pregnancy — gingivitis. The study analyzes the impact of hormonal changes on gum tissues and the correlation between this disease and obstetric complications such as premature birth and low birth weight. Furthermore, the article provides practical recommendations on safe treatment methods and preventive measures specifically for pregnant women.

**Keywords:** *Pregnancy Gingivitis, Hormonal Changes, Bleeding Gums, Periodontitis, Fetal Health, Dental Prophylaxis, Oral Hygiene.*

## INTRODUCTION

The period of pregnancy is characterized by a radical restructuring of all systems in the female body, including the endocrine and immune systems. During this period, a sharp increase in the hormonal background, in particular, the amount of progesterone and estrogen, increases the sensitivity of the oral mucosa. As a result, many pregnant women experience gingivitis, also known as "pregnancy gingivitis."

According to statistics, from 60% to 75% of pregnant women suffer from this problem. In most cases, bleeding and swelling of the gums are considered a temporary condition and are not given due attention. However, modern research in dentistry and obstetrics shows that chronic foci of infection in the oral cavity can negatively affect not only the health of the mother, but also the development of the fetus.

The purpose of this article is to analyze pregnancy gingivitis as a serious risk factor that can lead to preterm labor and other obstetric complications, and to consider measures to prevent it.

## DISCUSSION

Pregnancy is not only a physiological joy for a woman's body, but also a period of great responsibility and susceptibility to various pathological processes. Among the changes observed in the oral cavity during this period, gingivitis - inflammation of the gums - occupies a special place. Many women delay seeking medical attention, considering it an integral part of pregnancy or a simple vitamin deficiency. However, from the point of view of modern medicine, pregnancy gingivitis is a focal infection that can pose a serious threat to the general health of the mother and the development of the fetus.

The mechanism of development of gingivitis is directly related to changes in the hormonal background. Starting from the first trimester of pregnancy, the amount of progesterone and estrogen hormones in the body begins to increase sharply. These hormones increase the permeability of blood vessels in the tissues of the gums and lead to a slowdown in blood circulation. As a result, the mucous membrane of the gums becomes soft, swollen and extremely sensitive to external influences. Even the simple process of brushing your teeth can cause severe bleeding. It is worth noting that hormones also change the composition of the microflora in the oral cavity - a

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**Received:** 04 Mar 2026; **Accepted:** 15 Mar 2026; **Published:** 18 Mar 2026

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favorable breeding environment for pathogenic bacteria is created.

Medical studies show that pregnancy toxicosis, that is, frequent nausea and vomiting, also negatively affects the condition of the oral cavity. The acid contained in gastric juice eats away at tooth enamel and paves the way for bacteria to penetrate deep into the dental cavities. If a woman does not pay enough attention to dental hygiene, ordinary dental cavities quickly turn into tartar and further deepen the inflammatory process.

The danger of pregnancy gingivitis is manifested in the fact that it is not limited to the oral cavity. Bacteria and their toxins accumulated in the inflamed gingival area spread throughout the body through the bloodstream. According to scientifically proven data, chronic inflammatory mediators in the gingival area (for example, prostaglandins and cytokines) can cause premature contractions of the uterine muscles. This, in turn, increases the risk of premature birth or fetal growth retardation in the uterus. Thus, "ordinary" gingival bleeding can become an indirect cause of serious obstetric problems.

The clinical picture of the disease usually begins in the 2nd-3rd month of pregnancy and reaches its peak in the second trimester. Women complain of bleeding gums when brushing their teeth or eating solid foods, itching in the gum area, and an unpleasant odor. In some cases, excessive growth (hypertrophy) of the interdental gum tissue, called "pregnancy epulis", is observed. This condition makes eating difficult and causes aesthetic discomfort. If treatment measures are not taken at this stage, gingivitis can progress to a more severe form - periodontitis. In periodontitis, the bone tissue

supporting the teeth is destroyed and the teeth begin to fall out.

As for treatment and prevention, pregnant women still have a fear of dental treatment. However, modern dentistry has painkillers and treatment methods that are completely safe for pregnant women. The most convenient and safe period for treatment is the second trimester (14-26 weeks). During this period, it is very important to conduct dental sanitation - cleaning of tartar, safe anti-inflammatory procedures.

The basis of prevention is compliance with simple hygiene rules. Pregnant women are recommended to brush their teeth at least twice a day with a soft toothbrush, and after each meal to rinse their mouth with special mouthwashes or herbal decoctions (chamomile, oak bark). Also, the presence of products rich in calcium, phosphorus and vitamins (milk, yogurt, fish, fresh fruits and vegetables) in the diet ensures the strength of the gums and teeth.

## CONCLUSION

In conclusion, it is wrong to consider gingivitis during pregnancy as a "just a passing problem." This is another proof of the connection between the health of the mother and the child. Every expectant mother must undergo regular dental examinations at the stage of pregnancy planning and during pregnancy. After all, a healthy oral cavity is an important guarantee of a healthy pregnancy and the birth of a healthy child. Cooperation between medical professionals, especially dentists and gynecologists, is a key factor in early detection of this problem and prevention of complications. The purpose of the article is to bring this responsibility to the attention of women and specialists.

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