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Healthy gums are clinically recognizable by pink color, absence of swelling and absence of bleeding on periodontal probing.

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When healthy, the mouth is colonized by microorganisms (oral microbiome) universally present in dental plaque and in all ecological niches of the oral cavity (tongue, tonsils, etc.)

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The most frequent oral pathologies, besides tooth decay, are periodontal diseases and mucosal diseases.

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During the cycle and pregnancy, significant changes in the levels of female sex hormones occur, which are able to influence both the oral microbiome and gum's health.

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Receptors for female sex hormones are also present in the gums, which have a particular tendency to redness, bleeding and swelling during inflammatory states (gingivitis). Chronic gum bleeding can contribute to iron deficiency anemia.

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During pregnancy dental plaque, if present, and untreated gingivitis, might induce periodontitis, a more serious inflammatory/infective disease, able to cause loss of tooth support.

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Periodontitis, like any bacterial infection, might cause APO (Adverse Pregnancy Outcomes) or get them worsening.

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The most frequent APO's are gestational diabetes, preterm birth and pre-eclampsia and birth of underweight children.

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Prevention and therapy of gum disease are effective and can be performed safely even during pregnancy.

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Recent scientific evidence suggests that monitoring dento-gingival conditions and, when necessary, periodontal treatment they are recommended as part of pre- and post-natal care.

Anti-HPV vaccinations in adolescence and reduction of simple sugars, alcohol or smoking during gestation are essential to preserve mother and baby health conditions.