



Prophylaxis of Dental Disease in Pregnant Women

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Abstract: Relevance. Pregnant and lactating women, is one of the urgent medical and social problems awaiting solution. At the moment, dental health is one of the important factors that improve the quality of life of pregnant and lactating women. Today it is proved that the reduction in the incidence of dental diseases among pregnant women, women in labor and nursing women is inextricably linked with the quality of life. Therefore, studying the degree of occurrence of dental diseases in this contingent, improving their treatment and prevention by identifying risk factors, on the basis of which a significant reduction in the incidence of dental diseases is achieved, is important for the health of mothers and children.

In the world, studies are being conducted on the prevalence of dental diseases among a significant part of pregnant and lactating women, changes in the oral mucosa, the effect of this condition on the organs and systems of the body. The issues of development of primary prevention of dental diseases, improvement of its clinical and dental effectiveness, improvement of the system of dental services are also being worked out. However, in the "pregnant-giving birth-nursing women" system, the development of optimal preventive programs, the study of dental health, the interpretation and analysis of results, the reduction of the incidence of diseases, the development of methods of primary prevention, the improvement of the quality of life of women has not yet reached the final stages of research and continues to be a requirement of this time.

At the same time, it is necessary to emphasize the prevention of dental diseases in pregnant women and the indicators characterizing the intensity of dental diseases and their growth rates during pregnancy, which turned out to be very high. In this regard, it is necessary to further study the factors determining the effectiveness of the prevention of dental diseases in pregnant and lactating women.

In the last two decades, an urgent scientific direction and the concept of resistance of hard tooth tissues to demineralization processes have been actively developing, according to which a change in the resistance of tooth enamel leads to an increase in the activity of the carious process. The resistance of teeth to caries is determined by the physico-chemical properties of the enamel structure, which in turn is genetically determined. In this regard, it is necessary to interpret the resistance of tooth enamel from a molecular genetic point of view, which ensures the effectiveness of preventive measures against caries during pregnancy. This condition should be taken into account when carrying out the prevention of dental diseases during pregnancy, childbirth and breastfeeding [2.4.6.8.10.12.14].

The increase in oral diseases in pregnant women is primarily due to the fact that during pregnancy, a restructuring of the functioning of all organs and systems in the female body occurs, changes affect all types of metabolism. Dental diseases as well as the nature of miscarriage are in close connection. It has been proven that large functional and morphological changes occur in the oral cavity even in a physiologically undergoing pregnancy.

Orekhova L.Yu. and they note that an important factor that directly affects the structure of dental diseases during a co-operative pregnancy is the calculation of the birth order number. With an increase in the number of births, the prevalence of the main dental diseases and their intensity indicators increase. A correlation has been noted between the incidence of dental disease as well as the nature of miscarriage, as well as the number of previous pregnancies that have ended in childbirth.

In recent years, the issue of the effect of chronic infection on the general condition of the body in the oral cavity, including the correlation between inflammatory diseases of the parodont and negative outcomes of pregnancy, is being discussed. This is influenced by many risk factors, including the ethnic belonging of the pregnant woman, her age, harmful habits such as smoking, as well as the presence of foci of chronic infection in the body. In inflammatory diseases of the parodont, it has been proven that the frequency of premature birth increases.

A high prevalence of the main dental diseases in women during pregnancy, as well as an increase in intensity - a significant social mummo. High hormone production during pregnancy affects the gums, which increases the risk of developing inflammatory conditions in the tissues of the parodont. The amount and composition of saliva changes, its acidity increases, the incidence of microcirculation in the tissues of the parodont and the mucous membrane of the oral cavity decreases, which can lead to the development or exacerbation of gingivitis, parodontitis, stomatitis and dental caries. Increased pathogenicity in the oral microflora during pregnancy occurs due to systemic and local Risk Factors and the formation of conditions that accelerate the onset of dental diseases.

The condition of the oral cavity during pregnancy is considered to be able to determine the quality of the postnatal period. Thus, for example, when the cause of the development of postpartum diseases was studied, 10% of examiners noted that these diseases were mainly associated with the presence of diseases in the hard tissues of the teeth, diseases of the oral mucosa and periodont, at which time it was established that women with intact and dated oral cavity did not have

The results of the study showed that the prevalence of caries in pregnant women ranged from 97.46% to 98.56% when the intensity of the injury ranged from 9.93 to 10.43. Due to mild degree of caries, oral history is found in 20-30% of pregnant women. From the second half of pregnancy, the inflammatory process in the tissues of the gums is more pronounced and is often accompanied by a type of diffuse catarrhal or hypertrophic gingivitis, often polypoid tumors, epulids appear in the gums. The clinical pace only improves in the postnatal period. In some cases, gingivitis that occur during pregnancy can become chronic, which is most likely due to changes in the work of the vessels of the microcirculation flow.

The reason for the high prevalence of inflammatory diseases in dental caries and parodont is the low level of hygiene knowledge in young women, as well as material difficulties, which prevent the timely elimination of foci of chronic inflammatory diseases and the implementation of full-fledged individual hygiene measures in the oral cavity. The reason for this is the unsatisfactory Organization of dental care for pregnant women [1.3.5.7.9.11.13].

It has been noted by researchers that the development of dental caries in the first trimester of pregnancy is associated with the occurrence of a caryesogenic condition in the oral cavity, as well as physiological changes in the PH towards the sour side in the saliva. The prevalence of dental caries when pregnancy was physiological was 91.4%, while pre-intact tooth damage in pregnant women was

38%. At 4-12 weeks of gestation, mineralization of enamel was found in 29% of women. In the body of a pregnant woman, calcium and phosphorus begin to pass into the fetus, as a result of which a deficiency of these elements occurs in the woman's blood, which is reflected in the state of the hard tissues of the tooth.

Violation of the dental health of pregnant women is 2.64 times significantly higher than in first-time mothers, the incidence of dental diseases in nursing women is significantly higher by 1.67 and 1.69 times than in pregnant women and women in labor, it was first established that in pregnant women the incidence of caries is 2.04 times, periodontitis is 2.52, chronic periodontitis is 2.14, enamel erosion is 3.77, enamel hypoplasia is 5.65 times less in comparison with women with multiple pregnancies, it was shown that the amount of sIgA and lactoferrin in saliva in pregnant women was significantly higher than in non-pregnant women, and the concentrations of IL-1 β , IL-6 and IL-10 increased with the same trend and intensity, it was proved that all indicators in nursing women were significantly lower than those of pregnant and maternity women, it was established for the first time that the determination of the concentration of lactoferrin, IL - 6 and IL-10 in saliva was recommended as diagnostic and prognostic criteria when assessing dental health.

The practical significance of the results of the study is explained by the fact that when organizing dental services, the fact of the prevalence of dental health disorders in nursing women compared to pregnant and lactating women is important when carrying out preventive measures, when developing recommendations for the prevention of caries and non-carious diseases, when assessing the dental health of pregnant women, women in labor and nursing women as diagnostic and prognostic criteria, it is recommended determination of the level of lactoferrin, IL-6 and IL-10 in saliva, which is explained by, that it is relevant for mass and preventive dental examinations.

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