



## Dental Protocol for OB Patients

Extractions and routine teeth cleaning may be performed at any time during pregnancy. Other dental procedures that are considered “elective” should not be performed during pregnancy. If a procedure needs to be performed, the following are our general recommendations:

X-RAY: May be performed if abdomen and fetus are shielded.

The following medications may be used in pregnancy as long as the patient does not have an allergy to them:

- Novocain
- Penicillin, Ampicillin, Amoxicillin and Augmentin
- Erythromycin base
- Gentamicin
- Cephalosporins
- Vancomycin
- Clindamycin
- Pain Medications:
  - Tylenol, Tylenol with Codeine, Percocet, or Lortab
  - **Avoid Aspirin and NSAID's**

Heart murmurs during systole heard in pregnancy are considered physiologic if the murmur was not present prior to pregnancy. Diastolic murmurs, or murmurs present outside of pregnancy should not be considered physiologic. If there is no documentation of a normal exam prior to pregnancy, the patient should be treated as if the murmur was not physiologic and receive antibiotic prophylaxis. Physiologic murmurs do not need antibiotic prophylaxis.

Guide to antibiotic prophylaxis for dental procedures that cause gingival or mucosal bleeding:

- First choice is Amoxicillin, 3 grams orally 1 hour prior to procedure and 1.5 grams 6 hours later.
- For PCN allergic patients:
  - E-Mycin 1 gram orally 2 hours prior to procedure and 500mg 6 hours later, or,
  - Clindamycin 300mg orally 1 hour before procedure and 150 mg 6 hours later.