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Dental Treatment and Breastfeeding Mothers

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There is little research evidence available on the safety of dental treatment during breastfeeding.

Fillings

One report suggests that it is prudent to avoid unnecessary removal of fillings during pregnancy or lactation (1). However there are occasions when a new mother may need a filling inserted or replaced. When mercury is removed some will be vaporised by the high-speed drill and a very small amount may be swallowed or inhaled. These amounts are minute and passage into breastmilk is insignificant compared to the background levels of mercury in the environment.

The limitation of the consumption of tuna in line with the FSA guidance is more important on limiting the body burden of mercury and it is very difficult to prove any link between mercury fillings and long term health problems (2). Preventative dental health to minimise the risk of decay is perhaps the message which is of paramount importance (3).

Local anaesthetic

Local anaesthetics work by deadening sensation of the nerve endings around the tooth. There is no evidence of passage into breastmilk and therefore no reason not to continue breastfeeding (4). The addition of adrenaline to the anaesthetic to reduce bleeding may possibly make a sensitive baby jumpy and irritable so it may be worth asking the dentist to limit use if possible.

Tooth extraction

If a tooth is to be removed the mother is likely to be offered a local anaesthetic injection or sedation. She may also need pain killers and / or antibiotics.

Sedation/general anaesthetic

The anaesthetics used for dental extractions have a very short half-life (time they act in the body). By the time the mother is awake most of the drug has been metabolised by the body or exhaled (4). Similarly sedation with drugs such as midazolam will act for only a short time and by the time the mother is aware of the need to breastfeed once at home, the baby is at

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worst likely to sleep for a longer than expected period (4). It may be advisable for another adult to be available to care for the baby until the mother feels totally alert.

There is no reason to stop breastfeeding for long periods after dental anaesthesia.

There are a few anecdotal reports of babies rejecting their mother's milk after she has had dental treatment. There is no apparent scientific reason for this. Feeding when the baby is sleepy may help. It may be that there is a relationship with the fear which some people experience when visiting the dentist which may inhibit let-down.

Analgesics (pain killers) See information sheet *Analgesia and Breastfeeding* which is available to download from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk-information-and-factsheets

- Paracetamol is suitable for use by a breastfeeding mother
- Ibuprofen 200-400mg is suitable for use by a breastfeeding mother and is particularly effective for dental pain
- Codeine combination products e.g. co-codamol, solpadeine, nurofen plus etc. are suitable for use by a breastfeeding mother but can cause constipation in mother and baby.

Antibiotics

See information sheet *Antibiotics and Breastfeeding* which is available to download from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk-information-and-factsheets. The most frequently prescribed antibiotics for dental infections are amoxycillin and metronidazole and both can be taken by a breastfeeding mother.

Other dental agents

- Mouthwashes – can be used by a breastfeeding mother as they will not be absorbed into the bloodstream e.g. *Oraldene, Corsodyl, Chlorhexidine* mouthwash,
- Gels and liquids for mouth ulcers e.g. *Anbesol, Bonjela, Adcoryl in Orabase, Medijel, Rinstead pastilles* can all be used

Tooth whitening

There appears to be no information available on the use of tooth whitening agents during lactation. Whilst it is unlikely that any significant transfer of the agents used into breastmilk will take place, it is unlikely that urgent treatment is necessary and can be delayed until breastfeeding has finished naturally.

References

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