



Oral Health for Women

Even though men and women share the same basic oral anatomy, there are certain conditions in the mouth that are simply more prevalent in women. Gingivitis and gum disease are especially more common for women and girls during times of hormonal fluctuation. Fluctuations of estrogen levels that occur in the female body through puberty, regular monthly menstruation, pregnancy, menopause, and even through the use of oral contraceptives are all associated with triggering complex biochemical reactions that specifically allow the bacteria associated with gum disease to thrive.

Many women notice that each month, during a particular point in their cycle, their gums are more tender and inflamed when they brush. The gums may even bleed during that time. These symptoms are perfectly normal, but that does not mean you should ignore them until your hormonal levels balance.

It's easy to assume that a spike or lack of estrogen itself is causing the inflammation and bleeding – and that it will go away once the hormones balance out again – but that isn't really an accurate representation of what is actually happening in your mouth. Your hormone level is not directly causing the inflammation and bleeding; it is simply facilitating a biochemical change in your saliva that allows the pathogenic bacteria already in your mouth to thrive. It is this proliferation of bacteria that causes the inflammation and bleeding to occur. Left unchecked, what might have been transient, minor gingivitis can progress into full-blown gum disease that does not subside even after your hormones balance out again.



For most women, good oral hygiene habits at home and regular professional dental care are all you need to keep minor hormonal gingivitis from progressing into frank gum disease. But there are a few specific transition points when a woman or a girl may need some extra support from a dentist and/or hygienist in order to help control bacterial growth and prevent gum disease.

Puberty

It is quite common for both boys and girls to struggle with good oral hygiene at home during puberty and all through their teenage years. All young people are more susceptible to gingivitis and other oral infections associated with bacterial overgrowth at this age, but girls who have not developed good oral hygiene habits at home are even more at risk.

More than progesterone or testosterone, estrogen fluctuations are most associated with the biochemical changes in the mouth that promote bacterial growth. As a young girl approaches her first menstruation, estrogen levels rise in preparation for her first ovulation. If her diet and/or her oral hygiene routine are out of balance during this time, she will be more likely to develop gingivitis, periodontitis, or other types of oral infections depending on her genetic background and family history of oral disease.

Your Daughter's Health

Regular dental care, along with good oral hygiene and dietary habits at home are the best defense against oral infection for a young girl during puberty.

Help your daughter develop better oral hygiene habits by reviewing *A Parent's Guide to Oral Health for Kids and Teens*.



Menstruation

Once a young woman begins regularly menstruating, estrogen levels continue to fluctuate through each cycle – generally rising each month just before ovulation.

Many women and teenage girls experience monthly recurrences of mild gingivitis right at this point in their cycles. Their gums are suddenly more tender with brushing and flossing, and often they may even bleed.

It is important that you do not stop brushing and flossing your teeth during this time, because the bacteria causing your discomfort must be disrupted and brushed away. Instead, try using the softest toothbrush you can find and slow down your flossing regimen so that you can avoid injuring your swollen gums by accident. If you aren't sure you are brushing and flossing your teeth correctly, please take a look at *How to Brush and Floss Your Teeth*.

Call Your Dentist

Any month that you notice the tenderness or bleeding in your mouth that you normally associate with your period lasting longer than a few days after the end of your flow, call your dentist or hygienist for an appointment to make sure that a more virulent infection has not taken hold.

Other factors may also be contributing to increased bacterial overgrowth in the mouth, with stress being the most common.



Pregnancy

Many women may have heard the old saying, “Gain a child, lose a tooth.” It may sound like an old wives’ tale, but the biological changes that happen to a woman’s body during pregnancy absolutely can make women more susceptible to periodontal infections while pregnant. If these infections are not controlled, tooth loss can often be a result.

When a woman becomes pregnant, her system goes through some remarkable changes, physically and chemically. Both estrogen and progesterone are now continuously produced until the end of the third trimester when they reach peak levels 10 – 30 times higher than the levels observed during a normal menstrual cycle. This creates a longer lasting change in the makeup of the saliva, ultimately creating a more habitable environment where pathogenic bacteria can thrive for months.

See Your Dentist

Every woman should have her teeth and gums checked at least once during each pregnancy. The first check should happen as soon as you discover that you are pregnant.

If symptoms of oral infection are present or if they develop at a later time during the pregnancy, additional dental appointments may be necessary.

For women with no history of gum disease, mild to moderate gingivitis is often a side-effect of pregnancy. But for women with a history of gum disease, or chronic untreated gum disease, the hormonal changes with pregnancy can cause the condition to become quite serious – sometimes resulting in tooth loss, and in very severe cases even affecting the health of the baby. Multiple studies over the last two decades confirm that there is a clinically significant risk factor for preterm low birth weight in pregnant women who have gum disease during or before pregnancy.



Menopause

Menopause brings about a different kind of change related to hormone levels. At this point, rather than estrogen increases causing a biochemical change in saliva, estrogen deficiency appears to be the issue.

Estrogen plays an important role in bone growth and maturation, as well as in the regulation of bone turnover in adult bone. Post-menopausal women are at an elevated risk of osteoporosis, due in part to this loss of natural estrogen production. Exactly how estrogen deficiency causes bone loss still remains largely unknown, but we do know that the bone loss associated with osteoporosis is not limited to the hips and other larger skeletal structures; it can also affect the jaw, and consequently the teeth.

Long-Term Medication

If you are considering the use of long-term preventive medications like HRT or oral bisphosphonates for menopausal concerns, please be sure to contact your dentist before you begin your regimen.

Certain medications have potential side effects that may require you to have pending dental work performed before you begin taking the medication.

Loss of bone structure around the roots of the teeth creates deeper gum pockets where oral bacteria can hide and multiply. Often, brushing and flossing alone is not enough to reach the depth at which these infections are taking place. Left untreated, gum disease will progress and tooth loss may be a result.

There has been some evidence to suggest that Hormone Replacement Therapy (HRT) can help with post-menopausal bone loss and even periodontal conditions. However, HRT is not the only way to combat these conditions. A healthy diet, regular cardiovascular and weight-bearing exercise, combined with good oral hygiene can be more than enough for many women to keep their mouths and bodies healthy all through their post-menopausal years.



Help Yourself At Home

Good oral hygiene at home is the first best step any woman can take to help keep oral bacteria under control, especially during times of hormonal transition. Regular visits to the dentist are also important. But there are other ways you can help support your body's fight against oral infection at home as well.

Diet

Next to oral hygiene, diet is the most important thing to consider in controlling bacterial growth in the mouth. Oral bacteria thrive in an environment rich in acid and simple carbohydrates. Everyone should be working to eliminate regular sources of refined sugar, white flour, and concentrated sources of acid from their diets. But women and young girls especially need to be aware of the consequences a poor diet can have on their oral health during times of hormonal fluctuation. Many women crave all kinds of junk food during their cycle and while they are pregnant. Finding healthier, low-sugar, low-refined carbohydrate substitutes will help your body, your baby, and your mouth.

Bone development during puberty is also extremely important for young girls, but even though natural estrogen production plays an important part in that process, the body cannot build strong, resilient bone without the proper dietary building blocks. Building a strong jaw bone is crucial to lifelong oral health. Many young girls do not have enough sources of calcium in their diets, or they consume too much caffeine through soda, energy drinks, and coffee beverages. Caffeine can inhibit the body's ability to absorb calcium, which is very dangerous for a young girl trying to build the bone that will last her mouth and body a lifetime.

Ask Your Doctor

Please consult your doctor before making any changes to your diet or adding any of the supplements mentioned in this article, especially if:

- You are currently pregnant.
- You take regular medication.
- You suffer from significant allergies.
- You have a chronic disease.

To view our entire resource library, please visit www.drmartharich.com.



Help Yourself At Home (cont'd)

Supplements

Supplementing with antioxidants may also play a helpful role in supporting your body to fight off oral infection. People with chronic periodontitis have been shown to have low levels of antioxidants in their saliva. Supplements like CoQ10, green tea extract, as well as B, C, and D vitamins may be helpful in controlling recurrent episodes of gingivitis with monthly cycles and other hormonal transitions.

References:

American Academy of Periodontology: *Gum Disease and Women*

Journal of the American Dental Association: *Exploring the Relationship Between Periodontal Disease and Pregnancy Complications*

Journal of Oral Science: *Periodic Exacerbation of Gingival Inflammation During the Menstrual Cycle*

Open Dentistry Journal: *The Influence of Sex Steroid Hormones on Gingiva of Women*

Journal of Periodontology: *Periodontal Infection as a Possible Risk Factor for Preterm Low Birth Weight*

Journal of Clinical Periodontology: *Relationship Between Maternal Periodontal Disease and Low Birth Weight Preterm Infants*

Journal of the American Dental Association: *Low Antioxidant Levels Associated With Periodontal Disease*

To view our entire resource library, please visit www.drmartharich.com.