You can see the dentist while pregnant.

US obstetric and dental guidelines consider dental care during pregnancy, including X-rays, local anesthesia and pain relief, to be safe.[1][2]

What we do at each stage

First trimester
Up to about 15 weeks

Mainly urgent care

Urgent care, check-ups and brushing advice

Morning sickness is often hard. Non-urgent care waits for the 2nd trimester

Second trimester
About 16–27 weeks

Best time

Routine care, such as fillings and gum treatment

You usually feel better now

Third trimester
28 weeks onward

Short visits

Urgent care and short treatments

Lying flat can make you feel unwell[1]

After the birth
Including breastfeeding

The rest

Treatment not done in the 2nd trimester

Visits get harder with a baby. Have needed care before the birth if you can[1]

Urgent care for pain or swelling is available **at any stage**[1]

Anesthesia, X-rays and medicines

Local anesthesia — Can be used

Common dental anesthetics (such as lidocaine) are considered safe in pregnancy.[1][3] Being numbed puts less strain on your body than enduring pain.[3]

X-rays — Taken if needed

Only a small area of the face is exposed, so the dose reaching your baby is negligible.[1][4] Skipping the lead apron is not cutting corners. If you feel uneasy, just ask for one.[4][5]

Painkillers — Chosen for pregnancy

We usually choose acetaminophen (paracetamol).[1] Loxoprofen (Loxonin) can't be used in late pregnancy and has warnings for earlier stages.[6] **Don't self-medicate with store-bought painkillers.**

Antibiotics — Chosen for pregnancy

Used for severe swelling. We usually choose a penicillin-type antibiotic (such as amoxicillin). Some antibiotics are avoided in pregnancy.[1]

Tell us at every visit

- ☑ That you're pregnant, which week, and your due date
- ☑ Your obstetric clinic
- ☑ Your medicines and how bad morning sickness is[1]

Bring your Maternal and Child Health Handbook.[7]

If you feel unwell in the chair

Lying on your back can lower your blood pressure and make you feel unwell.[1] Just **raise your hand** and we'll take a break. If you need the toilet often, let us know beforehand.

From your clinic A clinic stamp is fine for contact details

Phone _____ **Next visit** ☐ Treatment ☐ Check-up ☐ Other Date: Time:

Nights / holidays _____ **Medicine** ☐ Painkiller ☐ Antibiotic ☐ Other ( )

Treatment after the birth _____

References [1] Oral Health Care During Pregnancy Expert Workgroup. Oral Health Care During Pregnancy: A National Consensus Statement (rev. ed.). 2026. [2] ACOG Committee Opinion No. 569. Obstet Gynecol. 2013;122:417-422 (reaffirmed 2025). [3] da Cunha YGM, et al. Curr Rev Clin Exp Pharmacol. 2026;21(2):133-146. [4] Benavides E, et al. J Am Dent Assoc. 2023;154(9):826-835. [5] Japanese Society for Oral and Maxillofacial Radiology. Guideline on protective aprons in dental radiography. 2015. [6] Loxoprofen Na Tablets 60 mg "Nissin", package insert (revised Oct 2024). [7] Funabashi City. Dental check-up for pregnant women (accessed Oct 2026).

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Bleeding gums? Don't just put up with it. On morning-sickness days, do what you can.

About 2 in 3
pregnant women have bleeding gums

Hormonal changes make the gums red, swollen and quick to bleed (pregnancy gingivitis). The inflammation increases even though the amount of plaque barely changes, and it settles after the birth.[8] Figures vary widely between studies.[9] A lump can also form on the gum.[10] **If your gums keep bleeding despite brushing, get them checked early.**

When morning sickness makes brushing hard

No need to be perfect

1 Brush when you feel well
It doesn't have to be in the morning.

2 Use a small brush
Lean your head forward and brush from back to front.

3 Less toothpaste
Try a milder-smelling one, or use just a little.

4 Rinse after vomiting
Rinse with water. A baking soda rinse is also recommended.[1]

5 Can't brush? Rinse
At least rinse with a fluoride mouthwash.[1]

6 Drink water
If you eat little and often, avoid sweet drinks.[1]

Myth **"The baby takes calcium from your teeth."** This is a common belief.[11] Dental problems increase because the gums swell easily, brushing is hard with morning sickness, and stomach acid reaches the teeth when you vomit.[1][8]

When to see a dentist

Go now

- **Swelling of the face or gums**, fever, or trouble opening your mouth[1]
- **Pain that keeps you awake** or stops you eating (don't self-medicate with store-bought painkillers)

Book soon

- **Gums keep bleeding** despite brushing, or a lump on the gum
- **A cavity** or a lost filling (non-urgent care in the 2nd trimester)

No need to hurry

- A little bleeding when brushing that stops quickly, with no other symptoms (ask at your check-up)
- Cosmetic care such as whitening (after breastfeeding ends)[12]

Use the prenatal dental check-up

Many cities in Japan offer one (the voucher is often in a supplement to your Maternal and Child Health Handbook). Treatment is separate. Timing and number of visits differ by city.[7][13] Even without symptoms, get checked once.

Planning a pregnancy?

Have a dental check-up first. Cavities, gum problems and wisdom teeth that tend to swell are easiest to treat before pregnancy.

Clinic contact (stamp is fine)

Notes

References
[1] Oral Health Care During Pregnancy: A National Consensus Statement (rev. ed.). 2026. [7] Funabashi City. Dental check-up for pregnant women. [8] Figuero E, et al. J Clin Periodontol. 2013;40(5):457-473. [9] Chen P, et al. J Dent. 2022;125:104253. [10] Pecci-Lloret MP, et al. J Clin Med. 2024;13(3):707. [11] Kamalabadi YM, et al. BMC Oral Health. 2023;23(1):762. [12] Japan Academy of Esthetic Dentistry. Guideline on informed consent for tooth whitening. 2018. [13] Nerima City. Dental check-up for pregnant and postpartum women (accessed Oct 2026).

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