## PREGNANCY & NEWBORN ORAL HEALTH ADVICE

- A healthy smile during pregnancy.

Dental Insurance from the Dental Experts



## EMPOWERING ORAL HEALTH

Our mission is to empower people to improve their oral health and general health over a lifetime.

## ORAL HEALTH TIPS FOR PREGNANT WOMEN

Brush twice daily Use a soft toothbrush

| <b>3</b> Use fluoride toothpaste (1450ppm) |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Spit, do not<br>rinse after<br>brushing    | Change<br>toothbrush<br>when bristles<br>are worn |  |  |  |  |  |
| Floss daily<br>to reduce<br>plaque         | Visit your<br>dentist for<br>a check              |  |  |  |  |  |

## PREGNANCY GINGIVITIS

Your hormones change during pregnancy and can make your gums more vulnerable to plaque biofilm and may cause them to bleed and become inflamed. This usually occurs around the second and third trimester of pregnancy. Do not stop brushing or flossing. If symptoms persist, contact your dentist.

## MORNING SICKNESS

The acid in your tummy can contribute to tooth erosion. Do not brush your teeth immediately after vomiting, rinse with baking soda and water.

## PREGNANCY TUMOURS

Don't let the name alarm you! These are non-malignant (benign) tumours. They look like raspberries and appear in between the teeth. They can be removed if painful. They tend to vanish after your child is born.

## **GESTATIONAL DIABETES**

This can develop during pregnancy and usually goes away once your baby is born. If you are diagnosed, limit your intake of sweet and starchy foods to help maintain blood sugar levels.



# NUTRITION AND LIFESTYLE CHANGES WHEN PREGNANT

- 1. No smoking or drinking alcohol during pregnancy.
- Keep hydrated (choose water or milk, instead of sugary drinks.)
- 3. Maintain a healthy, balanced diet.
- 4. It is recommended to eat 3 servings of dairy a day (eg: milk, yogurt and cheese.)
- 5. It is recommended to take a folic acid supplement with 400mg of folic acid per day for the first 12 weeks of your pregnancy. Eating foods high in folic acid (eg: green leafy vegetables, fortified breakfast cereals and milk) is also recommended.



## **TOOTH TIPS FROM 0-2 YEARS**

### 0 to 2 months

Clean mouth with warm water and a piece of gauze (no teeth present).

### 6 months to 2 years

Clean teeth and gums with a soft brush and warm water. Do not use toothpaste up until the age of 2 years.

Introduce your child to a dentist before their first birthday.

Do not let your child sleep with a bottle in their mouth. A bottle at night should only contain boiled, cooled water (no juice or milk).

A child should be fed and put to bed, not put to bed and fed.

Encourage drinking from a plastic cup as soon as possible.

Preventing tooth decay will help your child's progress and promote good, overall health.

## TEETHING

Symptoms of teething from the age of three months may include:

- Drooling/dribbling more than usual
- Red cheeks
- Swollen and tender gums
- Feeding irritability

### **Teething Solutions**

- Gently massaging gums with a clean finger
- Give baby something to chew on (eg: cool teething ring)
- Ask your public health nurse for advice
- Milk or cooled water may also help

If general symptoms persist, contact your doctor.

Excessive dribbling can irritate your baby's chin, neck and chest, which can become dry, chapped and sore. Try to keep the skin as dry as possible by changing wet clothing. Apply a simple barrier cream to keep the skin soft and smooth.



Dental cover to suit all ages and budgets... Choose a plan that's right for you.



Level 2

100% for 1

treatment

disease

crowns

for Children:

#### Level 1

100% cover for 2 dental exams, 2 dental cleanings & dental X-Rays 🖌 🖌

100% for 1 emergency dental treatment

### Level 3

100% cover for 2 100% cover for 2 dental exams, dental exams, 2 2 dental cleanings & dental X-Ray dental cleanings & 100% for 1 emergency dental dental X-Rays 🖌 🖌 treatment Additional Benefits (Activation Red emergency dental 1 additional cleaning per year duri pregnancy 70% cover for 1 additional cleaning per year during fillings, extractions chemotherapy treatment for cance & treatment of gum 3m 70% cover for fillings, extractions treatment of gum disease Additional cover Additional cover for Children: 70% cover for 70% cover for sealants, space sealants, space maintainers & stainless steel crow maintainers & 60% cover for major treatments^ stainless steel as root canals, Dentures, bridges & 3m implant supported crowns\*, Crown inlays, onlays & veneers\*\*, Implant fixture, once per tooth per lifetime Claim up to €5,000 with Oral Cancer Benefit

## Level 4

| 's ★                             | <b>100%</b> cover for 2 dental exams,<br>2 dental cleanings & dental X-Rays ★   |
|----------------------------------|---|
| *                                | 100% for 1 emergency dental treatment   |
| quired)<br>ing<br>ing<br>er ★    | Additional Benefits (Activation Required)<br>1 additional cleaning per year during<br>pregnancy<br>1 additional cleaning per year during<br>chemotherapy treatment for cancer *                         |
| &<br>3m                          | 70% cover for fillings, extractions &   treatment of gum disease  |
| rns 3m                           | Additional cover for Children:<br>70% cover for sealants, space<br>maintainers & stainless steel crowns am  |
| such<br>&<br>ns,<br>t<br>*** 12m | 60% cover for major treatments^ such<br>as root canals, Dentures, bridges &<br>implant supported crowns*, Crowns,<br>inlays, onlays & veneers**, Implant<br>fixture, once per tooth per lifetime*** 12m |
| ٠                                | Claim up to €5,000 with Oral<br>Cancer Benefit ★  |
|                                  | Claim up to €1,000 with Lifetime<br>Orthodontic Benefit 29  |
|                                  |   |

^€100 policy excess applies to major treatments only

| Waiting Periods:  | ★ Immediate cover | 3m After 3 months | 12m After 12 months | <sup>2</sup> y After 2 years |         |         |         |
|---|-------------------|-------------------|---------------------|------------------------------|---------|---------|---------|
| Policy Maximums   |                   |                   |                     | Level 1                      | Level 2 | Level 3 | Level 4 |
| *Annual maximums for dentures, bridges & implant supported crowns per member per year |                   | n/a               | n/a                 | €500                         | €500    |         |         |
| **Annual maximum for crowns, inlays, onlays & veneers per member per year             |                   |                   | n/a                 | n/a                          | €500    | €500    |         |
| ***Annual maximums for implant fixtures per member per year                           |                   | n/a               | n/a                 | €250                         | €250    |         |         |
| Lifetime maximum on oral cancer benefit   |                   |                   | n/a                 | n/a                          | €5,000  | €5,000  |         |
| Lifetime maximum on ortho treatment   |                   |                   | n/a                 | n/a                          | n/a     | €1,000  |         |
| Annual maximum for all other services per member per year                             |                   |                   | €500                | €1,000                       | €1,000  | €1,000  |         |

Want to increase your maximums? Annual maximums can be increased to either €1,500 or €2,000 on plans Level 3 & 4.

Contact our sales team on 094 937 8608 or visit www.decare.ie for a quote.

GET A QUOTE TODAY

www.decare.ie

Salesteam@decaredental.ie

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