

Pregnancy in Adolescence and Oral Health Changes



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Introduction

The health in the adolescence has represented a world preoccupation, because the inherent characteristics to that complex period of the human development, associate to a globalized universe, with intense changes in the cultural, economic and social values, and have an impact on the organism of these young, characterizing them as a more vulnerable group. In the context above, the precocious beginning of the reproductive life and the pregnancy in the adolescence, of more particular form, deserve highlight. This last, by the impact that can bring to the emotional, social and physic conditions of future mother and of her son [1]. By the possible biological implications related previously, a special attention has been offered to the terms presented by the teenagers, during the gestation period and that can act as risk factors for their organism or of their baby too. The oral health is inserted in this theme and has been analyzed in a peculiar way [2]. However, they verify information gaps on the association among characteristics or oral illnesses and the pregnancy in the adolescence, object of the present study. The aim of this work was to verify if the pregnancy in the adolescence was associate to the terms of oral health, considering itself the variables: self- perception regarding changes in the oral terms during time of gestation, complaints or needs to highlight odontological treatment, gingival bleeding, orofacial pain, oral hygiene, tooth ache and time of the last odontological consultation.

Method

The study area was the Federal University of Pernambuco, in the city of Recife, Northeast of Brazil. This research is associated with an extension program and the research project was approved by the Research Ethics Committee of the Federal University of Pernambuco, ensuring the participant's anonymity and privacy. Considering all the teenagers as possible volunteers, the exclusion criteria were: registration absence in the program, high risk pregnancy (previous reproductive history, problems in the

current gestation or clinical occurrences), abortion or gestation history (group control), diagnosis of deficiency, dependence of licit or illicit drugs. There was a pairing of the group case and of the group control, for the variables age and monthly family rein. Like instruments for the data collection they used a clinical record (patient identification, demographic, economic and social characteristics, medical history and previous history mouth-tooth, besides topics for the investigation in the patients' intraoral exam). For the physical intraoral exam, they employed the instrumental and material specified by the World Health Organization [3]. An only examiner was responsible for the intraoral evaluations, with the help of a researcher for the information record. The patients were examined sat down, under artificial light, in room of available consultations. The evaluation occurred for quadrants, initiating itself in right superior hemiarch (November and December 2017). In the statistical decisions it adopted a meaning level of 5.0%. The statistical software used to the obtaining calculations was the Statistical Package for the Social Sciences (SPSS), in its 23th version. They employed the tests: Qui-square of proportions equality, Mann-Whitney, in the comparison of two categories and Kruskal-Wallis in the comparison of three or more categories.

Results and Discussion

The 60 teenagers of the final sample (groups case and control) were distributed, according to age from 14 to 19, in an equal numeric quantity (30), being for each age (<16, and 16 to 19 years) among pregnant and the not pregnant. Most pregnant teenagers were in its first gestation (86.7%), not planned (73.3%), owned a stable union (53.3%) or they were married. In the gestational time that was reported, 40.0% were in the third quarter, 33.3% in the second quarter and 22.7% in the first quarter. When questioned about the perception changes or oral alterations in the last six months until the interview moment, most teenagers affirmed not (53.3%), without statistically significant differences among

groups ($P>0.05$). Gingival bleeding, orofacial pain and tooth ache had superior values, in the group case ($P<0.05$), but there was no difference between the oral hygiene computed by the teeth brushing daily. A little more of half (53.3%) of the women affirmed brush the teeth twice a day. Considering time elapsed since the last visit or consultation to the dentist were not verified significant differences ($P>0.05$). The biggest percentile (36.7%) it established for a period lower than a year. We noticed a fear or fright predominance by the pregnant teenagers and of anything worthy it denotes by the not pregnant teenagers. The gestation influence in the women's oral health and of its offspring has been, for years, odontology researches object, particularly in the Pediatric Dentistry. However, the referred theme still keeps as current and controversial [4]. This if there is observed the diversity of the methodologies, of the results and of the presented conclusions. Regarding the oral terms and the attention priorities for the pregnant teenagers, information gaps prevail; there is much to explore, in the search for scientific evidences with recommendation degrees and representative force, to base the strategies in the health promotion, during the prenatal [5]. Leaving aside the considerations regarding the wish or not of be pregnant of these young women, it is reconciled [6] regarding the pregnancy planning lack in this stage of the human development, with negligence's regarding the impact of this condition for life of these persons and of their children.

For a health service adequate orientation, during the prenatal, it should comprehend the teenager, from the interaction between experienced universe by the pregnant and the perception on the changes occurred in her body. In this way, the impact of this appreciation would act as stimulus for the adoption of more healthy habits [7]. According to the results of this study, did not verify significant differences between groups, when argued about alterations in the last six months until the interview moment. That time was determined, because, besides the evidences lack high quality in interval favor of six month or in any other frequency, in the routine odontological exams accomplishment, patient of risk could have subclinical discoveries with the evolution and, consistently significantly shaken severity in this period, the prevention of the biggest damages being made viable by the accompaniment [8]. It is recognized that oral illnesses, of singular way the dental caries, represent the main reason for teenagers' consultation, in the public network of services in Brazil's Health [9]. It is worth stressing, however, that in the consultations sector did not occur the odontological attention, but the control of the prenatal in formed team by doctors, male nurses, psychologists and social workers. For Laine [10], the oral tissues could be affected by the pregnancy, worsening preexisting terms. A significant number of cariogenic microorganisms could increase in the gestation, due to the saliva pH decrease and of the tampon capacity. Changes in the salivate composition last gestacional quarter and during the lactation would predispose, temporarily, to the caries lesions and

to the dental erosion, despite the action mechanisms if are not elucidated. There exists the same opinion that Melo et al. [11], that the alimentary habits, the negligence of the oral hygiene and the low frequency to the dentist can represent risk factors for the caries development and of the periodontal disease in pregnant, in spite, once again, of the effort for homogeneous groups, in the current study.

Regarding the feeling in front of the odontological consultation being more characterized as of fear, anxiety or fright by the pregnant teenagers, it arrives in consonance with Albuquerque, Abegg & Rodrigues [12]. These, by means of qualitative study aiming at barriers comprehension to the odontological assistance of the pregnant, in Municipal districts of Pernambuco's State, Brazil, related: Access difficulty, popular beliefs that dissuade to search the odontological treatment during the gestation and mostly the fear. This fear associates to the profile of strong and continuous toothache in the pregnancy, with the possibility much discomfort in the element extraction or dental unit. In question concerning about of a special odontological attention for the teenagers interviewees, it reaches an agreement to Costa, Saliba & Moreira [13], not only regarding the need to surgeon-dentist's insert in the health team, in the attention during the prenatal, but in the attention in oral health entailed to the programs that attend this age group, by the presented peculiarities and possible benefits to life quality of this population-target.

Conclusion

The pregnancy in adolescence was associated with an increase of gingival bleeding, tooth ache and orofacial pain.

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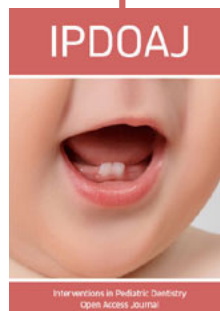
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