

PRESS RELEASE



For immediate release: Monday, 28 March 2011

MDDUS ADVISES CAUTION IN DENTAL TREATMENT OF PREGNANT PATIENTS

Dentists treating pregnant patients must familiarise themselves with the latest advice to avoid unnecessary risks to the unborn baby.

MDDUS has noticed an increase in calls from dentists concerned about the taking of X-rays and the use of amalgam fillings during pregnancy.

MDDUS reminds dentists that while the pregnancy status of patients should be apparent from their current medical history, the Ionising Radiation (Medical Exposure) Regulations require specific enquiry where a female patient is of child-bearing age prior to a medical radiographic exposure.

Pelvic radiation in dentistry is highly improbable and the Radiation Protection arm of the Health Protection Agency has advised that foetal risk in relation to most intra-oral radiography is infinitesimal.

But MDDUS dental adviser Doug Hamilton advises a cautious approach. He says: "Where safe diagnosis or treatment demands radiography during pregnancy, dentists should continue to apply the justification protocols set out by The Faculty of General Dental Practice."

Dentists should also be cautious when using amalgam fillings. Some research has suggested a link between this type of restoration and birth defects or still births due to the mercury content in amalgam, although this is not conclusive. MDDUS would advise dentists to minimise any potential risk and avoid the placement of new amalgam during pregnancy where possible.

"Clearly, the best solution is to delay treatment which involves even the most theoretical foetal risk until after the pregnancy is complete," warns Hamilton.

MDDUS accepts that there will always be occasions where intervention is unavoidable. And while knowledge of current best practice is helpful in such cases, dentists must not forget to include the patient in the decision-making process.

Hamilton says: "In order to secure fully informed consent, pregnant patients should be accurately advised of the potential risks and benefits associated with all clinically indicated treatment options in relation to their own health and that of their unborn child.

“Details of these conversations, including the patient’s response, must be carefully recorded in the clinical notes.

“Remember, the patient has a right to refuse any or all treatment, even if the reason for doing so seems irrational.”

MDDUS reminds dentists that where restorative dentistry is required during pregnancy, the Dental Practice Board in Scotland can, subject to prior approval, issue discretionary fees and codes for the placement of a variety of non-amalgam materials in the posterior teeth of pregnant patients. This discretionary fee is currently unavailable in England.

Hamilton concludes: “In cases where pregnant NHS patients do not wish to receive amalgam fillings, the availability of alternative restorations at no charge must be explained.”

Ends

For further information contact Colin Calder on 0141 616 2677 or 07850 510881.

Note to editors

MDDUS (The Medical and Dental Defence Union of Scotland) is a medical and dental defence organisation providing access to professional indemnity and expert medico- and dento-legal advice for doctors, dentists and other healthcare professionals throughout the UK.

For further information on MDDUS go to www.mddus.com.