

# PRESS RELEASE



**For immediate release: Tuesday, 31 January 2012**

## **MDDUS WELCOMES CLARIFICATION OF TREATMENT DURING PREGNANCY**

Dentists in Scotland are urged to get up to speed with the latest advice issued on the contentious subject of the use of amalgam fillings during pregnancy.

NHS practitioners in Scotland will have received a document entitled '*White fillings in those who are pregnant or are nursing mothers*' with their January schedules.

Over the past few months, UK-wide dental defence organisation MDDUS has received a number of enquiries in relation to this increasingly controversial issue.

While the advice in this circular represents a complete departure from previous policy, MDDUS dental adviser Doug Hamilton welcomes the publication of definitive guidance for posterior restorations in pregnant patients.

He says: "Provision of amalgam during pregnancy has always been attended by more general concerns in relation to its possible teratogenic effects.

"Current advice from MDDUS continues to mirror that provided by the Department of Health - while foetal risk from amalgam is largely theoretical, placement and removal of this material during pregnancy should be delayed unless there is an over-riding clinical need."

Clearly, such clinical concerns do not apply where a pregnant patient will not consent to the placement of amalgam. However, in these circumstances, problems have arisen where practitioners have offered these patients an alternative in the form of posterior resin, but on a non-NHS basis.

"To do so would seem quite reasonable since there has never been any section in the Statement of Dental Remuneration which expressly provides for non-amalgam posterior occlusal fillings in pregnant patients," says Hamilton. "Yet, in adopting this approach, NHS practitioners were potentially in breach of their terms of service.

"Firstly, these patients could have been offered a temporary dressing followed by a permanent amalgam post-partum, both of which are available on the NHS. Secondly, it was the established custom and practice at Practitioner Services to award a code and discretionary fee which allowed posterior resins to be provided free of charge for pregnant patients.

"Therefore, in instances where complaints were made by patients who had paid privately for this treatment, it was the advice of MDDUS that a refund should be offered."

In response to the growing confusion, a circular was released by Practitioner Services in September confirming their ongoing policy of approving and funding of resin fillings in posterior occlusal surfaces during pregnancy, but indicating that each case would be scrutinised by a dental adviser to prevent the replacement of existing amalgams unnecessarily or for non-therapeutic purposes.

However, the latest advisory note reverses this position, stating that, for the first time, no fee will be payable under GDS arrangements for the placement of posterior resin in a pregnant patient unless they also have an exceptional medical condition.

"It might be assumed that this change in policy automatically validates the provision of this treatment on a private basis," adds Hamilton. "Dentists should read the details of the January 2012 directive before deciding which treatment options a pregnant patient is entitled to consider.

"Every case must be individually assessed and discussed," advises Hamilton. "If the patient in question consents to amalgam and the dentist agrees then this material should be used.

"Alternatively, if the proposed treatment does not require removal or placement of amalgam, then an application may be made to PSD for a temporary dressing fee, so that the tooth can be restored with amalgam after the birth.

"NHS patients should be offered these options to avoid infringement of the practitioners' terms of service."

While the flow chart which accompanies this circular is very informative, some practitioners may feel that it fails to address every clinical scenario.

In response to these possible concerns, Hamilton concludes: "These guidelines may be subject to further clarification. However, at this stage, we anticipate that, where retention of a temporary dressing requires amalgam removal, an NHS fee may not be payable. In such circumstances, the practitioner should make scrupulous clinical notes (ideally accompanied by pre-operative photographs), together with a very careful record of the consenting process.

"As always, practitioners must be prepared to justify the recommendation of private treatment to NHS patients."

Members of MDDUS who have concerns in relation to this matter should not hesitate to contact a dental adviser for further information.

## **Ends**

For further information contact Richard Hendry on 0845 270 2034 or 07976 272266, or email [rihendry@mddus.com](mailto:rihendry@mddus.com).

## **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](http://www.mddus.com).