



Martin A. Garcia, MD
Erika D. Glas, DO ▪ Tiffany A. Wells, MD
Kendra K.H. Gillespie, MD
Diplomates, American College of Obstetrics and Gynecology
Molly Turner, APRN ▪ Michelle Buoye, APRN
Ashley Maxam, DNP ▪ Karley Monberg, APRN
Bailey Bunnell, PA-C

Baptist Medical Pavilion ▪ 836 Prudential Drive ▪ Suite 1103 & 1107 ▪ Jacksonville, FL 32207
Phone (904) 398-7654 ▪ Office Fax (904) 398-0118 ▪ Medical Fax (904) 407-3306

DENTAL GUIDELINES IN PREGNANCY

Our OB patients are encouraged to continue their routine preventative dental care. It is recommended to defer care that is considered strictly cosmetic until after delivery.

- 1) Local Anesthetic agents are satisfactory, preferably without Epinephrine. Epinephrine would be acceptable if bleeding is a significant concern.
- 2) It is recommended to avoid inhalation agents or heavy sedation during procedures unless anesthesiology monitoring is utilized. We would consider procedures under general anesthesia safe when administered by an anesthesiologist in the appropriate setting.
- 3) **X-rays can be performed as indicated with the use of abdominal shielding.**
- 4) Left lateral decubitus positioning may help avoid syncopal episodes.
- 5) Approved Antibiotics: Erythromycins, Penicillin's, Cephalosporin's, Augmentin & Zithromax
Contraindicated Antibiotics: Tetracycline's and Quinolones
- 6) Approved Pain Medicine: Acetaminophen
Contraindicated Pain Medicine: Ibuprofen products and other NSAIDs
After 13 weeks gestation, these can be used for less than 5 days duration

These are our general guidelines for medications and antibiotics; however we will be glad to assist in reviewing any proposed medication use from pregnancy perspective.

Please call our office with any questions.

Thank you,