

Women and Oral Health

Hormone fluctuations affect women differently at various stages of life. These changes can influence oral health, making it important for women to be aware of potential oral health concerns and the value of ongoing preventive dental hygiene care and good home care practices. [Oral health is essential for overall health.](#)

Hormone levels fluctuate during:

- Puberty
- Menstruation
- Oral contraceptive use
- Fertility treatments
- Pregnancy and postpartum
- Menopause (including perimenopause and postmenopause)

RISK FACTORS

During certain life stages, women may be more prone to conditions such as [periodontal \(gum\) disease](#), [dry mouth](#), and [dental caries \(tooth decay\)](#).

Hormonal changes do not directly cause gum disease, but they can increase susceptibility by affecting blood flow to the gums and the body's response to plaque bacteria (the sticky film that forms on teeth). If left untreated, gum disease can lead to bone and tooth loss. These risks can be managed with good daily oral self-care and regular dental hygiene visits.

OTHER COMMON ORAL HEALTH PROBLEMS

- Temporomandibular disorder (TMD), which may cause jaw pain or dysfunction, muscle soreness, or tooth sensitivity related to grinding or clenching
- Increased risk of dental caries (tooth decay) due to changes in diet during pregnancy, dry mouth associated with hormonal changes, or certain medications
- Acid erosion of tooth enamel from frequent vomiting during pregnancy or conditions such as eating disorders
- Osteoporosis (reduced bone density) may increase the risk of bone loss around teeth and tooth loss

MAINTENANCE AND HOME CARE

- Visit a registered dental hygienist for a detailed oral examination and professional scaling (cleaning). In some



cases, periodontal therapy may be needed to help prevent or reduce further damage to the tissues and bone around the teeth.

- Always discuss all medications you are taking, including prescribed, over-the-counter, and herbal or holistic remedies, with your registered dental hygienist.
- Brush teeth at least twice a day with fluoridated toothpaste.
- Clean between teeth or floss at least once a day.
- Eat a well-balanced diet, avoid sugary and starchy snacks.
- Use an antimicrobial mouth rinse, if recommended by a registered dental hygienist.
- Use an over-the-counter salivary substitute for [dry mouth](#) as recommended by a registered dental hygienist.

ROLE OF REGISTERED DENTAL HYGIENISTS

- Provide comprehensive examinations and oral cancer screenings
- Review health history and medications
- Educate clients on oral health and effective oral self-care
- Develop customized home care programs
- Provide preventive and therapeutic treatment to promote oral health and prevent oral diseases
- Offer advice on healthy eating, including nutritious snacks and beverages
- Refer clients to other health care professionals as required

Stage of hormonal fluctuation	Risks	Oral sign and symptoms	Additional information
Puberty	With the surge in female sex hormones estrogen and progesterone during puberty, gums may be more sensitive and susceptible to gingivitis (inflammation of the gums).	- Red, swollen, or tender gums. - Gums that bleed when brushing or flossing. - Sensitivity to plaque buildup.	- Regular dental hygiene visits and professional scaling to monitor and maintain oral health. - Effective daily oral self-care. - Depending on the severity of oral symptoms, more than two professional scalings a year may be needed.
Menstruation	Some women may experience increased gum inflammation, bleeding, or discomfort during the menstrual cycle.	- Red, swollen gums that bleed easily. - Swollen salivary glands. - Canker sores (aphthous ulcers).	- Regular dental hygiene visits and professional scaling to monitor and maintain oral health. - Effective daily oral self-care.
Oral contraceptive use	Original oral contraceptives increased the inflammatory response of the gums to plaque. However, current lower-dose oral contraceptives do not cause the same exaggerated gum inflammatory response to plaque.	May increase risk of dry socket (a healing problem) after tooth extraction.	Regular dental hygiene visits, professional scaling, and effective daily oral self-care are important to maintain oral and overall health.
Fertility treatment	Treatment or medication used to induce ovulation can exacerbate gum inflammation and bleeding.	- May worsen gingivitis causing more redness, swollen, bleeding and/or tender gums. - Duration of treatment correlates with severity of gingivitis.	- Regular dental hygiene visits. - Effective daily oral self-care and regular professional scaling are important to help maintain healthy gums and protect oral health.
Pregnancy and postpartum	Pregnancy does not cause gingivitis but may aggravate existing gum disease. Increased risk of enamel erosion and dental caries.	- Red, swollen or tender gums that bleed easily. - Stomach acids from vomiting can erode enamel erosion. - Dental caries from snacking due to cravings or nausea, dry mouth, and oral acidity due to vomiting. - Pregnancy granuloma (oral tumour), growth along the gum line or between teeth, may develop due to hormonal changes.	- Regular dental hygiene visits and professional scaling to monitor and maintain oral health. - Dental hygiene care is safe throughout pregnancy. Delaying oral healthcare may result in more complex problems. - Effective daily oral self-care to prevent oral disease, such as dental caries and gum disease. - Gum disease may contribute to adverse pregnancy outcomes, such as premature birth and low birth weight. - For women at risk for tooth erosion due to repeated vomiting, rinse with water or an acid-neutralizing solution of one cup of water mixed with one teaspoon of baking soda after vomiting. - Wait at least 30 minutes after a vomiting episode before brushing teeth. - Maternal plaque control reduces risk of transmitting tooth decay-causing bacteria from maternal saliva to infant.
Menopause	Decline in estrogen during menopause can lead to decreased bone density (osteoporosis) and affect the bone that supports teeth, increasing risk of tooth loss.	- Receding gums and/or tooth loss due to bone loss in the jaw. - Altered taste (e.g., bitter or metallic taste). - Burning sensation in the mouth. - Xerostomia (dry mouth) due to reduced saliva increases risk of dental caries and oral infections. - Receding gums and tooth loss due to bone loss in the jaw. - Exaggerated response to plaque can worsen existing gum disease. - Canker sores (aphthous ulcers). - In rare cases, medication-related osteonecrosis of the jaw.	- Regular dental hygiene visits and professional scaling to monitor and maintain oral health. - Untreated gum disease can lead to tooth loss. - Effective oral self-care. - Discuss potential oral side effects of osteoporosis medications with your registered dental hygienist.