



**Source:** BJOG. 2011 Jan;118(2):250-6

**Title:** Periodontal infection and preterm birth: successful periodontal therapy reduces the risk of preterm birth.

**Authors:** Jeffcoat M, Parry S, et al.

**Overview:** This study examined the effect of non-surgical periodontal therapy on the rate of preterm birth (PTB), defined as delivery prior to 35 weeks gestation

**Summary of research:**

- 322 pregnant women of 6-20 weeks gestation included in study
- 160 women received scaling and root planing (SRP) and oral hygiene instructions (OHI), 162 received OHI only (control group)
- All subjects examined prior to 20 weeks and after SRP and classified blindly into successful and unsuccessful perio treatment groups

**Results and conclusions:**

- No significant difference found between incidence of PTB in control and treatment groups
- Within treatment group, strong relationship found between successful perio treatment and full term birth
- Patients who did not respond to perio treatment were significantly more likely to have PTB

**Key take-aways:**

Previous studies have demonstrated inconsistent results regarding the association between perio treatment and the rate of PTB. This study examined the relationship between successful perio treatment and PTB, noting a strong link. This is a significant finding since evaluating the effect of treatment regardless of outcome may mask the true results. Making the distinction between the effects of successful vs. unsuccessful perio treatment on PTB may provide more accurate conclusions.

**Implementation Strategies:**

This study should reinforce the fact that treating periodontal disease during pregnancy to reduce the risk of PTB is the right thing to do. With that said, there are some specific things the clinician is responsible for to ensure the best treatment outcome possible.

Collecting baseline data is always the first step. That data should include:

- Comprehensive Periodontal Evaluation to assess the level of damage and disease activity
- Full mouth radiographs to determine bone levels

**Richard Nagelberg, DDS & Kim Miller, RDH, BSDH, RDHMP**  
531 West Germantown Pike Suite 104  
Plymouth Meeting, PA 19462



- Extensive risk assessment to uncover other underlying contributing factors
- DNA-PCR saliva testing to determine type and concentration of causative pathogens

Here are a few other things you should consider:

- DNA-PCR testing for the spouse (or significant other) followed by treatment as indicated. This is an important step to prevent re-infection by transmission.
- Following treatment, DNA-PCR testing should be completed to compare pre-treatment to post treatment pathogen levels
- Recall intervals of 12 weeks or less for the remainder of the pregnancy
- Involve the OBGYN in the treatment sequence from start to finish. You may want to use the research supplement fax template #1110.1 located on [periofrogz.com](http://periofrogz.com).
- You may also want to use the PerioFrogz patient education document on Dental Health during pregnancy. Visit [periofrogz.com](http://periofrogz.com) and search under free patient education.

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531 West Germantown Pike Suite 104  
Plymouth Meeting, PA 19462