

Dental Pharmacological Considerations for Pregnant Women

	MAY BE USED	MAY BE USED IN SHORT DURATION	AVOID OR NEVER USE
Analgesics*	<ul style="list-style-type: none"> ◦ Acetaminophen ◦ Acetaminophen with Codeine, Hydrocodone or Oxycodone 	<p>48 to 72 hours, avoid during 1st and 3rd trimesters</p> <ul style="list-style-type: none"> ◦ Aspirin ◦ Ibuprofen ◦ Naproxen 	
Antibiotics	<ul style="list-style-type: none"> ◦ Amoxicillin ◦ Cephalosporins ◦ Clindamycin ◦ Metronidazole ◦ Penicillin 		<p>Avoid!</p> <ul style="list-style-type: none"> ◦ Ciprofloxacin ◦ Clarithromycin ◦ Levofloxacin ◦ Moxifloxacin <p>Never Use!</p> <ul style="list-style-type: none"> ◦ Tetracycline
Anesthetics	<ul style="list-style-type: none"> ◦ Local Anesthetics with Epinephrine (e.g. Lidocaine) ◦ Nitrous Oxide ◦ Consult with a prenatal provider before using nitrous oxide, intravenous sedation or general anesthesia 		
Therapeutic Agents	<ul style="list-style-type: none"> ◦ Chlorhexidine mouth rinse ◦ Professionally applied topical fluorides <p><i>Use alcohol-free products during pregnancy</i></p>		

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*Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days) and avoid issuing refills to reduce risk for dependency.



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