**Dental Pharmacological Considerations for Pregnant Women**

*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.*

*Excerpt from *Oral Health During Pregnancy: Practice Guidance for Virginia’s Prenatal and Dental Providers 2018*. Permission is given to photocopy this publication or to forward it, in its entirety, to others.*

**MAY BE USED**
- Acetaminophen
- Acetaminophen with Codeine, Hydrocodone, or Oxycodone
- Amoxicillin
- Cefradine
- Clindamycin
- Metronidazole
- Penicillin

**MAY BE USED IN SHORT DURATION**
- 48 to 72 hrs, avoid during 1st and 3rd trimesters
- Aspirin
- Ibuprofen
- Naproxen

**AVOID OR NEVER USE**
- Ciprofloxacin
- Clarithromycin
- Levofloxacin
- Moxifloxacin
- Tetracycline

**Therapeutic Agents**
- Chlorhexidine mouth rinse
- Professionally-applied topical fluorides
- Use alcohol-free products during pregnancy.

**Analgesics**
- Local Anesthetics with Epinephrine (e.g., Lidocaine)
- Nitrous Oxide
- Consult with a prenatal provider before using nitrous oxide, intravenous sedation, or general anesthesia.