# Women and Oral Health: Puberty to Menopause | Core Dental

Canonical: https://www.coredental.com.au/are-women-more-prone-to-oral-health-problems/

## Details:

Women can be affected by certain oral health problems at particular life stages because of hormonal changes. Puberty, pregnancy and menopause can each affect gum health, and menopause can also change saliva flow and bone health. At Core Dental we encourage regular dental check-ups at each stage of life so that changes are picked up early, and our team can help you build a personal hygiene plan. This article explains what changes and what you can do about it.

## How does puberty affect oral health?

During puberty, increased levels of the sex hormones oestrogen and progesterone can feed bacteria in the mouth and may lead to gingivitis, which is inflammation of the gums. In healthy patients with no previous gum problems, this usually causes slight bleeding and some tenderness of the gums. It can be managed with thorough brushing, interdental cleaning and mouth rinses recommended by your dentist or hygienist.

## What happens to your gums during pregnancy?

Oestrogen and progesterone levels continue to rise during pregnancy, and this can create conditions in which the bacteria that cause gum disease thrive. Many pregnant women find that their gums bleed or feel sore despite careful cleaning. Survey findings such as the Australian Women and Dental Health Survey have reported gum disease symptoms such as bleeding and sensitivity among pregnant women.

We recommend a dental check during pregnancy to confirm that home cleaning is working and that no dental disease is present that could worsen. Routine dental care can generally be provided during pregnancy, but dental X-rays are generally avoided, which can limit treatments such as removing teeth and root canal treatment. Tell your dentist if you are pregnant or planning a pregnancy. You can read more in our article on dental health during pregnancy .

## How does menopause affect oral health?

As in puberty and pregnancy, changes in sex hormone levels during menopause can affect gum health, and gum disease can become a concern. Hormonal changes can also reduce saliva flow after menopause. Saliva is the mouth's natural protector, so reduced flow adds to the risk of dental disease and can cause dry mouth, burning mouth syndrome and problems with the soft tissues of the mouth. Regular checks help keep tissues healthy and let your dentist look for changes.

## What is the link between menopause, osteoporosis and your teeth?

A fall in oestrogen after menopause is linked with osteoporosis, a condition that weakens bone. Osteoporosis has also been linked with a risk of tooth loss from severe gum disease. One group of medications used to treat osteoporosis, called bisphosphonates, can cause osteonecrosis of the jaw,

where exposed jaw bone loses its blood supply, if a tooth is extracted while the medication is being taken. Because of this, extractions are avoided where possible for patients on these medicines.

If you have osteoporosis, or are about to start bisphosphonate medication, a dental screening beforehand is recommended. Always tell your dentist about every medicine you take. Dentists can also help screen for risk factors linked with osteoporosis, such as gum disease.

## What can you do to protect your oral health at every stage?

Brush twice daily with fluoride toothpaste and clean between your teeth daily.

Book regular check-ups and cleans, and tell us about hormonal changes, pregnancy or new medicines.

Ask your hygienist to create a personal hygiene plan that fits your stage of life.

Visit promptly if you notice bleeding gums, persistent dry mouth, loose teeth or a bad taste.

Protective habits matter at every stage. If you are worried about any of the issues above, visit your dentist to be screened and diagnosed.

## How can we help?

Our dentists and hygienists at all nine Core Dental clinics can check your gums, discuss changes at your stage of life and recommend a care plan. Read about gum disease treatment or dental hygiene appointments , then call 13 13 16 or book online.

## What the published evidence does and does not support

This page's title asks whether women are more prone to oral health problems. The honest answer from the sources we hold is more specific than yes or no, and in one respect it runs the other way.

On pregnancy, the Victorian Department of Health is explicit that it is not the pregnancy itself: "Pregnancy does not directly cause poor mouth health and damage to teeth. But changes in lifestyle, habits and body processes may increase your risk of dental problems during pregnancy."

So the risk during pregnancy is real and it is indirect — a matter of specific mechanisms rather than a general vulnerability.

And on one serious condition, the published figures point at men. On mouth cancer, the Department states: "Men are three times as likely to develop mouth cancer as women", and lists "being male" among the risk factors.

What we are not going to claim , therefore, is a general statement that women are more prone to oral disease. No source we have read supports it. What the sources do describe are particular situations with particular mechanisms, which is more useful anyway.

The pregnancy mechanisms, in the Department's own list : "hormone changes"; "vomiting"; "cravings for sugary foods"; "gagging whilst brushing your teeth."

Each has an obvious dental consequence, and three of them are temporary.

On vomiting, the dental consequence is acid. The Department's erosion page lists "morning sickness" among the situations where stomach acids reach the mouth, and notes that "stomach acids are very strong and can cause substantial damage to the teeth". Its instruction is not to brush straight afterwards: "Wait at least 30 minutes after the acid exposure before brushing your teeth, to allow your saliva to neutralise the acid in your mouth." Neutralising options are water or a fluoride mouth rinse, a baking soda rinse — "one teaspoon of baking soda in a glass of water" — or dairy such as unsweetened milk and cheese.

On hormone changes, the gum effects are named and staged. "Pregnancy hormones can put some women at risk of gum problems", which can include gingivitis — "this is likely to occur during the second trimester. Symptoms include swelling of the gums and bleeding, mostly during brushing and when flossing between teeth"; periodontal disease, "infection of the structures supporting the tooth (gums, ligament and bone)", which "is caused by untreated gingivitis, and in severe cases, the teeth can become loose and may need to be removed"; and "pregnancy epulis or pyogenic granuloma - a red, round growth that appears on the gum, which can bleed easily".

Most of it resolves, and some does not. "While most types of gum problems caused by pregnancy hormones resolve after birth, a small number of women may develop ongoing gum disease that will need treatment after pregnancy." Which is why: "If you have gum problems during pregnancy, it's important to get them checked by a dentist before you give birth."

Sources: Better Health Channel (Victorian Department of Health), Pregnancy and teeth, betterhealth.vic.gov.au (reviewed 21 August 2025); Mouth cancer, betterhealth.vic.gov.au (reviewed 11 September 2025); Dental erosion, betterhealth.vic.gov.au (reviewed 22 October 2025). All accessed 6 November 2026.

## Dental care during pregnancy is safe, and the published advice says so plainly

A great deal of avoidable harm comes from the belief that dental treatment should wait until after the birth. The published position is the opposite, and it names the two things people worry about.

The headline. "It's safe to visit the dentist during pregnancy."

On the two common concerns. "Common concerns about dental treatment during pregnancy include local anaesthetics, or numbing agents, and dental x-rays. These are both safe during pregnancy. However, if you have concerns, speak to your dentist so they discuss your individual needs and options."

Both named, both stated safe, with an invitation to discuss rather than a brush-off.

Why not treating is the greater risk. "Untreated decay and gum disease can lead to infections, which can be a risk to you and your baby."

And the link the Department draws for severe gum disease. "Research has shown there is a link between severe gum disease in pregnant women and premature birth with low birth weight. Babies who are born prematurely can have a risk of brain injury, and problems with their eyesight and hearing." It adds: "Gum disease can be treated by a dentist during pregnancy."

Tell them you are pregnant. "Dentists will take extra precautions when they know you're pregnant to ensure your care is safe for you and your baby."

On timing, there is a practical preference rather than a rule. "You can see the dentist at any stage of your pregnancy. Some women find it is most comfortable during the second trimester, when morning sickness has reduced and before the increased size of the baby makes them uncomfortable." And a sensible scheduling point: "Keep in mind that you will probably be very busy with a newborn, so it may be easier to schedule dental appointments before your baby arrives."

On elective work: "Most dental treatment is safe at any time during your pregnancy, but many women feel more comfortable during the second trimester. You may choose to defer elective or cosmetic treatment until after the baby is born."

Before pregnancy, if you are planning one. "You're less likely to have dental problems during pregnancy if you look after your teeth and gums before you are pregnant." The Department's list: "Brushing your teeth at least twice a day with fluoride toothpaste"; "Cleaning between your teeth with floss or interdental brushes once a day"; "Eating a healthy diet and limiting food and drinks high in added sugar"; "Avoiding tobacco products and minimising alcohol. It's advised not to drink alcohol

during pregnancy, and tobacco products should be avoided at all times"; "Visiting your dentist every 6 to 12 months."

And: "If you're planning on getting pregnant, see your dentist to discuss any treatments that can be done before your pregnancy."

On bleeding gums during pregnancy, the instruction is to keep going. "Bleeding gums are a sign that your gums are unhealthy because there is bacteria (germs, or plaque) building up near the gums. It is important to keep brushing the gums gently but thoroughly. Use an extra soft toothbrush and fluoride toothpaste to brush at least twice a day and clean between your teeth with floss or interdental brushes."

One other life stage the sources mention. Dry mouth has among its causes "hormone changes from pregnancy or menopause", and a dry mouth raises the risk of decay — "people with dry mouth are more likely to get tooth decay and are more prone to get decay along the gum line (tooth root surface)". The Department's advice for a constant dry mouth is to "consult your dentist or doctor to find the cause".

Sources: Better Health Channel (Victorian Department of Health), Pregnancy and teeth, betterhealth.vic.gov.au (reviewed 21 August 2025); Dry mouth, betterhealth.vic.gov.au (reviewed 9 September 2025). Both accessed 6 November 2026.

## Frequently asked questions

### *Can pregnancy cause bleeding gums?*

Yes, hormonal changes in pregnancy can make gums more sensitive and prone to bleeding, even when you clean carefully. A dental check during pregnancy helps confirm your home care is working and that gum problems are treated early.

### *Is it safe to see the dentist while pregnant?*

Routine dental care can generally be provided during pregnancy. Dental X-rays are generally avoided, so some treatments may be limited. Tell your dentist if you are pregnant, and they will plan care that suits your situation.

### *Why does menopause cause dry mouth?*

Hormonal changes after menopause can reduce saliva flow. Saliva protects teeth and gums, so a dry mouth raises the risk of decay and gum problems. See your dentist if dryness is persistent.

### *Why should I tell my dentist about osteoporosis medication?*

Some osteoporosis medicines, called bisphosphonates, can affect the jaw bone if a tooth is extracted. Telling your dentist before treatment lets us plan carefully and avoid extractions where possible.

### *How often should I have a dental check-up?*

Many people visit every six months, but your dentist will recommend a schedule based on your gum health and risk factors. Hormonal stages such as pregnancy and menopause are good times to book a check.

### *Are women actually more prone to oral health problems?*

No source we have read supports that as a general claim, so we are not going to make it. On mouth cancer the published figures point the other way: "Men are three times as likely to develop mouth cancer as women." What the sources do describe are particular situations with particular mechanisms — chiefly pregnancy.

### *Does pregnancy damage teeth?*

Not directly. The Victorian Department of Health: "Pregnancy does not directly cause poor mouth health and damage to teeth. But changes in lifestyle, habits and body processes may increase your risk of dental problems during pregnancy."

### *What are those mechanisms?*

Four, in the Department's list: "hormone changes"; "vomiting"; "cravings for sugary foods"; "gagging whilst brushing your teeth."

### *What should I do about morning sickness and my teeth?*

Not brush straight away. "Wait at least 30 minutes after the acid exposure before brushing your teeth, to allow your saliva to neutralise the acid in your mouth." Rinse with water or a fluoride mouth rinse, or use a baking soda rinse — "one teaspoon of baking soda in a glass of water" — or have unsweetened milk or cheese.

### *What gum problems can pregnancy cause?*

Gingivitis, which "is likely to occur during the second trimester" with "swelling of the gums and bleeding"; periodontal disease, "caused by untreated gingivitis", where "in severe cases, the teeth can become loose and may need to be removed"; and "pregnancy epulis or pyogenic granuloma - a red, round growth that appears on the gum, which can bleed easily".

### *Will they go away after the birth?*

Mostly. "While most types of gum problems caused by pregnancy hormones resolve after birth, a small number of women may develop ongoing gum disease that will need treatment after pregnancy." The Department advises getting gum problems "checked by a dentist before you give birth".

### *What does the Department say about dental visits in pregnancy?*

That they are safe: "It's safe to visit the dentist during pregnancy."

### *Are anaesthetics and x-rays safe during pregnancy?*

The Department addresses both directly: "Common concerns about dental treatment during pregnancy include local anaesthetics, or numbing agents, and dental x-rays. These are both safe during pregnancy. However, if you have concerns, speak to your dentist so they discuss your individual needs and options."

### *What is the risk of waiting?*

"Untreated decay and gum disease can lead to infections, which can be a risk to you and your baby." The Department also notes that "research has shown there is a link between severe gum disease in pregnant women and premature birth with low birth weight".

### *Should I tell my dentist I am pregnant?*

Yes. "Dentists will take extra precautions when they know you're pregnant to ensure your care is safe for you and your baby."

### *Is there a best time in the pregnancy?*

No rule, but a common preference. "You can see the dentist at any stage of your pregnancy. Some women find it is most comfortable during the second trimester, when morning sickness has reduced and before the increased size of the baby makes them uncomfortable."

### *What can I do before getting pregnant?*

The Department's list: brush "at least twice a day with fluoride toothpaste"; clean between your teeth "with floss or interdental brushes once a day"; eat "a healthy diet and limiting food and drinks high in added sugar"; avoid tobacco and minimise alcohol; and visit "your dentist every 6 to 12 months".

### *Is there a mechanism the sources link to menopause?*

One mechanism appears in the sources: dry mouth, which has among its causes "hormone changes from pregnancy or menopause". A dry mouth raises decay risk, and for a constant dry mouth the Department says to "consult your dentist or doctor to find the cause".

## Related services and further reading

Dental health during pregnancy

How to keep your gums healthy

Why do people suffer from gum disease?

What does treatment of gum disease involve?

How does diabetes affect your oral health?

How does smoking affect your oral health?

Dental hygiene

Dental check-ups

## Core Dental at a glance

Nine Core Dental clinics across Melbourne: Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside and Glenferrie.

Open six days a week: Monday to Friday 8.00am to 6.00pm and Saturday mornings.

We quote before treatment starts and offer interest-free payment plans, with HICAPS on-site claiming at our clinics.

Call 13 13 16 or book online.

## Contact Core Dental

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| Phone | 13 13 16 |
| Booking | Online through coredental.com.au, or call 13 13 16 |
| Hours | Monday to Friday 8.00am to 6.00pm, Saturday 8.00am to 1.30pm (Bayside Saturday 8.30am to 1.30pm), Sunday closed |
| Clinics | Bayside , Berwick , Caroline Springs , Carrum Downs , Epping , Glenferrie , South Melbourne , Southbank , Wyndham |

This article is general in nature and does not replace advice from a registered dental practitioner who has examined you. Results, recovery times and potential risks vary for each individual. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

### *Which life stages can affect a woman's gum health?*

Puberty, pregnancy and menopause can each affect gum health because of changes in sex hormone levels. Core Dental recommends regular check-ups at each stage so changes are found early.

### *How does puberty affect gums?*

Rising oestrogen and progesterone during puberty can feed mouth bacteria and may cause gingivitis, usually slight bleeding and tenderness. Core Dental hygienists can advise on brushing, interdental cleaning and rinses.

### *Should pregnant women see the dentist?*

Yes. Core Dental recommends a check during pregnancy to confirm home cleaning is effective and no dental disease is present that could worsen. Tell us if you are pregnant before any treatment or X-rays.

### *Are dental X-rays used during pregnancy?*

Dental X-rays are generally avoided during pregnancy, which can limit treatments such as extractions and root canal treatment. Core Dental dentists will plan care that suits your situation.

### *How can menopause affect saliva and teeth?*

Hormonal changes after menopause can reduce saliva flow. Reduced saliva raises the risk of decay and gum disease and can cause dry mouth and burning mouth. Core Dental can check for these changes.

### *Why does osteoporosis matter to a dentist?*

Osteoporosis has been linked with a risk of tooth loss from severe gum disease, and some osteoporosis medicines can affect the jaw after an extraction. Tell Core Dental about all medications before treatment.

### *What can a Core Dental hygienist do for hormonal gum changes?*

A Core Dental hygienist can clean your teeth, check your gums and create a personal hygiene plan for your stage of life, including brushing, interdental cleaning and rinse advice.

### *How do I book a gum health check at Core Dental?*

Call Core Dental on 13 13 16 or book online through coredental.com.au at any of our nine Melbourne clinics, and mention any hormonal changes, pregnancy or medicines.