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Introduction. Periodontal health in pregnant women has become a field of research since the 1960s, resulting in a flurry of studies to focus on it. Gingival inflammation associated with pregnancy has been initiated by dental plaque and exacerbated by endogenous steroid hormones. Although it is mandatory to exclude the effects of previously existing periodontal inflammation and dental plaque in order to explore the sole effect of pregnancy on periodontal health, the works of research in this regard have rarely been performed. This narrative review summarizes the current status of epidemiological and mechanistic studies on the changes of periodontium during pregnancy, especially the normal periodontium in order to elucidate the effect of pregnancy on the progress of gingival inflammation.

Aim: review the literature and establish the relationship between gingivitis and pregnancy.

Materials and methods. An analysis of foreign literature on the issue of gingivitis in pregnant women was carried out and 14 pregnant patients were examined at the Department of Periodontology.

Results and their discussion. The oral microbiome during pregnancy appears influenced by oral and systemic conditions. Complex biological reactions during pregnancy within the gingival tissues result from such increased levels of progesterone and estradiol hormones. As a result of the examination of the patients, it was found that 85% of the women had gingivitis, 21% had it classified as moderate, and 64% had it as severe. A total of 63.7% of sites experienced bleeding during interdental brushing.

Conclusion: during pregnancy, the estrogen level determines the magnitude of gingival inflammation developed against microbial plaque at the gingival margin. Thus, to reduce gum inflammation, the main method is to brush your teeth to remove plaque with a brush and paste using additional hygiene products (interdental brushes, dental floss).