• Key prescribing points in pregnancy:
  o Use non-pharmacological treatment if available and likely to be efficacious.
  o The background risk of having a baby with a significant abnormality is 2 to 4% in Australia. Express potential harm associated with medication exposure in relation to this risk.
  o Many drugs have been extensively used during pregnancy and appear to be safe. Use these drugs rather than newer or untested drugs.
  o If the patient is already on a medication prior to pregnancy, consider whether there is a safer drug within the same class or category that could be prescribed.
  o Ensure discussion and education that allows the parents to give informed consent about medication choices and document.
  o If appropriate, discuss medication with other specialists involved in the patient’s care or seek obstetric advice.
  o If there is potential for harm to the fetus, discuss use and limitations of prenatal screening to detect abnormalities.

• Potential effects of medications are dependent on the time of fetal exposure to the drug:
  o The first 2 weeks after fertilisation and before full implantation, embryo is thought to be resistant to teratogenic effects of medications.
  o Approximately 17 days after conception to 60 to 70 days, organogenesis occurs. This is a critical period for teratogenic effects.
  o Second and third trimesters – growth and functional development of organ systems
  o Review medication in third trimester to assess whether dose alteration is required to avoid neonatal problems after delivery e.g., respiratory depression.
  o Pharmacokinetics can change in pregnancy and may affect drug response e.g., lamotrigine dose in third trimester may need to be increased to maintain seizure control.

• There are limitations to the safety classification of drugs in pregnancy and it should not be the sole basis for decision making in prescribing a medication in pregnancy.

Limitations to the safety classification of drugs
  o The Therapeutic Goods Administration (TGA) categorisation of medicines for use in pregnancy does not follow a hierarchical structure. This is particularly relevant for Category B and C drugs.
  o Human data are lacking or inadequate for drugs in the B1, B2, and B3 categories. Subcategorisation of the B category is based on animal data.
  o The allocation of a B category does not imply greater safety than a C category.
  o The category does not indicate the stage(s) of fetal development that might be affected by drug exposure and may not reflect the most up-to-date information about the drug’s use in pregnancy.
  o Category X drugs should not be prescribed for women of childbearing age unless they are using effective contraception and have a negative pregnancy test. Advise the patient that medications will need to be reviewed well before conception if there is a possibility of pregnancy.
Breastfeeding

- In the majority of cases women may safely continue to breastfeed.
- Key prescribing points in breastfeeding:
  - Avoid all non-essential drug therapy.
  - Check that the medication will not suppress lactation.
  - Many medications have been extensively used during breastfeeding and appear to be safe. Use these rather than newer or untested medications.
  - Consider whether the baby has co-existing medical conditions that may alter the medicine excretion rate due to renal or hepatic function impairment.
  - Feed baby just prior to medication dose (dependent on the duration of action of the medication).
  - Monitor infant for adverse effects e.g., poor feeding, irritability (but recognise that these may be hard to detect).

Referral

➢ For clinical advice:
  - relating to a specific patient's care, consider contacting the patient's obstetric care provider.
  - phone information services:
    - Royal Women’s Hospital Medicines Information Service
      Drug information specialists have particular expertise in psychotropic medication in pregnancy and breastfeeding.
      ▪ Phone: (03) 8345-3190
      ▪ Email: drug.information@thewomens.org.au
    - Monash Health Drug Information Service
      ▪ Phone: (03) 9594-2361
      ▪ Fax: (03) 9594-6283

➢ Advise patients about phone information services:
  - Royal Women’s Hospital Medicines Information Service (above)
  - Monash Health Drug Information Service (above)
  - Non-English speakers

Non-English speakers can access an interpreter via Translating and Interpreting Service (TIS National) by phoning 131-450.

- Tell the operator the language to be interpreted and the name and phone number of the organisation to be contacted.
- There is no charge for interpreter costs when contacting a government-funded service or agency.
For health professionals

Further information

- Therapeutic Goods Administration (TGA):
  - Prescribing Medicines in Pregnancy Database
  - Australian Categorisation System for Prescribing Medicines in Pregnancy
- The Royal Women’s Hospital – Pregnancy and Breastfeeding Medicines Guide [subscription required]
- U.S. National Library of Health – LactMed [drugs and lactation database]

For patients

- The Royal Hospital for Women – Mothersafe: Factsheets [available in multiple languages]
- The Royal Women’s Hospital:
  - Medicines and Breastfeeding
  - Medicines and Pregnancy
  - Herbal Medicines and Breastfeeding
  - Herbal and Traditional Medicines and Pregnancy

References

Select bibliography


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