

Common OTC Drugs and Pregnancy

The Food and Drug Administration (FDA) uses the following rating system to categorize the potential risk to the fetus for a given drug.

Category A: Controlled human studies have demonstrated no fetal risk

Category B: Animal studies indicate no fetal risk, but no human studies OR adverse effects in animals, but not in well- controlled human studies

Category C: No adequate human or animal studies. OR adverse fetal effects in animal studies, but no available human data.

Category D: Evidence of fetal risk, but benefits outweigh risks.

Category X: Evidence of fetal risk. Risks outweigh any benefits.

Tylenol (Acetaminophen)- Category B - drugs that have been used a lot during pregnancy and do not appear to cause major birth defects or other problems. Tylenol does appear to cross the human placenta. Three studies involving more than 10,000 newborns exposed to acetaminophen during the first trimester did not find an association between acetaminophen and major malformations. Tylenol should not be used over the long term.

Ibuprofen- Some common brands are Advil and Motrin. This drug is a class B until the 3rd trimester, then it is a class D. Borderline association with gastroschisis [1].

All NSAIDs used near term may cause premature closure of the ductus arteriosus, and inhibit labor. Oligohydramnios after prolonged use is a common complication with NSAIDs as a class. There are no adequate studies of ibuprofen in pregnant women. Therefore, ibuprofen is not recommended during pregnancy. [2]

Benadryl (diphenhydramine hydrochloride)- Category B in third trimester. But in the 1st and 2nd trimester Diphenhydramine has been used extensively in pregnant women; the incidence of fetal malformations is the same as that which would be expected in women who are not taking medications. Diphenhydramine may cause uterine irritability or contractions near term when used in high doses (greater than 50mg) [4,5]

Sudafed (pseudoephedrine) Class C in pregnancy. It is recommended that one doesn't use it because of some associated problems that occur along with gastroschisis are preterm birth, intrauterine growth restriction and cardiac problems. If you feel that you need this or a similar type of drug, please visit your physician.[6, 7]

Cough Syrup- There are a variety of honey based natural cough syrups on the market and others in drug stores, please read the bottle before using about contraindications. Check this product's ingredient list for phenylpropanolamine (PPA). The FDA has issued warnings regarding PPA side effects. Do not use if Dextromethorphan is present it is the focus of a recent controversy, following a report that dextromethorphan induced miscarriage and malformations, such as open neural tube defects, in chick embryos in-

jected with dextromethorphan. [8]. Contact your health care provider about the specific brand. An increased incidence of inguinal hernias was noted in a retrospective study of 197 women with first trimester exposure to guaifenesin [9]. Other retrospective studies have not, however, found an increased incidence of malformations associated with guaifenesin exposure during the first trimester. [10] Overall, the teratogenic risk of guaifenesin is thought to be low.

Alka Seltzer (Buffered Aspirin Product)- Class D product for pregnancy. Possible Teratogenic actions, linked to prolonged gestation, readily crosses the placenta, post partal hemorrhage and linked to low birth weight, increased intracranial hemorrhage, stillbirth and neonatal death. [11]

Tums (Calcium carbonate)- Class D in pregnancy. Extended heavy use of calcium antacids (20 grams or more daily for a prolonged period) may cause excess calcium in the blood, which can lead to kidney stones and reduced kidney function. People who already have impaired kidneys may develop milk-alkali syndrome (causing symptoms such as nausea, vomiting, mental confusion, and loss of appetite) with as little as 4 grams a day.

Mylanta (Aluminum and Magnesium Hydroxide w/or without Simethicone) - Class C in pregnancy. There have been sporadic reports of fetal maldevelopment and injury associated with prolonged use of high dosages of aluminum-containing antacids during pregnancy.

Note:

With any herbs or drugs know what you are taking. Ask your physician or look the drug up, some places online that are good resources are:

www.webmd.com

www.perinatology.com

www.fda.gov

www.nlm.nih.gov/medlineplus/druginfo

References

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