Guidelines for the Prescribing of Medication in Pregnancy

Prescribing in pregnancy

Decisions relating to the use of medications can be particularly challenging, as pregnancy or termination can have significant effects on the woman's mental and physical health. Health care professionals need reliable and up to date information about therapeutics in pregnancy, so that they can give women good advice to assist them in making informed choices. By being over-cautious effective medication may be denied with associated risks of relapse or unwarranted termination can result. Being under-cautious may risk harm to babies as a consequence of drug exposure.

General Principles

- Involve prospective parents fully in the decision making process
- Seek support and advice from Maternal Health Link Practitioner
- Obtain current specialist advice from Neonatal Teratology Information Service (NTIS)
- Use only information sources recommended by Humber NHS Foundation Trust (HFT)
- Treat only when necessary
- Consider risk of relapse against potential harm to foetus and mother
- Avoid all medication in first trimester when possible
- Use established drugs at minimal effective dose and avoid polypharmacy
- For some drugs there is demonstrated evidence of harm to the foetus during pregnancy e.g. valproate
- Take account of changes in pharmacokinetics as pregnancy progresses
- Consider potential problems around delivery and future desire to breastfeed
- Monitor neonate for adverse effects and provide feedback on outcome to NTIS
- Involve other healthcare professionals to avoid giving conflicting advice
- Document all discussions and decisions thoroughly

Healthcare professionals should NEVER advise, unequivocally, that a medication is either harmful or safe during pregnancy. Instead they should make enquiries using Trust approved sources of information in order to discuss risks and benefits with the patient on an individual basis.
Recommended Information Sources

- **NTIS-National Teratology Information Service**
  This service provides individual risk assessments for pregnant women exposed to drugs or chemicals and offers pre-conceptual advice, research and follow up information. As they maintain the UK data base for outcomes of exposure they are the preferred source of advice, as the information is constantly updated. They can be contacted directly and advise the enquirer to inform all members of the health care team that provide care to an individual, to avoid the potential for conflicting advice.

<table>
<thead>
<tr>
<th>Office Hours</th>
<th>Urgent enquires - out of office hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone: 0191 232 1525</td>
<td>0191 282 5944</td>
</tr>
<tr>
<td>Fax: 0191 260 6193</td>
<td>Poisoning and chemical exposures in pregnancy</td>
</tr>
<tr>
<td></td>
<td>contact NTIS (0844 892 0111) 24hrs</td>
</tr>
</tbody>
</table>

- **Maudsley Prescribing Guidelines and Psychotropic Drug Directory**
  These are excellent resources regarding therapeutic considerations; the latest edition should always be used. They advise on the risks of specific mental health conditions during pregnancy and postpartum. Advice on changes in pharmacokinetics during pregnancy and a range of precautions and monitoring parameters, are included. Although a summary of current knowledge regarding specific drugs is given, this should not be used as a sole basis of decision making. Inclusion of information can be taken as a guide but absence of information does not imply anything about the status of a specific medication.

- **BNF**
  Appendix 4 of the most current edition of the British National Formulary gives basic advice on the risks of drug treatment in pregnancy. It must be noted that the absence of inclusion in the tables does not imply safety. The information provided is not comprehensive enough for decision making.

- **SmPC-Summary of Product Characteristics**
  This is produced as part of the drug licensing application process. As it is generally unacceptable to undertake the testing of drugs in pregnancy, the information included is limited. The statement ‘Safety in pregnancy un-established’ appears frequently and indicates that use in pregnancy is outside of product license. Absence or inclusion of statements about the use of the drug in pregnancy is not sufficient information on which to base decision making.

- **MIMS-Monthly Index of Medical Specialities**
  Contains no specific information regarding the use of medication in pregnancy.

- **Internet**
  Use of the internet as a source of information should be undertaken with extreme caution and restricted to validated sites. TOXBASE is available on line by registration via http://tinyurl.com/r34rjo or http://www.ryrdtc.nhs.uk/Services/teratology/teratology.html

- **Pharmacists**
  Where available Pharmacists are able to co-ordinate and advise accordingly, the HFT Pharmacy department can be contacted on 01482 301724
Flow Chart for Prescribing in Pregnancy

Prospective parents present requesting pre-conceptual advice

Advise on risks to mental state associated with pregnancy. Support client with referral to other professionals as necessary e.g. Maternal Health Link Practitioner

Obtain details of current risk of medication and possible alternatives from NTIS
- Adverse effect on fertility
- High risk teratogen
- Toxic effects in newborn

Consider possible management options
- Change of medication
- Medication free period in first trimester
- Withdrawal before due date

Use lowest possible dose, monitor mental state more frequently

Consider dose adjustment and additional monitoring for medications with altered pharmacokinetics due to physiological changes occurring in pregnancy

Ensure the newborn is monitored for toxicity and signs of possible teratogenicity by an appropriate specialist

Liaise with NTIS to arrange future developmental monitoring of offspring

Established pregnancy exposed to medication

Support client in decision to continue with pregnancy or undertake termination

At all stages
Document advice given and decision made.
Inform other professionals involved in patients care and support
Consider supportive counselling where appropriate

Approved by HFTDTC: November 2010
Review Date: November 2012