

Medicines used in pregnancy

Information on the use of medicines in human pregnancy is generally lacking, especially for new or infrequently used products.

- ❖ [Bumps](#) is provided by the UK Teratology Information Service (UKTIS). [UKTIS](#) is a not-for-profit organisation funded by Public Health England on behalf of the UK Health Departments. UKTIS answers enquiries from health professionals (e.g. doctors, nurses, midwives) on the effects on the unborn baby of medicines and other chemicals that the mother may use or otherwise be exposed to.

- ❖ **Folic acid** should be taken by all women who may become pregnant to reduce the risk of having a baby with a neural tube defect. Advise them to take 400mcg daily before pregnancy and throughout the first 12 weeks, this is available over the counter and suitable for **self-care**.

[GPs should prescribe](#) 5mg of folic acid a day for women who are planning a pregnancy (at least one month before conception), or are in the early stages of pregnancy, continuing for the first 12 weeks if they:

- (or their partner) have a neural tube defect
- have had a previous baby with a neural tube defect
- (or their partner) have a family history of neural tube defects
- have diabetes
- have a BMI 30kg/m² or greater [RCOG Green-top Guideline No.72](#)

- ❖ **Vitamin D** should be taken throughout pregnancy. Advise them to take [Vitamin D 10 micrograms](#) per day. [PH56 Vitamin D: supplement use in specific population groups](#). Also suitable for **self-care**.

- ❖ [Healthy Start vitamins](#) are available for families who [qualify](#) for free, click [here](#) to see how to apply. Healthy Start women's vitamin tablets contain **folic acid** and **vitamins C and D** (Children's drops also available). [FAQs](#). The application form must be signed by a midwife, health visitor, doctor or nurse.

- ❖ **Nausea and vomiting of pregnancy** is very common. It is characterised by nausea and vomiting and while it can be worst in the first trimester (12 weeks), most cases resolve by 16-20 weeks however some women suffer from it throughout their pregnancy.

A few women experience a very severe version of pregnancy sickness called Hyperemesis Gravidarum and may require hospital treatment.

[Pregnancy sickness support](#) is a useful resource for support and advice on pregnancy sickness.

[RCOG GTG 69](#) RCOG guideline link and PDF: [RCOG guidelines to the management of nausea and vomiting of pregnancy and Hyperemesis Gravidarum GTG69 PDF](#). SPS has also developed a [Q&A](#) on nausea and vomiting in pregnancy.

[UKTIS statement on the use of ondansetron](#) in the first 12 weeks of pregnancy, it remains second line where first line treatments have failed, provided discussion is had with the parent over risks and benefits.

- ❖ **Hypertension in pregnancy** [NICE guidance](#).

Pregnant women at increased risk of **pre-eclampsia** at the booking appointment are offered a prescription of 75–150 mg of aspirin to take daily from 12 weeks until birth. [NICE Quality statement 2](#).

GPs should prescribe 75-150mg of aspirin (unless contra-indicated) from twelve weeks of pregnancy until birth for women with one high risk factor, or more than one moderate risk factor for pre-eclampsia.

High risk factors include:

- hypertensive disease in a previous pregnancy
- chronic kidney disease
- autoimmune disease, such as systemic lupus erythematosus or antiphospholipid syndrome
- type 1 or type 2 diabetes
- chronic hypertension.

Moderate risk factors include:

- first pregnancy
- age 40 years or older
- pregnancy interval of more than 10 years
- body mass index (BMI) of 35 kg/m² or more at first visit
- family history of pre-eclampsia
- multi-fetal pregnancy.

- ❖ **Allergic rhinitis in pregnancy** access advice from [Specialist Pharmacy Service](#) for safety and first line choices in pregnancy.

- ❖ Please see the [Traffic Light System](#) for categorisation of individual drugs which defines where responsibility for prescribing between primary and specialist clinicians should lie.

- ❖ [Acute care toolkit 15](#). Managing acute medical problems in pregnancy Nov 2019. This toolkit is intended to be used widely, including by front-line NHS Healthcare professionals and those involved in local and national planning and policy.

The information and links provided are for guidance, clinical decisions remain the responsibility of the practitioner; the intention is to help prescribers find evidence based information and does not replace input from appropriate professionals or constitute medical advice for individual patients.

