## **Medications During Pregnancy**

CANYON VIEW Women's Care

During the first three to four months of pregnancy, the fetus is undergoing rapid cell division and organs are quickly forming. Exposure to medications, both prescription and over-the-counter, could potentially have adverse effects on the development of

your baby. Hence, caution with all types of medications, drugs, supplements, and herbal products should be exercised when a woman *is or may become pregnant*.

High ethical standards must be upheld when doing research with pregnant women, hence, many medications have limited data to determine whether a medication is safe or not during pregnancy. Some medications are known to harm the baby or cause birth defects and should not be taken during pregnancy. Several medications have been used by pregnant women for many years and no detrimental effects have been observed. If you are taking a prescription medication and then find out you are pregnant, you should consult with your provider before abruptly stopping the An estimated 50% of U.S. pregnancies are unplanned. Therefore, *all women* of childbearing age should discuss the risks of any medication taken frequently with their povider, including over-the-counter medications.

medication. Your provider will discuss the risks and benefits of continuing the medication with you.

Here is a list of over-the-counter medications to help with common illnesses or conditions that are considered safe during pregnancy.

PROBLEM	MEDICATION
Allergy	<b>Antihistamines:</b> Chlorpheniramine (Clor-Trimeton), Diphenhydramine (Benadryl), Loratadine (Claritin)
	<b>Nasal spray:</b> Oxymetazoline (Afrin, Neo-Synephrine) check with provider
	Nasal steroid: (Rhinocort) check with provider
Cold & Flu	Warm salt water gargles, saline nasal drops, fluids & rest
	Expectorant: Guaifenesin (Robitussin)
	Cough suppressant: Dextromethorphan
	Cough drops
	Vicks VapoRub
	<b>Decongestants:</b> Pseudoephedrine (Sudafed) & Phenylephrine may affect blood flow to the placenta and should be avoided during the first trimester
	*Avoid "sustained action" and "multi-symptom" formulations

## PAYSON

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## **SPANISH FORK**

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PROBLEM	MEDICATION
<b>Constipation or Hemorrhoids</b>	<b>Psyllium</b> : Metamucil, Fiber-all
	Polycarbophil: Fiber-Lax, Fibercon
	Methylcellulose: Citrucel
	<b>Other laxatives &amp; stool softeners:</b> Colace, Milk of Magnesia, Dulcolax, Senokot
	Hemorrhoid creams: Anusol, Preparation H, Tucks
Diarrhea	<b>Anti-diarrheal:</b> Loperamide (Kaopectate, Imodium, Pepto Diarrhea Control) only after 12 weeks and for 24-hour time period
Headache or Pain	Plain/regular strength Tylenol (Acetaminophen)
Heartburn or Indigestion	Antacids: Maalox, Mylanta, Rolaids, TUMs
	Anti-gas: Simethicone (Gas-X, Mylicon)
Insomnia	Diphenhydramine (Benadryl)
	Doxylamine succinate (Unisom)
Nausea/Vomiting	Vitamin B6 (pyridoxine) 25 mg, three times per day
	Emetrex
	Sea Bands
Rash or Itch	Benadryl cream
	Caladryl lotion or cream
	Hydrocortisone cream or ointment (Cortaid, Lanacort)
	Oatmeal bath
Yeast Infection	Monistat or Terazol
	<b>Caution</b> : do not insert applicator too far

No drug is considered 100% safe during pregnancy and any specific questions on concerns about your pregnancy or condition should be directed to your health care provider.

**Remember –** if you are not feeling better or have a fever, difficulty breathing, a significant cough or severe symptoms, please call our office or go to Urgent Care for evaluation.

Always inform your health care provider when you are given a new prescription if you are or may become pregnant or are breastfeeding.