



WomensHealth.gov

1-800-994-9662

TDD: 1-888-220-5446

# Pregnancy and Medications

**Q: Is it safe to take medicine while you are pregnant?**

**A:** It can be hard to plan exactly when you will get pregnant, in order to avoid taking any medicine. Most of the time, medicine a pregnant woman is taking does not enter the fetus. But sometimes it can, causing damage or birth defects. The risk of damage being done to a fetus is the greatest in the first few weeks of pregnancy, when major organs are developing. But researchers also do not know if taking medicines during pregnancy also will have negative effects on the baby later.

Many drugs that you can buy over-the-counter (OTC) in drug and discount stores, and drugs your health care provider prescribes are thought to be safe to take during pregnancy, although there are no medicines that are proven to be absolutely safe when you are pregnant. Many of these products tell you on the label if they are thought to be safe during pregnancy. If you are not sure you can take an OTC product, ask your health care provider.

Some drugs are not safe to take during pregnancy. Even drugs prescribed to you by your health care provider before you became pregnant might be harmful to both you and the growing fetus during pregnancy. Make sure all of your health care providers know you are pregnant, and never take any drugs during pregnancy unless they tell you to.

Also, keep in mind that other things like caffeine, vitamins, and herbal teas and remedies can affect the growing fetus. Talk with your health care provider about cutting down on caffeine and the type of vitamins you need to take. Never use any herbal product without talking to your health care provider first.

**Q: What over-the-counter and prescription drugs are not safe to take during pregnancy?**

**A:** The Food and Drug Administration (FDA) has a system to rate drugs in terms of their safety during pregnancy. This system rates both over-the-counter (OTC) drugs you can buy in a drug or discount store, and drugs your health care provider prescribes. But most medicines have not been studied in pregnant women to see if they cause damage to the growing fetus. Always talk with your health care provider if you have questions or concerns.

The FDA system ranks drugs as:

- Category A – drugs that have been tested for safety during pregnancy and have been found to be safe. This includes drugs such as folic acid, vitamin B6, and thyroid medicine in moderation, or in prescribed doses.
- Category B – drugs that have been used a lot during pregnancy and do not appear to cause major birth defects or other problems. This includes drugs such as some antibiotics, acetaminophen (Tylenol), aspartame (artificial sweetener), famotidine (Pepcid), prednisone (cortisone), insulin (for diabetes), and ibuprofen (Advil, Motrin) before the third trimester. Pregnant



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women should not take ibuprofen during the last three months of pregnancy.

- Category C – drugs that are more likely to cause problems for the mother or fetus. Also includes drugs for which safety studies have not been finished. The majority of these drugs do not have safety studies in progress. These drugs often come with a warning that they should be used only if the benefits of taking them outweigh the risks. This is something a woman would need to carefully discuss with her doctor. These drugs include prochlorperazine (Compazine), Sudafed, fluconazole (Diflucan), and ciprofloxacin (Cipro). Some antidepressants are also included in this group.
- Category D – drugs that have clear health risks for the fetus and include alcohol, lithium (used to treat manic depression), phenytoin (Dilantin), and most chemotherapy drugs to treat cancer. In some cases, chemotherapy drugs are given during pregnancy.
- Category X – drugs that have been shown to cause birth defects and should never be taken during pregnancy. This includes drugs to treat skin conditions like cystic acne (Accutane) and psoriasis (Tegison or Soriatane); a sedative (thalidomide); and a drug to prevent miscarriage used up until 1971 in the U.S. and 1983 in Europe (diethylstilbestrol or DES).

Aspirin and other drugs containing salicylate are not recommended during pregnancy, especially during the last three months. In rare cases, a woman's health care provider may want her to use these type of drugs under close watch. Acetylsalicylate, a common ingredient in many OTC painkillers, may make a pregnancy last longer and may cause severe bleeding before and after delivery.

**Q: Will there be studies in the future that will look at whether certain medicines or products are safe in pregnant women?**

**A:** To help women make informed and educated decisions about using medicines during pregnancy, it is necessary to find out the effect of these medicines on the unborn baby. Pregnancy Registries are one way to do this. A Pregnancy Registry is a study that enrolls pregnant women after they have been taking medicine and before the birth of the baby. Babies born to women taking a particular medicine are compared with babies of women not taking the medicine. Looking at a large number of women and babies is needed to find out the effect of the medicine on the babies.

If you are pregnant and currently taking medicine — or have been exposed to a medicine during your pregnancy — you may be able to join and help with this needed information. The Food and Drug Administration's (FDA) web site (<http://www.fda.gov/womens/registries>) has a list of pregnancy registries that are enrolling pregnant women.



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**Q: Should I avoid taking any medicine while I am pregnant?**

**A:** Whether or not you should continue taking medicine during pregnancy is a serious question. But, if you stop taking medicine that you need, this could harm both you and your baby. An example of this is if you have an infection called toxoplasmosis, which you can get from handling cat feces or eating infected meat. It can cause problems with the brain, eyes, heart, and other organs of a growing fetus. This infection requires treatment with antibiotics.

For pregnant women living with HIV, the Centers for Disease Control and Prevention (CDC) recommends the drug zidovudine (AZT). Studies have found that HIV positive women who take AZT during pregnancy decrease by two-thirds the risk of passing HIV to their babies. If a diabetic woman does not take her medicine during pregnancy, she increases her risk for miscarriage and stillbirth. If asthma and/or high blood pressure are not controlled during pregnancy, problems with the fetus may result. Talk with your health care provider about whether the benefits of taking a medication outweigh the risk for you and your baby.

**Q: What about taking natural medications, or herbal remedies, when you are pregnant?**

**A:** While some herbal remedies say they will help with pregnancy, there have been no studies to figure out if these claims are true. Likewise, there have been very few studies to look at how safe and effective herbal remedies are.

Echinacea, Ginkgo biloba, and St. John's Wort have been popular herbs, to name a few. Do not take any herbal products without talking to your health care provider first. These products may contain agents that could harm you and the growing fetus, and cause problems with your pregnancy.

**Q: I have heard that some women who were pregnant between 1938 and 1971 were given a drug called DES to prevent miscarriages that is now known to cause cancers. Would I be affected if my mother took this drug?**

**A:** The synthetic (or man-made) estrogen, diethylstilbestrol or DES, was made in London in 1938. DES was used in the U.S. between 1938 and 1971 to prevent miscarriage (losing a pregnancy). Many women who had problems with earlier pregnancies were given DES because it was thought to be both safe and effective. Over time, it was found that not only did DES not prevent miscarriage, it also caused cancers of the vagina (birth canal) and cervix (opening to the uterus or womb).

While many women were given DES over this time, many mothers do not remember what they were given by their health care providers when they were pregnant. Some prescription prenatal vitamins also contained DES. If your mother is not sure whether she took DES, you can talk with the health care provider she went to when she was pregnant with you or contact the hospital for a copy of her medical records. DES can affect both the pregnant woman and the child (both daughters and sons). Daughters born to women



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who took DES are more at risk for cancer of the vagina and cervix. Sons born to women who took DES are more at risk for non-cancerous growths on the testicles and underdeveloped testicles. Women who took DES may have a higher risk for breast cancer.

If you think or know that your mother took DES when she was pregnant with you, talk with your health care provider right away. Ask her or him about what types of tests you may need, how often they need to be done, and anything else you may need to do to make sure you don't develop any problems. ■

### *For more information...*

You can find out more about pregnancy and medications by contacting the National Women's Health Information Center (NWHIC) at 1-800-994-9662 or the following organizations:

**Food and Drug Administration**

Phone Number(s): (888) 463-6332  
(Consumer Information)  
Internet Address: <http://www.fda.gov>

**Food and Drug Administration**

Office on Women's Health  
Guide to Pregnancy Registries  
Internet Address:  
<http://www.fda.gov/womens/registries>

**National Institute of Child Health and Human Development**

Phone Number(s): (800) 370-2943  
Internet Address:  
<http://www.nichd.nih.gov>

**Center for the Evaluation of Risks to Human Reproduction (CERHR)**

National Institutes of Health  
Internet Address:  
<http://cerhr.niehs.nih.gov>

**American College of Obstetricians and Gynecologists (ACOG) Resource Center**

Phone Number(s): (800) 762-2264 x 192  
(for publications requests only)  
Internet Address: <http://www.acog.org>

**March of Dimes Birth Defects Foundation**

Phone Number(s): (888) 663-4637  
Internet Address:  
<http://www.modimes.org>

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