



# Treating Pregnant and Breastfeeding women

The reality of Clinical Practice as a GP and Pharmacist

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# Main difficulties as a GP/Pharmacist

- Drugs are generally contra-indicated in pregnancy
  - Especially during first trimester (organogenesis)
  - Very few drugs considered safe
  - Summary of Product Characteristics - conservative advice on use of medicines in pregnancy
- But by stopping some medications
  - Can lead to worse outcomes for both mum and baby
  - i.e. asthma/diabetes/psychiatry/epilepsy

# What I discuss with my patients

- Pre-pregnancy advice
- Up to 50% pregnancies unplanned
  - Depending on the study
- Little data on most medications during pregnancy/breastfeeding
  - Unethical to expose these patients to show safety of medication
  - Very few drugs considered safe
- Background risk irrespective of exposure (to drug or chemical)
  - Miscarriage/spontaneous loss
  - Congenital abnormality

## 2 main situations occurring in my practice

- Starting medication in pregnancy
- If already on medication
  - Option is to continue/stop/change medication
  - I cannot abruptly stop without considering risk of relapse or illness
  - Discuss with pharmacist/secondary care colleague

# Benefit outweighs risk

- Antacids
- Iron supplements
- Certain laxatives
- Topical antifungals
- Folic acid
- Asymptomatic bacteriuria / lower urinary tract infection

# Benefit outweighs risk

- Active management of asthma during pregnancy outweighs any potential risks associated with use of asthma medicines
- Paracetamol
- Topical corticosteroids for eczema

# Reality of clinical practice

- We have a number of pregnant patients currently in our practice
  - Three pregnant patients currently with asthma and one lady with epilepsy
- Uncertainty
  - Neuropathic pain/Antidepressants/Migraine/Biological agents/Epilepsy
  - I am making clinical decisions based on limited amount of data

# How I try best to handle uncertainty

- Patient-doctor/pharmacist relationship
- Risk – benefit ratio
  - What is the risk of stopping this medication?
  - Shared care with hospital consultants
- Find out the data that is available and translate this info to patient
  - The UK Teratology information service
  - Best Use of Medicines in Pregnancy (BUMPs)
  - The European Association of Dermatology & Venereology
  - The Breastfeeding Network



# Practicalities of my patient taking Levetiracetam

- I currently have a 24 year old lady on levetiracetam for epilepsy
  - History of complex partial seizures
  - Seizure free for 5 years
  - Unplanned pregnancy – was initially surprised
- Folic acid recommenced
- To continue levetiracetam or not?
  - Shared care with neurology and obstetrics
- Nauseated
  - Take another dose if vomited within 30mins of taking levetiracetam

# Practicalities of my patient taking Levetiracetam

- Levetiracetam trough levels in each trimester
  - As levels drop due to glucuronidation
  - Levels taken on ice
- Buccal midazolam if seizure >2 minutes
- Irish Epilepsy Pregnancy Register
- Thankfully healthy baby boy 2 months ago

# Considerations during breastfeeding

- If medication initiated in pregnancy consider safety in breastfeeding
- Majority of drugs are unlicensed for use during lactation.
- Data may be available on the amount which gets into breastmilk.
- Premature babies are particularly susceptible to drugs and may exhibit higher than expected drug levels
- Volume of breastmilk taken daily
  - 4-week-old fully breastfed baby versus a ten-month-old feeding once daily.

# What is needed to help my patients?

- More formal evaluation of women who have taken medications during their pregnancy
- Prospective data with good methodology
  - To give good quality data
- This will inform us as doctors and pharmacists to help our pregnant/breastfeeding patients

# Signposts

1. The UK Teratology information service
  - Individual safety monographs for medicines: [www.uktis.org/](http://www.uktis.org/) (the abstracts are free, subscription is required for full monographs)
2. Best Use of Medicines in Pregnancy (BUMPs)
  - Information leaflets for pregnant women and their partners, which are freely available at: [www.medicinesinpregnancy.org/](http://www.medicinesinpregnancy.org/)
3. The European Association of Dermatology & Venereology
  - Patient leaflets on skin conditions in pregnancy and on the various drug treatments: [www.eadv.org/patient-corner/leaflets/](http://www.eadv.org/patient-corner/leaflets/)
4. The breastfeeding network
  - <https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>
5. The Summary of Product Characteristics for individual medicines is available at: [www.hpra.ie](http://www.hpra.ie) / [www.medicines.ie](http://www.medicines.ie)