



This fact sheet is for women who are concerned about the use of medicines while pregnant.

What are medicines?

Medicines include:

- those prescribed by doctors
- those purchased over-the-counter at pharmacies
- those purchased from supermarkets
- those purchased from health food stores, for example, herbal and traditional medicines and vitamins (for information on these products, refer to the *Herbal and traditional medicines in pregnancy or breastfeeding fact sheets*).

Medicines and pregnancy

It is not always possible to avoid taking medicines during pregnancy. Some women have conditions which need ongoing treatment. Other women may develop or experience new conditions, such as morning sickness or heartburn, which may require treatment. It is always a good idea to ask your doctor or pharmacist before taking any medicine or stopping ongoing medicines during pregnancy.

Advice

Generally, the product information from pharmaceutical companies will recommend caution or to avoid the medicine during pregnancy. Your doctor, pharmacist and the Royal Women's Hospital Medicines Information Service can help you in making decisions regarding the safety of medicines during your pregnancy.

For general advice on treating common conditions with over-the-counter medicines see the following information.

Allergies and hayfever

Allergies and hayfever symptoms include a runny and blocked nose, sneezing, itching of the nose, eyes, ears or throat and watery, red irritated eyes.

You may use 'sedating' antihistamines (antihistamines which may make you drowsy) such as chlorpheniramine, cyproheptadine, dexchlorpheniramine, doxylamine, pheniramine and promethazine at the recommended doses, at any stage during pregnancy.

The use of loratadine during pregnancy is considered safe as it is not associated with an increased risk of major malformations.^{1,2} Use at the recommended dose for the shortest duration possible.

Eye drops that contain medicines such as the following may be used for symptom relief.*

- Azelastine
- Ketotifen
- Levocabastine
- Olopatadine
- Naphazoline
- Phenylephrine
- Tetrahydrozoline

* Please note, that this is not a complete list of medicines.

Corticosteroid nasal sprays containing beclomethasone and budesonide are considered safe during pregnancy.

Decongestant nasal sprays may be used if corticosteroid and antihistamine nasal sprays have not helped to relieve symptoms.

Cold and flu

The common cold is caused by a virus. During pregnancy, it is best to treat the individual symptoms of the common cold or flu. Single ingredient products are usually preferred. If you are feeling very unwell because of a cold, the flu or sinus problems, you should contact your doctor.

Treatment of individual symptoms of cold or flu

• Aches and pain

Paracetamol (alone or in combination with codeine) may be used during pregnancy, at the recommended dose to treat mild to moderate pain, such as headaches, toothaches, muscular pains or to reduce fever.^{3,4}

Nonsteroidal anti-inflammatory drugs (NSAID) which includes aspirin, ibuprofen and diclofenac, are used for the treatment of headaches, pain, and cold and flu symptoms. NSAID should be avoided in pregnancy, especially after 30 weeks of pregnancy because it can be harmful to the fetus. See your doctor or pharmacist before taking any NSAID during pregnancy.^{5,6}

• Cough

For a dry cough, a cough suppressant such as pholcodine or dextromethorphan is considered safe during pregnancy.

A dry, irritating cough is usually associated with a postnasal drip.

For a chesty or productive cough, an expectorant such as guaifenesin or a mucolytic such as bromhexine may be used at the recommended dose.

• Nasal symptoms

Steam inhalations and sodium chloride 0.9% nasal drops or sprays may be used to relieve a blocked nose during pregnancy. In general, a decongestant nasal spray containing oxymetazoline or xylometazoline may be used for 3 to 5 days. There is an increased risk of developing rebound congestion from prolonged use of nasal decongestants.

Avoid oral decongestants such as pseudoephedrine or phenylephrine.

• Sore throat

Products with anaesthetic and antiseptic agents such as throat lozenges may be used in pregnancy. Avoid excessive use as it may cause unwanted side effects such as diarrhoea.

Gargling salt water or drinking lemon and honey products may also help to ease a sore throat.

Avoid throat gargles containing iodine because it may affect the thyroid function of both you and your baby.

Cold sores

Prevention of cold sores is always better than treatment. To prevent cold sores, it is recommended that you:

- use lip-balm with SPF 15+
- avoid stress
- avoid too much sun and wind exposure
- avoid injury to the lips or skin and
- avoid foods or drinks that can trigger an outbreak.

The recommended treatment for cold sores is an ice compression as well as using lip balms to keep the area moist. If the cold sore is severe, or if further treatment is needed, you may use aciclovir cream as directed by your doctor or pharmacist.

Constipation

It is always better to try adding more fibre to your diet and drinking plenty of water before taking medicines. Remember that dietitians can help you with dietary advice. If you do require a laxative, your doctor or pharmacist will advise you on the most suitable product.

Laxatives that soften the stool, such as docusate, or osmotic laxatives, such as lactulose, are safe to take at the recommended doses during pregnancy.⁷ It is important to avoid laxatives that are absorbed into the blood or have a direct stimulant effect on the bowel such as senna, Epsom salt or liquid paraffin. Long term use of laxatives may affect the absorption of some vitamins.

Diarrhoea

Most cases of diarrhoea are short-lived and do not require treatment with medicines. Oral rehydration solutions are recommended to replace the loss of fluid and electrolytes.

If further treatment is required, your doctor may prescribe a combination of diphenoxylate and atropine, as long as the diarrhoea is not related to an infection. Loperamide should be avoided in pregnancy unless advised by your doctor.

Heartburn

Most cases of heartburn do not require treatment with medicines. Try eating small, frequent meals and avoid rich or spicy meals, chocolate, citrus foods and coffee. Avoid lying down straight after a meal. If you need some symptom relief, use an antacid to ease discomfort. Talk to your pharmacist or doctor for advice.

Head lice and scabies

All family members and close contacts of a person with head lice or scabies should be treated to prevent the spreading of the infection. Bedding and clothing should be removed and washed in hot water. For head lice treatment, the "comb and conditioner" method may be used to remove head lice and eggs every second day until no live lice have been found for 10 days.

Head lice and scabies can be treated with topical preparations contain permethrin⁸ or pyrethrin during pregnancy. Your doctor or pharmacist can advise you on the most suitable preparation for you.

Mouth ulcers

Most mouth ulcers heal by themselves. Some over-the-counter creams or gels may be used to ease the pain or discomfort.

Creams and protective pastes containing carmellose, gelatin and pectin are generally considered safe to use during pregnancy.

Avoid products containing salicylic acid or benzydamine during pregnancy unless advised by your doctor.

Vaginal thrush

Vaginal thrush is one of the most common fungal infections during pregnancy.

For vaginal thrush, the use of topical antifungal creams and pessaries containing clotrimazole, miconazole and nystatin are considered safe during pregnancy. Pregnant women may choose to use the pessaries or cream without using the applicator in late pregnancy.

A single dose of oral fluconazole is not recommended during pregnancy unless it is advised by your doctor. If symptoms persist or you have had a previous experience with vaginal thrush, see your doctor for further advice.

Where to get more information

If this fact sheet does not answer your questions about a particular medicine or you are still unclear about what you should do, then seek further advice. Your doctor, local pharmacist and the Royal Women's Hospital Medicines Information Service can assist you in making decisions regarding the safety of medicines during pregnancy.

Medicines Information Service

Pharmacy Department
Level 1, The Royal Women's Hospital
Cnr Grattan St & Flemington Rd
Parkville VIC 3052

Hours: 9am to 5pm Monday to Friday

T: (03) 8345 3190

F: (03) 8345 3195

E: drug.information@thewomens.org.au

Related fact sheets

- Medicines in breastfeeding
- Herbal and traditional medicines in pregnancy
- Herbal and traditional medicines in breastfeeding

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8. Kennedy D, Hurst V, Konradsdottir E, Einarson A. Pregnancy outcome following exposure to permethrin and use of teratogen information. *Am J Perinatol* 2005;22:87-90.

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