

Club med

Which drugs are safe during pregnancy?

Epileptic, mum and journalist
Hedy Damari investigates

If you're among the eight per cent of women who take regular medication to treat a serious ongoing health condition, you may be worrying about its effects on your unborn child. Rest assured, with plenty of careful monitoring and caution, the prognosis is excellent for keeping your health, and that of your child, intact.

I have epilepsy. Luckily, I'm on medication that allows me to live a full and relatively "normal" life. I drive, I work and, most importantly, I have a family. For years, the idea of children and settling down didn't enter my mind. It wasn't until I met my husband, Shai, that I began to

research how my medication might affect a future pregnancy.

As well as epilepsy, there are pregnant women living with asthma, diabetes, heart disease, depression, schizophrenia and an entire gamut of conditions for which medication improves the quality of their daily existence and, in some cases, means the difference between life and death. The concern is whether the benefits to the mother's health outweigh any potential hazards to the unborn child.

In my case, weighing up the risks wasn't an option. I haven't had a seizure for seven years, but my battle scars from previous episodes include stitches in my

head, a fractured elbow and ribs, as well as biting through my tongue. It was a no-brainer; I simply had to stay on medication. In many cases, stopping your medication without your doctor's advice can be more dangerous to you and your child than continuing to take it.

Anticonvulsants

I've trialled a number of epilepsy medications over the years, some more successful than others. After being with my husband for five years, we wanted to try for a baby. Luckily, my neurologist had just returned from a conference that specifically addressed anticonvulsants for pregnant women. I was taken off my current medication, containing carbamazepine, which has been associated with a very small percentage of birth defects, and put on a relatively new drug, lamotrigine. It hadn't been around for as long as other epilepsy medications, but with no increased risk of defects, it appeared to be the best option. It was also far more effective than the other drugs I'd taken and I had minimal side effects. Four years later, I've experienced two wonderful pregnancies and am the proud mother of two beautiful, healthy children.

Antidepressants and antipsychotics

Melanie, 40, mum to Lily, 4, has been on antidepressants for 10 years. "After trialling a few different SSRIs [selective serotonin reuptake inhibitors], my psychiatrist thought the wisest choice would be one containing sertraline hydrochloride [it has less of an impact on the user's cognition and alertness]. As with most SSRIs, I knew there was a small risk of problems for a baby, so when I fell pregnant, I decided to minimise the risk even further by halving my dose. The first few weeks were a roller-coaster as my brain adjusted to both the lower dosage and surge in hormones, but I went on to have a normal pregnancy and a gorgeous baby girl. Another concern was whether Lily would have withdrawal symptoms from the sertraline following the birth, so she was monitored for the first three days and luckily displayed no signs."

Meanwhile, Claire*, 38, mum to Jake, 2, has bipolar disorder (or manic depression), which is characterised by extreme mood fluctuations. For eight years, Claire had used haloperidol, an anti-psychotic drug that successfully treated her condition. "I'm classified as a high-risk patient so, to be honest, I didn't even contemplate going off my

Over-the-counter medication

Pregnancy exacerbates headaches, sinus problems, heartburn and creates all manner of discomfort. Thankfully, there are some safe options for pain relief. Read on for a rundown of what you can and can't take but always check with your GP first.

Paracetamol

What's it for? With no anti-inflammatory properties, it's a commonly used analgesic to reduce fever and treat headache pain, and other aches and pains while being gentle on the stomach.

Is it safe? Taken on its own, paracetamol is considered to be the safest painkiller for pregnant women. It should be used as directed and not for extended periods.

Codeine

What's it for? A pain-reliever and cough suppressant similar to morphine, it's often combined with aspirin or paracetamol for more effective pain relief.

Is it safe? There haven't been adequate studies on pregnant women, so it's best to avoid taking it unless prescribed. Your pharmacist or GP may say it's OK to take on occasion for severe pain, but you should avoid using it near your due date.

Antihistamines

What's it for? Most commonly used by allergy and hayfever sufferers, with some of the newer versions (loratadine or cetirizine) made in a non-drowsy formula.

Is it safe? Because these newer drugs haven't yet been given the all clear for pregnant women, it's best to avoid them until you've checked with your GP. Eye drops and nasal sprays are thought to be safe, as they're absorbed into the system differently, but again, seek medical advice.

Antibiotics

What's it for? Tonsillitis, sinusitis and all other manner of lurgies aren't polite enough to give pregnant women a wide berth (pardon the pun). Cue the antibiotics. **Is it safe?** Amoxicillin, an antibiotic used to treat a range of illnesses, is considered the safest all-rounder during pregnancy.

Ibuprofen

What's it for? From the same family of NSAIDs (non-steroidal anti-inflammatory drugs) as aspirin and naproxen, it's commonly used to treat headaches and fever, as well as inflammatory pain.

Is it safe? Ibuprofen is only considered safe when taken in the second trimester (14 to 27 weeks). If taken in the first trimester (0 to 13 weeks), NSAIDs have a very slight risk of causing birth defects, while in the last trimester (28 weeks onwards) there's a slim chance of a reduction in amniotic fluid, as well as complications to the baby's lungs and heart. Recent research also suggests that NSAIDs increase the risk of miscarriage by 2.4 times in the first 20 weeks of pregnancy. However, in some cases, the studies looked at the effect of ibuprofen combined with other drugs, not by itself. Nor did they take other factors into account, such as illnesses during pregnancy and maternal predisposition to some conditions. Because the results are inconclusive, expectant mothers are urged to err on the side of caution.

meds when I fell pregnant. It so greatly improves the quality of my life and the thought of an episode was incentive enough to stay on them. I was relieved and comforted to know that my medication was not associated with any proven risks. Apart from having bad morning sickness in the first two trimesters, I had a good pregnancy and a perfect baby without any complications."

Insulin

High blood glucose levels can increase the risk of having a baby with a birth defect. So it's vital that women with diabetes stay on top of their condition throughout pregnancy. Those with type 1 diabetes need to maintain their usual course of insulin treatment. Consider switching

from a pen or syringe to an insulin pump – small devices that continuously administer tiny amounts of insulin. Many health professionals consider these the safer option for expectant mums. Pregnant women with type 2 diabetes can often manage their condition through dietary changes and exercise or with diabetes tablets/insulin. Your doctor will advise the best management plan. 

Want to know more?

Epilepsy Action Australia epilepsy.org.au **Diabetes Australia** diabetesaustralia.com.au **National Prescribing Service** nps.org.au **Pregnancy, Birth & Baby Helpline** pregnancybirthbabyhelp.line.com.au **SANE Australia** sane.org

*NAME HAS BEEN CHANGED. GETTY IMAGES