



MEDICINES IN PREGNANCY

Most medicines used during pregnancy will cross the placenta and reach the baby. Some may be harmful to you or your baby so it is important to seek the advice of your doctor or healthcare provider before you start, change or stop taking medicines.

This factsheet contains general advice only; it is not intended to replace the individual care and advice of your healthcare provider. It does not include information about all side effects and should be read together with the product information provided with medicines.

What are medicines?

Medicines are preparations used for the treatment or prevention of disease. Medicines include:

- Prescription medicine - prescribed by doctors, dentists or other health professionals.
- Over-the-counter (OTC) medicine - purchased over-the-counter at pharmacies, supermarkets or health food stores.

**For information on the use of herbal and traditional medicines please refer to the Herbal Medicines in Pregnancy and Breastfeeding factsheet.*

Is it safe to use prescription medicine while I am pregnant?

Some women have conditions which need ongoing treatment, while others may develop or experience new conditions, such as morning sickness or heartburn, which may require treatment.

When deciding whether or not to use a medicine in pregnancy, it is important to talk to your doctor about the benefits and risks for you and your baby. The decision to start, stop, continue or change a prescribed medicine before or during pregnancy should be made in consultation with your doctor.

Is it safe to use over-the-counter (OTC) medicine while I am pregnant?

The label on non-prescription or over-the-counter (OTC) medicines usually advises pregnant women to speak to their doctor or pharmacist before using the medicine. You should not take OTC medicines during your pregnancy unless it is necessary.

The following information contains general advice on treating common conditions with OTC medicines while you are pregnant.

What can I take for aches and pain?

You may use paracetamol during pregnancy at the recommended dose to treat mild to moderate pain, such as headache, toothache, muscular pain or to reduce fever.^{1,2}

Nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen and diclofenac should be avoided in pregnancy, especially after 30 weeks because they can be harmful to your baby. Talk to your doctor or pharmacist before taking any NSAIDs during pregnancy.^{3,4}

What can I take for 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. Avoid aggravating factors, such as pollen, house dust mites and animal dander (tiny flakes of skin shed by animals, similar to human dandruff only smaller), where possible.

Antihistamines

There is more known about the use of sedating antihistamines in pregnancy than less-sedating antihistamines. Sedating antihistamines such as chlorpheniramine, cyproheptadine, dexchlorpheniramine, doxylamine, pheniramine and promethazine may be used at the recommended doses, at any stage of pregnancy.

Less-sedating antihistamines such as loratadine may be used by women who are unable to tolerate or do not respond to maximum doses of sedating antihistamines. Loratadine is considered safe to use during pregnancy as it is not associated with an increased risk of adverse pregnancy outcomes.^{5,6} You may use loratadine at the recommended dose for the shortest duration possible, at any stage of pregnancy.

Eye Drops

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

- Azelastine
- Ketotifen
- Levocabastine
- Olopatadine

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

You may use eye drops at the lowest effective dose for the shortest duration possible. Apply pressure against the inner corner of the eye for one to two minutes and blot away any excess drops to help minimise absorption into your system.

Nasal Sprays

Corticosteroid nasal sprays containing beclomethasone and budesonide are considered safe to use during pregnancy. Decongestant nasal sprays may be used if corticosteroid and antihistamine nasal sprays have not relieved the symptoms.

What can I take for 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, contact your doctor.

Cough

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

Throat lozenges containing local anaesthetic and antibacterial agents 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.

Products containing benzydamine should not be used unless advised by your doctor.

What can I use for cold sores?

Prevention of cold sores is always better than treatment.

To prevent cold sores:

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

The recommended treatment for cold sores is ice applied to the affected area as well as using lip balms to keep the area moist. Aciclovir cream is considered safe to use at all stages of pregnancy and can be applied to the affected area. Famciclovir tablets are not recommended for use during pregnancy. If the cold sore is severe, speak to your doctor for a prescription medicine.

What can I take for constipation?

It is always better to try adding more fibre to your diet (for example, fruit, vegetables, cereals, etc.) and drinking plenty of water before taking medicines (aim for eight glasses a day). 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.

Osmotic laxatives, such as lactulose or stool softener such as docusate are safe to take at the recommended doses during pregnancy.⁷ These help to soften the stool so it is easier to pass.

A bulk forming laxative that contains ispaghula, bran or methylcellulose, help to increase volume of the bowel contents so the gut muscles work better.

Avoid prolonged use of stimulant laxatives such as senna and bisacodyl as these may have adverse effects. For example, overuse of any laxative can cause a lazy bowel; speak to your doctor before using a laxative long-term.

What can I take for 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.

Loperamide should be avoided in first trimester but may be used in the second or third trimester if advised by your doctor.

If the diarrhoea is profuse, watery, bloody, accompanied by other symptoms such as fever or severe abdominal pain, or persists for longer than 48 hours, you should see your doctor.

What can I take for heartburn?

Heartburn and gastro-oesophageal reflux disease (GORD) during pregnancy affects up to 80 percent of all pregnancies.⁸ It is caused by pregnancy hormones that affect the oesophageal sphincter and allow the acid in the stomach into the oesophagus.

Dietary and lifestyle changes can relieve mild symptoms. Try eating small, frequent meals and avoid rich or spicy meals, chocolate, citrus foods and coffee. Avoid lying down straight after a meal and eating late at night.

If you need some symptom relief, use an antacid or ranitidine to ease discomfort. Talk to your pharmacist or doctor for advice if symptoms persist.

What can I use for head lice?

To treat head lice treatment, use the “comb and conditioner” method to remove head lice and eggs every second day until no live lice have been found for 10 days.

Topical preparations containing permethrin are the treatment of choice during pregnancy.⁹ Dimeticone or pyrethrin/piperonyl butoxide can also be used if needed. Your doctor or pharmacist can advise you on the most suitable preparation.

Treatment should be repeated in seven days to kill lice that have hatched. Examine family members and close contacts for head lice infestation. If showing signs and symptoms of infestation, treat at the same time to prevent the spread of the infection. Bedding and clothing should be removed and washed in hot water.

What can I use for scabies?

If you suspect you may have scabies, speak to your doctor for treatment options during pregnancy. Permethrin is the treatment of choice while pregnant.

Treat the affected person, all household members and close contacts (even if they do not have symptoms) at the same time to avoid re-infestation and further transmission.

What can I use for mouth ulcers?

Most mouth ulcers generally 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.

What can I use for vaginal thrush?

Vaginal thrush is one of the most common fungal infections during pregnancy. Topical antifungal creams and pessaries containing clotrimazole 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 6-day course of clotrimazole for the treatment of vaginal thrush may be preferred in pregnancy rather than the shorter courses.¹⁰

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.

What can I use for haemorrhoids?

Anorectal products such as ointments or suppositories to treat haemorrhoids are safe to use during pregnancy. The best treatment is prevention. It is important to eat additional fruit and fibre and drink plenty of fluid in order to avoid constipation.

What can I use for worm infections?

The use of pyrantel to treat worm infections such as threadworm, hookworm and roundworm is safe during pregnancy.¹¹ Mebendazole can be used to treat whipworm and can be used in second trimester onwards.

To prevent another worm infection:

- Wash hands and nails thoroughly with soap and water, particularly after going to the toilet, after changing nappies, before preparing food and before eating food.
- Discourage scratching of the bottom and nail biting.
- Keep fingernails short.
- Bathe and shower daily.
- Wash all sheets, bed linen, pyjamas and sleepwear in hot water to kill any pinworm eggs.
- Clean the toilet seat regularly with disinfectant.

