

Reference Guide for the Healthy Start Screening Tools Health and Health History: Medications

The medications listed in the Health and Health History section of the Healthy Start Screening Tools can pose significant risk to the baby, the mother, or both. These medications need to be on record so Healthy Start can emphasize the importance of addressing them at each of the perinatal phases and support the participant with follow up on clinic visits and medication recommendations.

These questions are asked in three (3) screening tools perinatal phases to ensure they are collected: Preconception Tool (Question 24), Prenatal Tool (Question 31), and Interconception/Parenting Tool (Question 43.1).

Purpose: This document contains basic information on each of the medications listed in the screening tools, and is intended as a reference for Healthy Start staff asking the screening questions.

Use: This document is NOT intended to be handed out to participants, and the information included is not meant to be offered as medical advice. Participants should discuss their medication questions with their health care provider. Use the references below to help Healthy Start staff prepare for screening and questions participants may have.

Disclaimer: Please do NOT advocate that a Healthy Start participant start or stop taking any medication without consulting a health care provider.

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1. Pain Medications (such as morphine, codeine, oxycodone, vicodin, or methadone)

Narcotics are also called opioid pain relievers. They are used only for pain that is severe and is not helped by other types of painkillers. When used carefully and under a health care provider's direct care, these drugs can be effective at reducing pain. Narcotics work by binding to receptors in the brain, which blocks the feeling of pain. You should not use a narcotic drug for more than 3 to 4 months, unless you are under direct care of your provider.

NAMES OF NARCOTICS

- Codeine
- Fentanyl -- available as a patch
- Hydrocodone
- Hydromorphone
- Meperidine
- Morphine
- Oxycodone (Vicodin)
- Tramadol
- Methadone

These drugs can be abused and habit-forming addicting. They have been associated with accidental overdose deaths. Always take narcotics as prescribed. Your provider may suggest that you take your medicine only when you feel pain. Or, your healthcare provider may suggest taking a narcotic on a regular schedule. Allowing the medicine to wear off before taking more of it can make the pain difficult to control.

Taking narcotics to control the pain of cancer or other medical problems does not itself lead to dependence. Store narcotics safely and securely in your home. You may need a pain specialist to help you manage long-term pain.

Source: MedlinePlus - Pain medications - Narcotics: medlineplus.gov/ency/article/007489.htm

Additional References:

- CDC - Drug Overdose: cdc.gov/drugoverdose/opioids/index.html
- MotherToBaby - Prescription Opioids: mothertobaby.org/fact-sheets/prescription-opioids-pregnancy/
- American Congress of Obstetricians and Gynecologists - Opioid Abuse, Dependence, and Addiction in Pregnancy: acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Opioid-Abuse-Dependence-and-Addiction-in-Pregnancy

2. Blood Thinners (such as Coumadin, Heparin, or Lovenox)

If you have some kinds of heart or blood vessel disease, or if you have poor blood flow to your brain, your healthcare provider may recommend that you take a blood thinner. Blood thinners reduce the risk of heart attack and stroke by reducing the formation of blood clots in your arteries and veins.

You may also take a blood thinner if you have:

- An abnormal heart rhythm called atrial fibrillation
- Heart valve surgery
- Congenital heart defects

There are two main types of blood thinners. Anticoagulants, such as heparin or warfarin (also called Coumadin), work on chemical reactions in your body to lengthen the time it takes to form a blood clot. Antiplatelet drugs, such as aspirin, prevent blood cells called platelets from clumping together to form a clot.

When you take a blood thinner, follow directions carefully. Make sure that your healthcare provider knows all of the medicines and supplements you are using.

Source: MedlinePlus - Blood Thinners: medlineplus.gov/bloodthinners.html

Additional Reference:

- Medscape - Teratology and Drug Use during Pregnancy:
emedicine.medscape.com/article/260725-overview#a1

3. Male Hormones (such as testosterone)

Testosterone is known as a "male" hormone, or androgen. It also is made in small amounts by a woman's adrenal glands and ovaries. A woman's testosterone is highest around age 20 and slowly declines with age. In men, testosterone is linked to male physical traits and sex drive. In women, testosterone may be linked to sex drive. But for women, interest in sex is much more complicated than just testosterone levels. Testosterone therapy raises testosterone levels in the body. But testosterone is only FDA-approved for use in men.

Testosterone is an experimental treatment used to raise a woman's sexual interest, arousal, and satisfaction. Women with low androgen levels who might benefit from low-dose testosterone therapy include those who:

- Have had their ovaries removed (oophorectomy). This causes a sudden drop in testosterone, which may reduce sex drive and satisfaction.
- Have a low sex drive that does not seem to be caused by a medicine, nor by relationship or stress-related problems.
- Have an adrenal system problem or an underactive pituitary gland (hypopituitarism).

Do not take testosterone if you:

- Could become pregnant. Taking testosterone while you are pregnant can cause a female fetus to develop male traits.
- Have or have had breast or uterine cancer.
- Have high cholesterol or heart disease.
- Have liver disease.
- Some experts advise against using testosterone therapy for women who have not reached menopause. Methyltestosterone. This hormone product is sometimes also prescribed to menopausal women for improving sexual desire and response.

Source: University of Michigan - Testosterone for Women: uofmhealth.org/health-library/tn10109

Additional References:

- Basson R (2008). Women's sexuality and sexual dysfunction. In RS Gibbs et al., eds., Danforth's Obstetrics and Gynecology, 10th ed., pp. 742–758. Philadelphia: Lippincott Williams and Wilkins.
- American College of Obstetricians and Gynecologists (2011). Female sexual dysfunction. ACOG Practice Bulletin No. 119. Obstetrics and Gynecology, 117(4): 996–1007.

4. Antibiotics (such as tetracycline, doxycycline, Flagyl or streptomycin, trimethoprim, Bactrim, Septra)

Antibiotics are powerful medicines that fight bacterial infections. Used properly, antibiotics can save lives. They either kill bacteria or keep them from reproducing. Your body's natural defenses can usually take it from there.

Antibiotics do not fight infections caused by viruses, such as:

- Colds
- Flu
- Most coughs and bronchitis
- Sore throats, unless caused by strep

If a virus is making you sick, taking antibiotics may do more harm than good. Using antibiotics when you don't need them, or not using them properly, can add to antibiotic resistance. This happens when bacteria change and become able to resist the effects of an antibiotic.

When you take antibiotics, follow the directions carefully. It is important to finish your medicine even if you feel better. If you stop treatment too soon, some bacteria may survive and re-infect you. Do not save antibiotics for later or use someone else's prescription.

Source: MedlinePlus - Antibiotics: medlineplus.gov/antibiotics.html

Additional Reference:

- Medscape - Teratology and Drug Use during Pregnancy:
emedicine.medscape.com/article/260725-overview#a1

5. Seizure or Epilepsy Medications (such as valproate, Dilantin or Depakote)

Women with epilepsy are often concerned about whether they can become pregnant and have a healthy child. Epilepsy itself does not interfere with the ability to become pregnant. With the right planning, supplemental vitamin use, and medication adjustments prior to pregnancy, the odds of a woman with epilepsy having a healthy pregnancy and a healthy child are similar to a woman without a chronic medical condition.

Other potential risks to the developing child of a woman with epilepsy or on antiseizure medication include increased risk for major congenital malformations (also known as birth defects) and adverse effects on the developing brain. The types of birth defects that have been most commonly reported with antiseizure medications include cleft lip or cleft palate, heart problems, abnormal spinal cord development (spina bifida), urogenital defects, and limb-skeletal defects.

Some antiseizure medications, particularly valproate, are known to increase the risk of having a child with birth defects and/or neurodevelopmental problems, including learning disabilities, general intellectual disabilities, and autism spectrum disorder.

It is important that a woman work with a team of providers that includes her neurologist and her obstetrician to learn about any special risks associated with her epilepsy and the medications she may be taking.

The use of antiseizure medications is considered safe for women who choose to breastfeed their child. On very rare occasions, the baby may become excessively drowsy or feed poorly, and these problems should be closely monitored.

However, experts believe the benefits of breastfeeding outweigh the risks except in rare circumstances. One large study showed that the children who were breastfed by mothers with epilepsy on antiseizure medications performed better on learning and developmental scales than the babies who were not breastfed. It is common for the antiseizure medication dosing to be adjusted again in the postpartum setting, especially if the dose was altered during pregnancy.

With the appropriate selection of safe antiseizure medicines during pregnancy, use of supplemental folic acid, and ideally, with pre-pregnancy planning, most women with epilepsy can have a healthy pregnancy with good outcomes for themselves and their developing child.

Source: National Institute of Neurological Disorders and Stroke - Epilepsies and Seizures: ninds.nih.gov/Disorders/Patient-Caregiver-Education/Hope-Through-Research/Epilepsies-and-Seizures-Hope-Through#3109_30

Additional Reference:

- Medscape - Teratology and Drug Use during Pregnancy: emedicine.medscape.com/article/260725-overview#a1

6. Acne Medications (such as Accutane, Retin-A)

Medication also can be used to treat pregnancy acne but any medication applied to your skin or swallowed during pregnancy can enter your bloodstream and affect your baby. While most ingredients in over-the-counter topical acne treatments haven't been studied in pregnancy, typically only small amounts are absorbed into the skin. This makes it unlikely that the treatments would pose a risk to a developing baby.

Generally, skin treatments containing erythromycin (Erygel) and clindamycin (Cleocin T, Clindagel, others) are considered safe. The safety of using benzoyl peroxide to treat pregnancy acne hasn't been established. This treatment should only be used if clearly needed.

Acne medication known to cause birth defects — including oral isotretinoin (Amnesteem, Claravis) and topical retinoids — must be avoided during pregnancy.

If you're concerned about pregnancy acne, consult your dermatologist or your health care provider. Together you can weigh the benefits and risks of various treatment options.

Source: Mayo Clinic - What's the best way to treat pregnancy acne?: mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/expert-answers/pregnancy-acne/faq-20058045?p=1

Additional References:

- MotherToBaby - Topical Acne Treatments and Pregnancy: mothertobaby.org/fact-sheets/topical-acne-treatments-pregnancy/
- MotherToBaby - Tretinoin (Retin-A®) and Pregnancy: mothertobaby.org/fact-sheets/tretinoin-retin-a-pregnancy/
- MotherToBaby - Isotretinoin (Accutane®) and Pregnancy: mothertobaby.org/fact-sheets/isotretinoin-accutane-pregnancy/
- Medscape - Teratology and Drug Use during Pregnancy: emedicine.medscape.com/article/260725-overview#a1

7. High Blood Pressure Medications (ace inhibitors such as Capoten, Vasotec, Lotensin)

Angiotensin-converting-enzyme inhibitor (ACE Inhibitor) is the name used to describe a group of medications used to treat high blood pressure. They have also been used for treating problems with the heart and kidneys.

ACE Inhibitors are sold under many names, such as: benazepril (Lotensin®), captopril (Capoten®), cilazapril (Inhibace®), enalapril (Vasotec®, Renitec®), fosinopril, imidapril (Tanatril®), lisinopril (Listril®, Lopril®, Novatec®, Prinivil®, Zestril®), moexipril (Univasc®), perindopril (Aceon®), quinapril (Accupril®), ramipril (Altace®, Prilace®, Ramace®, Ramiwin®, Triatec®, Tritace®), trandolapril (Gopten®, Mavik®, Odrik®) and zofenopril.

ACE Inhibitors should be avoided during the second and third trimester of pregnancy. When used AFTER the first trimester, ACE Inhibitors can cause low levels of amniotic fluid. Amniotic fluid surrounds the baby. Low levels of amniotic fluid can lead to health problems for the developing baby. Some of these problems include poor lung development, poor growth, poor development of the skull bones, birth defects, problems with the development of the kidneys and even death of the developing baby.

Source: MotherToBaby - Ace Inhibitors: mothertobaby.org/fact-sheets/ace-inhibitors-pregnancy/pdf/

Additional Reference:

- Medscape - Teratology and Drug Use During Pregnancy Discussion of Specific Agents: Cardiovascular Medications: emedicine.medscape.com/article/260725-overview#a8

8. High Cholesterol Medications (statins, such as Lipitor, Pravachol, Zocor, Mevacor)

A statin is a class of medications used to treat high cholesterol levels. Some medications in this class are atorvastatin (Lipitor®), fluvastatin (Lescol®), lovastatin (Mevacor®), pitavastatin (Livalo®), pravastatin (Pravachol®), rosuvastatin (Crestor®) and simvastatin (Zocor®). These medications work by stopping your liver from making cholesterol, and helping your liver to remove low density lipid (LDL) cholesterol (known as “bad” cholesterol) from your blood.

Source: MotherToBaby - Statins: mothertobaby.org/fact-sheets/statins-pregnancy/

Additional References:

- Federal Drug Administration - High Cholesterol--Medicines To Help You: fda.gov/ForConsumers/ByAudience/ForWomen/ucm118595.htm
- Medscape - Teratology and Drug Use during Pregnancy: emedicine.medscape.com/article/260725-overview#a1

9. Antidepressants (such as lithium, Paxil)

Antidepressants are medicines that treat depression. Your healthcare provider can prescribe them for you. They work to balance some of the natural chemicals in our brains. It may take several weeks for them to help. There are several types of antidepressants. You and your healthcare provider may have to try a few before finding what works best for you.

Antidepressants may cause mild side effects that usually do not last long. These may include headache, nausea, sleep problems, restlessness, and sexual problems. Tell your healthcare provider if you have any side effects. You should also let your healthcare provider know if you take any other medicines, vitamins, or herbal supplements.

It is important to keep taking your medicines, even if you feel better. Do not stop taking your medicines without talking to your healthcare provider. You often need to stop antidepressants gradually.

Source: MedlinePlus - Antidepressants: medlineplus.gov/antidepressants.html

It is wise to talk to your health care providers about your desire to become pregnant. This will allow your health care providers and your counselors/therapists to review your current mental health care. They can look at the medicines that you are taking and what effects they may have on a pregnancy.

Source: MotherToBaby - Depression: mothertobaby.org/fact-sheets/depression-pregnancy/

Lithium is a medication used to treat bipolar disorder, which is also called manic-depression. Lithium may also be used to treat other psychiatric and medical conditions. Lithium is sold under many brand names such as Cibalith-S®, Eskalith®, Lithane®, Lithobid® and Lithonate®.

Source: MotherToBaby - Lithium and Pregnancy: mothertobaby.org/fact-sheets/lithium-pregnancy/

Paroxetine is a medication used to treat depression, social anxiety disorder, obsessive compulsive disorder, and panic disorder. Paroxetine belongs to the class of antidepressants known as selective serotonin reuptake inhibitors or SSRIs. Some brand names for paroxetine are Paxil®, Aropax® and Seroxat®.

Source: MotherToBaby - Paroxetine (Paxil®) and Pregnancy: mothertobaby.org/fact-sheets/paroxetine-paxil-pregnancy/

Additional Reference:

- Medscape - Teratology and Drug Use during Pregnancy: emedicine.medscape.com/article/260725-overview#a1

Teratogens:

Teratogens are substances or other factors that can cause congenital abnormalities, which are also called birth defects. Usually these abnormalities arise in the third to eighth weeks of pregnancy, when the major organ systems are forming. Examples of teratogens include certain chemicals, medications, and infections or other diseases in the mother.

Source: AboutKidsHealth - Things to Avoid During Pregnancy: Teratogens:

<http://www.aboutkidshealth.ca/En/ResourceCentres/PregnancyBabies/Pregnancy/HealthCareinPregnancy/Pages/Things-to-Avoid-During-Pregnancy-Teratogens.aspx>