

GENERAL DISCOMFORTS-What To Do About Physical Discomforts

Most women experience some physical discomforts during pregnancy. The following list describes the most common symptoms and suggests ways to cope. Medications suggested should only be used if other methods have not provided relief.

***It is important to remember that **No Over-The-Counter medications should be used for the first 4 months (16 weeks) of pregnancy unless prescribed by your physician.** Be sure to discuss any concerns with your physician.**

Cold or flu:	Cool air vaporizer, peppermint tea, increased fluids * <i>Tylenol</i> for pain or fever above 101.00 * <i>Robitussin DM</i> for cough * <i>Sudafed</i> (plain, no antihistamine, for nasal congestion)
Constipation:	6-8 oz. glasses of water or fluids; increased fiber (whole grains, fruits, fresh vegetables) Daily exercise (walking) * <i>Metamucil</i> or * <i>Milk of Magnesia</i> as package directs
Heartburn:	Avoid greasy, spicy or fatty foods Eat small, frequent meals; avoid large meals at bedtime Try drinking milk before or with meals Sleep propped up, head at 45 degree angle * <i>Zantac 75 mg</i> as directed. * <i>Mylanta</i> or <i>Maalox</i> as directed
Diarrhea:	Rest stomach with clear liquids and a bland diet for 24 hours; crackers, toast, rice, applesauce and bananas; * <i>Imodium</i> as package directs
Nausea/Vomiting	Eat small, frequent meals; avoid spicy/greasy foods; eat a few crackers before rising from bed or as needed Take fluids in small, frequent amounts especially between meals if vomiting <i>Vitamins B6 25 mg</i> in a.m.; may increase to 3 times per day
Hemorrhoids:	Elevate lower body during rest periods; avoid constipation or straining; increase fluids Apply cold compresses using <i>Witch Hazel</i> , (<i>Tucks</i>) or <i>Epsom</i>

PHYSICAL DISCOMFORTS- CPSP Specific discomfort hand outs: <http://www.acphd.org/cpsp-providers/patient-education-materials.aspx>

***SEE NEXT PAGE FOR DRUG CLASSIFICATION AND SAFETY OF THE ABOVE LISTED MEDICATONS DURING PREGNANCY**

FDA Classification of Drug Safety During Pregnancy

- Category A Controlled studies in women fail to demonstrate a risk to the fetus in the first trimester (and there is no evidence of risk in later trimesters), and the possibility of fetal harm appears remote.
- Category B Either animal reproduction studies have not demonstrated a fetal risk but there are no controlled studies in pregnant women, or animal reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the first trimester (and there is no evidence of risk in later trimesters).
- Category C Either studies in animals have revealed adverse effects on the fetus (teratogenic or embryocidal or other) and there are no controlled studies in women, or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the fetus.
- Category D There is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease in which safer drugs cannot be used or are ineffective).
- Category X Studies in animals or human beings have demonstrated fetal abnormalities or there is evidence of fetal risk based on human experience, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

FDA = U.S. Food and Drug Administration.

Information from Briggs GG, Freeman RK, Yaffe SJ, eds. Drugs in pregnancy and lactation: a reference guide to fetal and neonatal risk. 5th ed. Baltimore: Williams & Wilkins, 1998:577–8,627–8.

FDA Recommended Use of OTC Pain Medications in Pregnancy

Drug name	FDA pregnancy risk classification by trimester (1st/2nd/3rd)	Drug class	Crosses placenta?	Use in pregnancy
Acetaminophen (Tylenol)	B/B/B	Non-narcotic analgesic/antipyretic	Yes	Pain reliever of choice

Drug name	FDA pregnancy risk classification by trimester (1st/2nd/3rd)	Drug class	Crosses placenta?	Use in pregnancy
Aspirin	D/D/D	Salicylate analgesic/antipyretic	Yes	Not recommended except for specific indications*
Ibuprofen (Advil, B/B/D Motrin)		NSAID analgesic	Yes	Use with caution; avoid in third trimester†
Ketoprofen (Orudis)	B/B/D	NSAID analgesic	Yes	Use with caution; avoid in third trimester†
Naproxen (Aleve)	B/B/D	NSAID analgesic	Yes	Use with caution; avoid in third trimester†

OTC = over-the-counter; FDA = U.S. Food and Drug Administration; NSAID = nonsteroidal anti-inflammatory drug.

*—Associated with increased perinatal mortality, neonatal hemorrhage, decreased birth weight, prolonged gestation and labor, and possible teratogenicity.⁵

†—Associated with oligohydramnios, premature closure of the fetal ductus arteriosus with subsequent persistent pulmonary hypertension of the newborn, fetal nephrotoxicity, and periventricular hemorrhage.⁶ Information from Collins E. Maternal and fetal effects of acetaminophen and salicylates in pregnancy. *Obstet Gynecol* 1981;58(5 Suppl):57S–62S, and Macones GA, Marder SJ, Clothier B, Stamilio DM. The controversy surrounding indomethacin for tocolysis. *Am J Obstet Gynecol* 2001;184:264–72.

FDA Recommended OTC Decongestants, Expectorants, and Nonselective Antihistamines in Pregnancy

Drug name	FDA pregnancy risk classification	Drug class	Crosses placenta?	Use in pregnancy
Chlorpheniramine (Chlor-Trimeton)	B	Antihistamine	Not known	Antihistamine of choice

Drug name	FDA pregnancy risk classification	Drug class	Crosses placenta?	Use in pregnancy
Pseudoephedrine hydrochloride (Novafed)	B	Sympathomimetic decongestant	Not known	Oral decongestant of choice ¹⁰ , possible association with gastroschisis ⁹
Guaifenesin (Humibid L.A.)	C	Expectorant	Not known	May be unsafe in first trimester*
Dextromethorphan hydrobromide (Benylin DM)	C	Non-narcotic antitussive	Not known	Appears to be safe in pregnancy
Diphenhydramine (Benadryl)	B	Antihistamine/antiemetic	Yes	Possible oxytocin-like effects at high dosages
Clemastine fumarate (Tavist)	B	Antihistamine	Not known	Unknown safety profile

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*—Possible increased risk of neural tube defects.

Information from Werler MM, Mitchell AA, Shapiro S. First trimester maternal medication use in relation to gastroschisis. *Teratology* 1992;45:361–7, and The use of newer asthma and allergy medications during pregnancy. The American College of Obstetricians and Gynecologists (ACOG) and the American College of Allergy, Asthma, and Immunology (ACAAI). *Ann Allergy Asthma Immunol* 2000;84:475–80.

FDA Recommended OTC Antidiarrheal Medications in Pregnancy

Drug name	FDA pregnancy risk classification by trimester (1st/2nd/3rd)	Drug class	Crosses placenta?	Use in pregnancy
Kaolin and pectin (Kaopectate)	B/B/B	Antidiarrheal	No	Antidiarrheal of choice (not absorbed)

Drug name	FDA pregnancy risk classification by trimester (1st/2nd/3rd)	Drug class	Crosses placenta?	Use in pregnancy
Bismuth subsalicylate (Pepto Bismol)	C/C/D	Antidiarrheal	Yes	Not recommended (salicylate absorption)
Loperamide (Imodium)	B/B/B	Antidiarrheal	Not known	Probably safe*
Atropine/diphenoxylate (Lomotil)	C/C/C	Antidiarrheal	Not known	Not recommended (adverse animal studies)

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*—Possible increase in fetal cardiac malformation with first-trimester use.⁴

Information from Briggs GG, Freeman RK, Yaffe SJ, eds. Drugs in pregnancy and lactation: a reference guide to fetal and neonatal risk. 5th ed. Baltimore: Williams & Wilkins, 1998:577–8,627–8.

FDA Recommended OTC Antacids, Simethicone, and H₂-Receptor Selective Antihistamines in Pregnancy

Drug name	FDA pregnancy risk classification	Drug class	Crosses placenta?	Use in pregnancy
Aluminum hydroxide/magnesium hydroxide (Maalox)*	B	Antacid	Not known	Generally regarded as safe
Calcium carbonate (Tums)	C	Antacid	Not known	Generally regarded as safe
Simethicone (Mylanta Gas)	C	Antiflatulent	No	Generally regarded as safe
Cimetidine (Tagamet)	B	Antihistamine	Yes	Preferred after antacids; generally regarded as safe
Ranitidine (Zantac)	B	Antihistamine	Yes	Preferred after antacids; generally regarded as safe

Drug name	FDA pregnancy risk classification	Drug class	Crosses placenta?	Use in pregnancy
Nizatidine (Axid)	C	Antihistamine	Yes	Not recommended (adverse animal studies)
Famotidine (Pepcid)	B	Antihistamine	Yes	Probably safe, data needed

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*—Contains magnesium sulfate.

FDA Recommended OTC Topical Vaginal Antifungal Medications in Pregnancy

Drug name	FDA pregnancy risk classification	Drug class	Crosses placenta?	Use in pregnancy
Butoconazole (Femstat)	C	Imidazole antifungal	Not known	Probably safe
Clotrimazole (Lotrimin)	C	Imidazole antifungal	Not known	Safe in second and third trimesters (human trials), ²⁴ first trimester probably safe ²³
Miconazole (Monistat)	C	Imidazole antifungal	Not known	Probably safe
Tioconazole (Vagistat-1)	C	Imidazole antifungal	Not known	No data

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Information from Lagace E. Safety of first trimester exposure to H₂ blockers. J Fam Pract 1996;43:342–3, and Czeizel AE, Toth M, Rockenbauer M. No teratogenic effect after clotrimazole therapy during pregnancy. Epidemiology 1999;10:437–40.

