



# Drugs Avoided during Pregnancy

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### Mini Review

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### Abstract

Some medicines can harm a developing baby or beget a confinement or birth. Occasionally, not taking a certain drug can beget further problems for you or your baby than if you do take them. Generally, you shouldn't take any OTC drug while pregnant unless it's necessary. Gestation is a special physiological condition where medicine treatment presents a special concern because the physiology of gestation affects the pharmacokinetics of specifics used and certain specifics can reach the fetus and beget detriment. Total avoidance of pharmacological treatment in gestation isn't possible and may be dangerous because some women enter gestation with medical conditions that bear ongoing and episodic treatment (e.g. asthma, epilepsy, and hypertension). Also during gestation new medical problems can develop and old bones can be aggravated (e.g. migraine, headache) taking pharmacological remedy. The fact that certain medicines given during gestation may prove dangerous to the future child is one of the classical problems in medical treatment.

**Keywords:** Pharmacological Treatment; Multiple Malformations; Growth Retardation

### Introduction

The use of drug in gestation is the norm — not the exception. According to a French study, medicines are specified to 90 of all pregnant women [1]. For utmost

suggestions, sufficiently proven specifics are available. Detailed information about the tolerability and safety of specifics in gestation or in persons asking to have children can be set up in handbooks [2], online databases [3,4].

Active ingredient	(Cardinal) signs and symptoms in the newborn/primarily affected organ systems
Retinoids, systemic (acitretin, etretinate, isotretinoin, tretinoin)	Ear, CNS, heart, skeleton
Thalidomide	Extremities, multiple malformations
Mycophenolate	Ear, palate



Valproic acid	Neural tube defect (lumbar spina bifida), heart, palate, urogenital system, extremities, dysmorphic facial features
Androgens	Masculinization
Carbamazepine	Neural tube defect, heart, palate, urogenital system, extremities, dysmorphic facial features
Coumarin derivatives (phenprocoumon, warfarin)	Nose, extremities
Cyclophosphamide	Multiple malformations
Methotrexate*2	Multiple malformations
Misoprostol (for attempted induction of abortion)	Moebius sequence, extremities
Penicillamine	Cutis laxa
Phenobarbital/primidone (anticonvulsant treatment)	Heart, palate, urogenital system, extremities, dysmorphic facial features
Phenytoin	Heart, palate, urogenital system, extremities, dysmorphic facial features
Topiramate	Palate
Aminoglycosides (systemic)	Inner ear and kidneys
Amiodarone	Hypothyroidism
Androgens	Masculinization
AT1-receptor blockers	Kidneys, oligohydramnios, anuria, joint contractures, hypoplasia of the skull
Azathioprine	Bone marrow depression
Coumarin derivatives (phenprocoumon, warfarin)	Intracerebral hemorrhage
Ergotamines (in contraction-ready uterus)	Fetal hypoxia
Radioiodine (in therapeutic dose)	Thyroid hypoplasia/aplasia
Tetracyclines (after 15 weeks' gestation)	Yellow discoloration of teeth
Antithyroid drugs	Hypothyroidism
Cytostatics (general)	Growth retardation, bone marrow depression

**Table 1:** The most important medications with proven teratogenic potential when used in the first trimester of pregnancy.

## Conclusion

Specifics respectable for use in gestation (and while breastfeeding) are available for nearly all suggestions. drug should be named grounded on information in the good literature [2-9] or after discussion of applicable centers( for illustration Embryotox)-in case of habitual complaint or intermittent symptoms taking treatment, these specifics should best be introduced before a gestation is established. Women of travail eventuality should primarily be treated with gestation-compatible specifics. New or rightly studied specifics are only respectable if the treatments of first choice aren't effective enough or not permitted. It's obligatory not to use substances with proven experimental- poisonous effect. also again, the input of a drug contraindicated in gestation doesn't inescapably represent a high- threat situation. The

fact that such an exposure has passed is by no means a valid reason to terminate the gestation. The comforting- associated attestation of the course of exposed gravidity by Embryotox enables high- quality experimental data to further clarify drug safety.

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