Medications and Birth Defects
Data from the National Birth Defects Prevention Study
Moderator: Gary Shaw, Stanford University, Stanford, CA

This scientific session will highlight four ongoing research projects that use NBDPS data to explore associations of maternal medications and birth defects

- Kelly Getz (MA) will describe trends in the use of proton pump inhibitors and H-2 blockers before and during pregnancy. She will further share results from a spectrum study examining the risks for specific birth defects in relation to maternal periconceptional exposure to these medications.
- Simerpal Gill (CDC) will discuss the prevalence of urinary tract infections and pharmacotherapy use in pregnancy in the United States (1997–2007). Urinary tract infections (UTIs) are the most common bacterial infection in pregnancy, affecting approximately 20-25% of pregnant women in the United States. Improperly managed UTIs can result in adverse pregnancy outcomes including preterm birth, low birth weight, and even fetal demise; however, early pregnancy use of some antibacterials to treat UTIs has been associated with increased risks for specific birth defects.
- Marilyn Browne (NY) will highlight findings from an analysis of maternal use of butalbital, a component of combination products prescribed for the treatment of migraine and tension-type headaches, and the risk of specific types of birth defects. Preliminary results suggest associations between maternal periconceptional butalbital use and certain congenital heart defects.
- Paul Romitti (IA). Dextromethorphan (DM), a commonly used anti-tussive, is widely available without prescription. In animals, DM has been linked with neural tube defects (NTDs), but results from human studies are mixed. This talk will highlight findings from the NBDPS for maternal periconceptional use (one month before through first trimester) of DM-containing medications and selected birth defects.

More information on NBDPS and its methods can be found on pages 3-4.