

# MedSAFE

Birth Defects Prevention Month  
January 2011

For women of childbearing age

Contact Information:

**M**

Managing a health condition, such as hypertension or diabetes, is very important for a healthy pregnancy. Talk to your health care provider before making any changes.

**E**

Every pregnancy has about a 3% chance of birth defects. Plus, there are risks of miscarriage or other problems for mother and baby during pregnancy. These may be higher when a woman has certain conditions, is taking certain medications, or has a family history of similar problems. Talk to your health care provider about your situation.

**D**

Developing body parts—like a baby’s heart, brain and spine—begin very early, even before you know you are pregnant. Talk to a health care provider *before* pregnancy about changes that should be made. Making your good health a priority and taking a multivitamin with 400 mcg of folic acid every day are two good ways to improve chances of having a healthy baby!

**S**

Staying healthy means keeping the balance between your health needs and possible risk to a developing baby. Talk about this balance with your health care provider. Make a plan to follow the baby’s development during pregnancy.

Talk to your health care provider about your medications early – *before* pregnancy – to get the best possible care.



**A**

Ask your health care provider about medication use in pregnancy. Know possible side effects. Find out what medications may interact with each other. There might be another medication that is a better choice during pregnancy, or when preparing for pregnancy. Ask about any vitamins and herbal supplements you take.

**F**

Family history gives clues about the chances of birth defects, miscarriage or stillbirth. Tell your health care provider about pregnancy loss or birth defects in your family. You may want to speak with a genetic counselor about risks and possible steps to have a healthier pregnancy.

**E**

Even over-the-counter medication should be checked out with your health care provider before taking it during pregnancy or when planning a pregnancy. Your body reacts to medication differently during pregnancy. Plus medication can pass into the growing baby. Talk to your health care provider about any other products you use.

For health care professionals

Contact Information:

**M**

Managing maternal conditions, such as diabetes, hypertension and epilepsy can mean that some risk to fetal development is unavoidable. Women with chronic disease may require additional monitoring during pregnancy. Women may have limited access to the most reliable contraceptive options, limited access to preconception preventive care and a limited understanding of the risk to mother and baby. All of these pose obstacles to optimizing prenatal care and add risk for poor outcomes.

**E**

Experience with individual pregnancies and medication exposure is an important indicator of risk and may be the first sign of risks not previously identified. However, case reports and case series tend to overestimate the risk relative to the general population of women exposed.

**D**

Development of the embryo, when body structures are first formed, is 4-8 weeks after conception or 6-10 weeks after the last menstrual period (LMP). Certain structures are sensitive to chemical exposures at specific times. Medications that can pose a risk during embryogenesis may not pose a risk later in pregnancy. Some medications may pose the greatest risk later in pregnancy.

Open the conversation early –  
*before* pregnancy – to help  
your patient get the  
best possible care.



**S**

Studies designed to confirm and quantify risks for a potential teratogen are challenging to design and costly. The number of pregnancies exposed to a certain medication may be small, the occurrence of birth defects low and the resources to evaluate the exposures insufficient. The majority of medications have not been studied adequately to be certain of their safety or to quantify their risk.

**A**

Animal models may be the only source of information about potential effects on pregnancy and development, especially for newer medications. The effect on animal development is not always the same as that on human development. It may be necessary to choose between medications for which there is little human experience and those with more evidence of safety, but less effectiveness.

**V**

Variation in the response to medication may be genetic. Some inherited susceptibilities to drugs cause medical problems. Family history is an important tool to learn about drug reactions. Also ask about prior miscarriage, stillbirth or relatives with birth defects that suggest a couple has a higher than average background risk (~3%). These patients may find genetic counseling to be helpful.

**V**

Verify the type, amount and frequency of all medications taken. Include over-the-counter medications and any herbal products or other supplements used. Women may believe that non-prescription medications are safe to use during pregnancy. They may not be aware of potential adverse effects of certain herbal products.

**Y**

You can find more information from these organizations:

Organization of Teratology  
Information Specialists (OTIS)  
[www.otispregnancy.org](http://www.otispregnancy.org)  
toll free (866) 626-6847

March of Dimes (MOD)  
Pregnancy and Newborn Health  
Information Center  
[www.marchofdimes.com](http://www.marchofdimes.com)  
[askus@marchofdimes.com](mailto:askus@marchofdimes.com)

Centers for Disease Control and  
Prevention (CDC)  
[www.cdc.gov/ncbddd](http://www.cdc.gov/ncbddd)  
[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)