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The *British Journal of Midwifery* aims to provide midwives, students and maternity services professionals with accessible, original clinical practice and research articles, while also providing summaries of high-quality research evidence, promoting evidence-based practice.

# Is there such thing as safe drug use in pregnancy?

From nausea and sickness to depression, it is universally acknowledged that pregnant women get ill. However, drug taking in pregnancy is a contentious issue and most midwives and doctors steer clear of prescribing medication for pregnant women. This is because women, pregnant or otherwise, are grossly underrepresented in clinical trials (Mullin, 2014). It simply isn't considered ethical to test drugs on pregnant women or women of childbearing age. Yet a woman may take a drug without it having a long- or short-term effect on the baby but, unlike using the Yellow Card for adverse drug reactions, its 'safety' won't be reported.

Drug use in early pregnancy (from the third to the eleventh week) can produce congenital malformations, and should be avoided if possible. During the second and third trimester medications can affect the growth or functional development of the baby (Joint Formulary Committee, 2014).

But what happens when a sick woman becomes pregnant? It is not always advisable to stop treatment. An untreated illness such as depression may be more harmful to the baby, especially if the mother chooses to hurt herself or her unborn child. In these cases common sense must prevail. We often only hear about drugs that have an adverse effect on the baby, but not taking antidepressants in this case may do more damage.

The thalidomide scandal of the late 1950s, ensured that doctors and midwives were more likely to recommend women try alternative or complementary therapies, such as ginger and acupuncture, for nausea and sickness in pregnancy. However, the National Institute for Health and Care Excellence (NICE, 2008) discourages the use of complementary therapies due to insufficient evidence. Just because it is natural, doesn't mean it is safe. Earlier this month, at *Primary Care & Public Health 2014*, Denise Tiran discussed the use of alternative therapies for nausea and sickness in pregnancy. She highlighted that ginger, although often recommended, may do more harm than good at the wrong dose. Ginger acts like a pharmacological and has an anticoagulant effect, and so it may not be advisable to be taken before birth or in a history of bleeding (WebMD, 2014). Tiran did point out that the amount of ginger in ginger biscuits is too small to have any affect on nausea and its perceived benefits are due to a sugar surge temporarily alleviating the symptoms.

The Joint Formulary Committee (2014) recommends that if drugs are to be prescribed, they should be ones which have been extensively used and appear to be safe rather than new or untrials drugs. The most important thing to remember is that the benefits to the woman should *always* outweigh the risks to the baby. But, what good is a mother who is too sick to look after her baby? **BJM**

Joint Formulary Committee (2014) British National Formulary 66. September—March. BMJ Group and Pharmaceutical Press, London

Mullin F (2014) Pregnant women get sick too, so is there a case for medication? <http://www.theguardian.com/lifeandstyle/2014/may/18/pregnant-women-get-sick-too-medication-safety-risk-pregnancy> (accessed 23 May 2014)

National Institute for Health and Care Excellence (2008) Antenatal care. Routine care for the healthy pregnant woman. NICE, London

WebMD (2014) *Ginger*. <http://www.webmd.com/vitamins-supplements/ingredientmono-961-ginger.aspx?activeIngredientId=961&activeIngredientName=ginger> (accessed 23 May 2014)