

MOTHERISK UPDATE

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Update on Motherisk Updates

Seven years of questions and answers

ABSTRACT

QUESTION Every month I read the Motherisk Updates in your journal and find them very helpful in counseling my patients on exposures during pregnancy and breastfeeding. I was wondering: what are the most common questions you receive from family physicians?

ANSWER Since the Motherisk Update began, we have received an increasing number of inquiries from family physicians across Canada. Most questions are about drug exposures. The three classes of drugs asked about most often are antidepressants, antiepileptics, and antihistamines.

RÉSUMÉ

QUESTION Je lis chaque mois les mises à jour de Motherisk dans votre revue et les trouve très utiles dans le counseling à mes patientes concernant les substances auxquelles elles sont exposées durant la grossesse et l'allaitement. Je me demandais quelles étaient les questions les plus fréquentes que vous receviez de la part des médecins de famille?

RÉPONSE Depuis les tout débuts de Motherisk, nous avons reçu un nombre grandissant de questions de médecins de famille de toutes les régions du Canada. La majorité des questions concernent les expositions aux médicaments. Les trois classes de médicaments qui font le plus souvent l'objet de questions sont les antidépresseurs, les antiépileptiques et les antihistaminiques.

The first Motherisk Update was published in *Canadian Family Physician* in September 1995. The topic was "Chickenpox during pregnancy. Small but real risk."¹ Since then we have published an Update on a different topic every month for a total of 90 questions and answers on exposures during pregnancy and breastfeeding. **Table 1** shows the drugs family physicians ask about most frequently. Various members of the multidisciplinary Motherisk Team prepare the Updates each month.

Topics are selected from actual questions sent to us

by you, our readers, and thereby reflect the information family physicians need. Our advice is based on studies Motherisk has carried out and published and studies from the literature that have been reviewed by our team.

Do you have questions about the safety of drugs, chemicals, radiation, or infections in women who are pregnant or breastfeeding? We invite you to submit them to the Motherisk Program by fax at (416) 813-7562; they will be addressed in future Motherisk Updates. Published Motherisk Updates are available on the College of Family Physicians of Canada website (www.cfpc.ca). Some articles are published in *The Motherisk Newsletter* and on the Motherisk website (www.motherisk.org) also.

In Canada, family physicians are almost always the first health professionals women visit when they find out they are pregnant. Consequently, family physicians are often the first ones asked for information on exposures during pregnancy. Frequently, physicians turn to their main reference text, the *Compendium of Pharmaceuticals and Specialties (CPS)*,² for information. Unfortunately, the information on use of drugs during pregnancy contained in that text is neither helpful nor reassuring. This is understandable because the CPS is not a therapeutic

Motherisk questions are prepared by the Motherisk Team at the Hospital for Sick Children in Toronto, Ont. Ms Einarson and Dr Portnoi are members and Dr Koren is Director of the Motherisk Program. Dr Koren, a Senior Scientist at the Canadian Institutes for Health Research, is supported by the Research Leadership for Better Pharmacotherapy during Pregnancy and Lactation and, in part, by a grant from the Canadian Institutes for Health Research.

Table 1. Drugs about which Canadian family physicians ask Motherisk most frequently

TYPE OF DRUG	ACTIVE INGREDIENTS
Antidepressants	Paroxetine, citalopram, venlafaxine, nefazodone, bupropion, fluoxetine, sertraline, fluvoxamine
Antiepileptics	Carbamazepine, gabapentin, lamotrigine, topiramate, valproic acid, phenobarbital
Antihistamines	Hydroxyzine, cetirizine, loratidine, terfenadine
Vaccines	Rubella, influenza, hepatitis A and B
Antibiotics and antivirals	Metronidazole, ciprofloxacin, clarithromycin, acyclovir, vancyclovir, ganciclovir
H2 blockers, proton pump inhibitors	Famotidine, nizatidine, omeprazole, pantoprazole, lansoprazole
Antifungals	Ketoconazole, itraconazole, terbinafine, fluconazole
Anthelmintics	Piperazine, pyantal pamoate, mebendazole, pyrvinium pamoate
Analgesics	Codeine, meperidine, sumatriptin
Nonsteroidal anti-inflammatory drugs, cyclooxygenase-2 inhibitors	Ibuprofen, naproxen, celecoxib
Atypical psychotics	Clozapine, olanzapine, risperidone
Oral contraceptives	Various birth control pills
Oral hypoglycemics	Glyburide, metformin
Herbal products	Echinacea, St John's wort, ginseng
Cholesterol-lowering agents	Statin, cholestyramine
Miscellaneous	Radiation, occupational exposures, organic solvents, corticosteroids, marijuana, interferon, caffeine

textbook, but rather a compendium of legal product monographs.

For example, a physician confronted with a patient who has just found out she is pregnant and is taking fluoxetine finds the following when he or she consults the CPS.

Pregnancy: Safe use of fluoxetine during pregnancy has not been established. Therefore, it should not be administered to women of childbearing potential unless in the

opinion of the treating physician, the expected benefits to the patient markedly outweigh the possible hazards to the child or fetus.²

Similarly, a physician asked by a patient if it would be safe to breastfeed while taking fluoxetine would find the following in the CPS.

Lactation: Fluoxetine and its metabolites are excreted in breast milk and have been observed to

reach high plasma levels in nursing infants. Women who are taking fluoxetine should not breastfeed unless in the opinion of the treating physician breastfeeding is necessary, in which case the infant should be closely monitored.²

After reading this, it is understandable that physicians would hesitate to advise patients to continue taking fluoxetine during pregnancy and breastfeeding, even though there is ample evidence that it is safe.³⁻¹¹ Because 50% of all pregnancies are unplanned, many women become pregnant while taking this drug. Women have reported to us that their physicians advised them to discontinue the drug immediately and that there were serious consequences to abrupt discontinuation.^{12,13} Furthermore, considering all the well-known benefits of breastfeeding, advising women to discontinue breastfeeding because they are taking a drug can adversely affect both the women and their babies.

In the course of meeting physicians from all over Canada at conferences and continuing medical education events, we have received feedback from family physicians informing us that they use the Motherisk Updates to counsel their patients. In fact, many physicians have told us that they routinely photocopy each month's Update and put it in a binder for quick reference. Others have told us they use them for reference when they conduct seminars and for teaching students.

The Motherisk Team has been happy to supply this evidence-based information to *Canadian Family Physician* for the past 7 years and will continue to supply it in the years to come. As our mission statement describes, our intent is to offer evidence-based information about the safety or risk of drugs, chemicals, and disease during pregnancy and lactation so that physicians can

“Treat the mother while protecting the unborn child.” We are happy to pass this information on to family physicians in this format, so together we can ensure that pregnant women receive the information they need to make informed decisions concerning their own health and the health of their babies. Keep your questions coming! ❖

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Motherisk Update 2002

Wednesday, November 13, 2002

Hospital for Sick Children in Toronto, Ont

Clinical specialists and researchers will present a 1-day workshop on:

- treatment of morning sickness, diabetes, cancer, and human immunodeficiency virus infection during pregnancy;
- rational therapy for depression during pregnancy;
- use of antipsychotic medications during pregnancy;
- the risk or safety of taking herbal medicines during pregnancy; and
- taking medications while breastfeeding.

The program also includes a special afternoon training session on diagnosis of fetal alcohol spectrum disorders.

Motherisk Update 2002 meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for 7.0 MAINPRO-M1 credits.

Program details and registration form are available on-line at <http://www.motherisk.org/>. Spaces are limited—please register early. For more information call (416) 813-8084.

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