Drug prescribing in pregnancy is a contentious area at the present time. The following principles should be considered:

1. Pregnancy is a physiological state with many changes which give rise to symptoms. While some are distressing to the point of requiring medication, a great many are amenable to careful assessment and reassurance.

2. The improvement in the general health and nutrition of antenatal patients in developed countries in the last 20 years and generally smaller families have meant that dietary supplements formerly thought essential should now, more than ever, be considered in the light of an individual woman’s needs. This applies to vitamin and also iron supplementation.

3. Some drugs are given in pregnancy for the relatively transient problems of pregnancy; others are given as therapy for continuing conditions whose clinical features may be exacerbated or diminished in pregnancy, or which may be unchanged. Examples are diabetes, where there is usually an increasing need for hypoglycaemic agents, and rheumatoid arthritis where the need for anti-inflammatory drugs is often reduced.

4. Recent newspaper reports of an alleged association of antinauseants and congenital abnormalities have heightened the need for caution in drug prescribing. This highlights the clinician’s dilemma, for he must balance unproven risks, such as the above, against the distress and fetal risk of persistent vomiting leading to dehydration and metabolic disturbance. Caution in prescribing is thus emphasised throughout this article.

1. Medication Given in Early Pregnancy

1.1 When is the Greatest Risk of Dysmorphogenicity?

The early part of pregnancy, especially the first 6 weeks postconception or the first 8 weeks after the start of the last period, is a time of particular risk of dysmorphic effects upon the fetus. During the first 2 weeks postconception, fertilisation and implantation take place and dysmorphic substances will affect all cells, causing death of the embryo. From about 2 to 6 weeks postconception is the period of organogenesis and the embryo shows extreme sen-
sitivity to dysmorphogens, the effects depending upon the time of exposure (fig. 1).

Dysmorphogenic effects are not limited to medications. Conditions which are known to be related to increased risks of malformations include nutritional deficiency, infections (especially viral), excessive alcohol intake, and metabolic disorders. The best management of pregnancy will include endeavours to prevent or overcome these problems before pregnancy starts — by vaccinating against rubella well before pregnancy, by correcting dietary deficiencies, by advising reduction in alcohol intake, and by maintaining the most careful control, for example, of diabetes.

1.2 Management of Nausea and Vomiting

In today’s climate of caution, the first approach to nausea and vomiting is a careful assessment of its severity, and possible underlying factors. Before reaching for the prescription pad one should consider advice on small meals and avoidance of foods, fluids, smells or situations which lead to vomiting. Simple antinauseants, including effervescent glucose preparations are effective in many cases. A buffered carbohydrate solution should be the next approach, given undiluted in a dose of 20 to 40ml on awakening or when nausea occurs.

Where persistence or worsening of symptoms calls for further measures, antihistamines should be considered. Manufacturers, almost without exception, advise caution in the use of their antihistamines in early pregnancy, but medications which have been widely used without demonstrated increased risk of untoward fetal effects include meclozine hydrochloride and doxylamine succinate, the latter being combined with an antispasmodic (dicyclomine) and pyridoxine as ‘Debendox’. It is of interest that the antispasmodic component has been removed from the USA equivalent of this preparation.

![Fig. 1. The critical stages of organogenesis (after Tuchmann-Duplessis, H.G.: Philipp et al. (Eds) Scientific Foundations of Obstetrics and Gynaecology (William Heinemann, London 1977)).](image-url)