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Common Non-Prescription Medications in Pregnancy

It is common to require medication at some point during pregnancy. This may include prescription as well as non-prescription medications. Over-the-counter medications (OTCs) are types of medications that can be purchased without a doctor's prescription. While these medications are considered to be fairly safe, it is important to recognize that they may impact the development of the unborn baby if used during pregnancy.

It is generally advised that pregnant women consult with their healthcare providers before taking any OTC medications. Healthcare providers can include doctors, pharmacists, midwives, and nurses. Pharmacists are particularly knowledgeable about medications and can be easily accessed through any pharmacy. The healthcare provider will consider the following: 1) whether the health concern can be managed with lifestyle changes, 2) the risk versus the benefit of the medication in pregnancy, and 3) whether there is a possibility of a safer alternative product.

Timing in the pregnancy is also important. While taking medications during all trimesters can come with risks, certain medications are not recommended during specific trimesters.

The following are common OTC medications used in pregnancy.

Antacids

Many women experience heartburn, or gastroesophageal reflux, during pregnancy. It is recommended that women try some of the following lifestyle changes before seeking further solutions:

- Sleeping with the head of the bed raised
- Avoiding foods that trigger heartburn such as fatty food
- Eating smaller and frequent meals
- Avoiding late-night snacking and meals
- Quitting smoking

If these changes do not provide relief, antacids can be used. Most antacids are safe in pregnancy, while some others like sodium bicarbonate and magnesium trisilicate are not entirely safe. It is recommended to seek the advice of a healthcare provider before using an antacid. The healthcare provider may recommend other OTC medications for this condition, including esomeprazole (Nexium) or famotidine (Pepcid).

Laxatives and Stool Softeners

These medications are commonly used to treat constipation. Some common OTC medications for constipation include psyllium, polyethylene glycol, and docusate. Not all laxatives are safe in pregnancy. For example, castor oil can lead to premature contraction of the uterus, while mineral oil can interfere with the way some important vitamins are absorbed in the body. Therefore, it is best to consult with a healthcare provider before using a laxative. Since constipation can be a common issue in pregnancy, pregnant women are advised to try the following lifestyle changes before considering a laxative:

- Dietary changes such as:
 - o increasing fluid intake
 - o eating foods high in fiber such as whole grains, fruits, and vegetables
- Exercising regularly

It is recommended to consult with a healthcare provider if no relief is experienced after trying these measures.

Antihistamines

Antihistamines are used to treat symptoms of a cold and/or allergy. Examples include diphenhydramine (Benadryl), loratadine (Claritin), and cetirizine (Reactine). Some are also used to treat symptoms of morning sickness in pregnancy (e.g., Gravol). Antihistamines are generally safe during pregnancy. However, pregnant women should consult with their healthcare providers before taking any of these medications.

Gravol (Dimenhydrinate)

Gravol is an antihistamine medication used for nausea and vomiting. When taken at the recommended doses, Gravol is considered safe in pregnancy. However, pregnant women who are considering using this medication should first consult their healthcare providers.

The following are measures that can help reduce nausea and vomiting in pregnancy:

- Eating small, bland, and frequent meals
- Avoiding fatty, fried, or spicy foods
- Eating before getting out of bed in the morning to help prevent early morning nausea
- Avoiding strong food odours
- Drinking small amounts of liquid regularly between meals

Prenatal vitamins can also worsen nausea due to their iron content and the large size of tablets. Pregnant women should consult with their healthcare providers if symptoms are associated with the use of prenatal vitamins. Taking vitamins with food or at bedtime can often help.

Cough and Cold Medications

Most cough and cold medications are safe in pregnancy when taken as directed. These medications may come in pill, liquid, or cough-drop forms. OTC cough and cold medications often come as combination products containing a pain reliever, antihistamine, cough suppressant, and/or decongestant. Whenever possible, it is recommended to use a single ingredient product to minimize exposure to unnecessary medications. Cold medications containing ibuprofen should not be used at 20 weeks or later in pregnancy. As some cough and cold medications may contain alcohol as an ingredient, pregnant women should consult their healthcare providers before using them.

Tylenol (Acetaminophen)

Acetaminophen (e.g., Tylenol) is used to treat fever and pain. It is safe during pregnancy when used at recommended doses and for short-term use. Long-term use and high doses of acetaminophen can cause liver toxicity in the unborn baby. Although there have been no known negative effects of acetaminophen when taken at recommended doses, many cold medications and combination products also contain this ingredient. It is, therefore, recommended to carefully check the list of ingredients in other medications or products to avoid taking too high of a dose.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil) and naproxen (Aleve), are common OTC medications that help to reduce fever, pain, and inflammation. In Canada, the use of NSAIDs is not recommended at 20 weeks or later in pregnancy, unless recommended by a healthcare professional.

Aspirin

Aspirin (also known as acetylsalicylic acid or ASA) is a common prescription and OTC medication. Aspirin should generally be avoided in pregnancy. However, low doses of Aspirin are sometimes used to treat complications during pregnancy with no risk to the unborn baby. Aspirin should only be taken under medical supervision and as a treatment for specific conditions. Pregnant women should consult a healthcare provider before taking any non-prescription medication containing aspirin.

Herbals and Natural Health Products

Not all herbals and natural health products are safe in pregnancy. Just because the package says “natural” does not mean it is safe. Some natural health products may contain undeclared drugs or contaminants. In many cases, there is little reliable research in humans about the safety of natural health products during pregnancy. Herbals such as mugwort, blue cohosh, black cohosh, goldenseal, juniper berry, chaste berry, rue, and pennyroyal oil can stimulate the uterus and lead to a miscarriage. Use of herbal products during pregnancy and the postnatal period should therefore be avoided, as there is not enough evidence available to determine their safety.

Conclusion

In summary, women should be careful about taking any type of non-prescription, herbal, or natural products in pregnancy, as they may be harmful to the unborn baby. The following are recommended before using any non-prescription medications or herbal products:

- Discuss the risks and benefits of any medication or herbal product with your healthcare providers before taking it.
- Ask your healthcare providers about other kinds of products that can be used in place of pills (e.g., nasal spray, ointment) to lessen the amount of medication that can be passed on to the unborn baby.
- Read medication labels and package inserts as they often mention the risks for pregnant women.

Select References

- Canadian Pharmacists' Association. (Reviewed 2018, September 18). *Prenatal and Postpartum Care (Compendium of Therapeutics for Minor Ailments)*. Retrieved June 23, 2021, from <https://www.myrx.ca/>
- Committee on Practice Bulletins-Obstetrics. (2018). ACOG Practice Bulletin No. 189: Nausea and Vomiting of Pregnancy. *Obstetrics & Gynecology*, 131(1), e15-e30. <https://doi.org/10.1097/aog.0000000000002456>
- Etwel, F., Fought, L. H., Rieder, M. J., & Koren, G. (2016). The Risk of Adverse Pregnancy Outcome after First Trimester Exposure to H1 Antihistamines: A Systematic Review and Meta-Analysis. *Drug Safety*, 40(2), 121-132. <https://doi.org/10.1007/s40264-016-0479-9>
- Health Canada. (2020, October 30). *Use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) beyond 20 weeks of pregnancy and risk of kidney damage in unborn babies, leading to low amniotic fluid - Recalls and safety alerts*. Retrieved June 21, 2021, from <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/74239a-eng.php#you-vous>
- Muñoz Balbontín, Y., Stewart, D., Shetty, A., Fitton, C. A., & McLay, J. S. (2019). *Herbal Medicinal Product Use During Pregnancy and the Postnatal Period*. *Obstetrics & Gynecology*, 133(5), 920-932. <https://doi.org/10.1097/aog.00000000000003217>
- Servey, J., & Chang, J. (2014). Over-the-Counter Medications in Pregnancy. *American Family Physician*, 90(8), 548-555. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/25369643/>
- Zielinski, R., Searing, K., & Deibel, M. (2015). Gastrointestinal Distress in Pregnancy. *Journal of Perinatal & Neonatal Nursing*, 29(1), 23-31. <https://doi.org/10.1097/jpn.0000000000000078>