### Pharmacological Considerations for Pregnant and Breastfeeding Women

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Classification</th>
<th>Teratogenic Risk**</th>
<th>Quality of the Evidence**</th>
<th>Restrictions/Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANALGESICS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Aspirin          | C                  | Minimal            | Good                      | - Short duration of use  
|                  |                    |                    |                           | - Avoid in 1st and 3rd trimester  
|                  |                    |                    |                           | - Avoid if breastfeeding  
| Acetaminophen    | B                  | None to minimal    | Good                      | - Analgesic and antipyretic of choice  
| Ibuprofen        | B                  | Minimal            | Fair to good              | - Short duration of use  
|                  |                    |                    |                           | - Avoid in 1st and 3rd trimester  
|                  |                    |                    |                           | - Do not use for >48–72 hours  
|                  |                    |                    |                           | - Compatible with breastfeeding  
| Naproxen         | B                  | Minimal            | Fair                      | - Short duration of use  
|                  |                    |                    |                           | - Avoid in 1st and 3rd trimester  
|                  |                    |                    |                           | - Do not use for >48–72 hours  
|                  |                    |                    |                           | - Compatible with breastfeeding  
| Codeine          | C                  | Unlikely           | Fair to good              | - Compatible with breastfeeding  
|                  |                    |                    |                           | - At high maternal doses, may cause depression/drowsiness in breastfeeding infants  
| Cephalosporins   | B                  | Unlikely           | Good                      | - No restrictions  
|                  |                    |                    |                           | - No restrictions  
| Clindamycin      | B                  | Minimal            | Limited                   | - Erythromycin estolate is avoided due to potential maternal hepatotoxicity  
|                  |                    |                    |                           | - Avoid during pregnancy; use after 25 weeks may result in staining of teeth and possible effects on bone growth  
| Erythromycin     | B                  | Minimal            | Limited                   | - Erythromycin estolate is avoided due to potential maternal hepatotoxicity  
|                  |                    |                    |                           | - Avoid during pregnancy; use after 25 weeks may result in staining of teeth and possible effects on bone growth  
| Tetracycline     | D                  | Moderate for tooth staining | Good       | - Erythromycin estolate is avoided due to potential maternal hepatotoxicity  
|                  |                    |                    |                           | - Avoid during pregnancy; use after 25 weeks may result in staining of teeth and possible effects on bone growth  
| Fluoroquinolones | C                  | Unlikely           | Fair                      | - Avoid during pregnancy and lactation due to toxicity to developing cartilage in animal studies  
|                  |                    |                    |                           | - Alternative antibiotics are recommended because number of cases of pregnancy exposure is too small to conclude no risk  
| Clarithromycin   | Undetermined       | Limited            | Limited                   | - Alternative antibiotics are recommended because number of cases of pregnancy exposure is too small to conclude no risk  
|                  |                    |                    |                           | - Alternative antibiotics are recommended because number of cases of pregnancy exposure is too small to conclude no risk  
| **ANTIBIOTICS**  |                    |                    |                           |                                                                                                                                                                      |
| Penicillin       | B                  | None               | Good                      | - No restrictions  
| Amoxicillin      | B                  | Unlikely           | Good                      | - No restrictions  
| Cephalosporins   | B                  | Unlikely           | Fair to limited           | - No restrictions  
| Clindamycin      | B                  | Unlikely           | Limited                   | - Erythromycin estolate is avoided due to potential maternal hepatotoxicity  
| Erythromycin     | B                  | Minimal            | Limited                   | - Erythromycin estolate is avoided due to potential maternal hepatotoxicity  
| Tetracycline     | D                  | Moderate for tooth staining | Good       | - Erythromycin estolate is avoided due to potential maternal hepatotoxicity  
| Fluoroquinolones | C                  | Unlikely           | Fair                      | - Avoid during pregnancy and lactation due to toxicity to developing cartilage in animal studies  
| Clarithromycin   | Undetermined       | Limited            | Limited                   | - Alternative antibiotics are recommended because number of cases of pregnancy exposure is too small to conclude no risk  
| **ANESTHETICS**  |                    |                    |                           |                                                                                                                                                                      |
| Lidocaine (local)| B                  | None               | Fair                      | - No restrictions  
| **MISCELLANEOUS**|                    |                    |                           |                                                                                                                                                                      |
| Chlorhexidine mouthrinse | C     | Unlikely           | Poor                      | - Has not been evaluated for possible adverse pregnancy effects  
| Xylitol          | Undetermined       | Unlikely           | Not available             | - No references available on possible adverse pregnancy effects  

**FDA Category Ratings:**  
A = Controlled studies show no risk; adequate, well-controlled studies in pregnant women failed to demonstrate risk to fetus.  
B = No evidence of risk in humans; either animal studies show risk but human findings do not or, if no adequate human studies have been done, animal findings are negative.  
C = Human studies lacking and animal studies are either positive for fetal risk or lacking as well. However, potential benefits may justify the potential risk.  
D = Positive evidence of risk; investigational or post-marketing data show risk to fetus. Nevertheless, potential benefits may outweigh risks, such as some anticonvulsivie medications.  

*aRecent studies have reported NSAIDs (nonsteroidal anti-inflammatory drugs) may be associated with gastrochisis if given in the first trimester. See for example: Kozer E, et al. Aspirin consumption during the first trimester of pregnancy and congenital anomalies: a meta-analysis. Am J Obstet Gynecol 2002 Dec;187(6):1623-30. Sustained use in the third trimester may be associated with closure of the fetal ductus arteriosus.  

**Teratogenic risk and quality of the evidence is based on adapted information from the Teratogen Information System (TERIS) and Reprotox electronic databases.**