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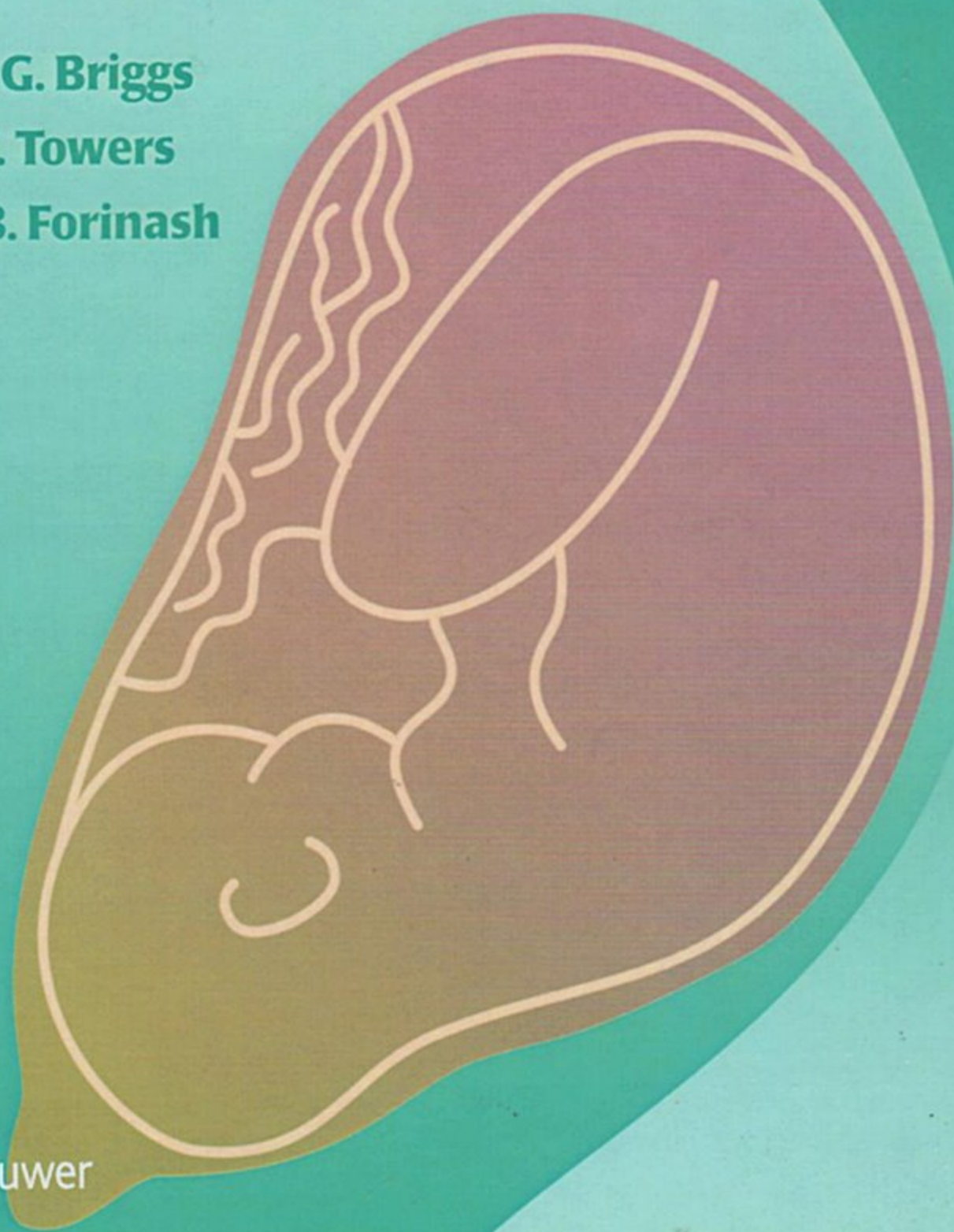
A REFERENCE GUIDE
TO FETAL AND NEONATAL RISK

Briggs
Drugs in Pregnancy
and Lactation Twelfth Edition

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but comparison products are listed in the Index. If not listed, the user should refer to the manufacturer's product information for the specific ingredients, and then use the Reference Guide as for single entities.

Each monograph contains the following:

- Generic Name (United States)
- Pharmacologic Class
- Pregnancy Recommendation
- Breastfeeding Recommendation
- Pregnancy Summary
- Fetal Risk Summary
- Breastfeeding Summary
- References

PREGNANCY SUMMARY

The Pregnancy Summary is a summary of published and unpublished data on pregnancy, fetal outcome, and lactation, whereas the fetal risk summary provides the following details of the data: both the Pregnancy Summary and the Fetal Risk Summary support the pregnancy recommendation.

FETAL RISK SUMMARY

The Fetal Risk Summary is an analysis of the literature concerning use of the drug in pregnancy. The studies provide information and often with highest data to assess pregnant women who are at greatest risk for the highest risk. A placental drug pass, for the majority, fetus, and newborn. The molecular weight of most drugs has been included in the reviews because they help determine a drug can reach the embryo or fetus, but the venous blood may not reach the placenta growing the placenta. The major determinant of the drug concentration in the embryo or fetus is the blood concentration of the drug in the mother. Other important factors include the concentration half-life, metabolism, placental blood flow, the placental surface area available for crossing the placenta to the gestational age, and the fetal activity under testing, and the amount of excretion of the drug at physiological pH.

Because few placental are present in the animal human placenta, the reader must carefully weigh the evidence, or

cases, there is no published information about use of the drug during lactation. However, when the drug is used, infants often were not allowed to breastfeed. Readers should pay close attention to the distribution of the drug into milk vs. effects on the nursing infant when using a Summary. Those who require more detail than we provided should refer to the specific references listed at the end of the monograph for definitions for recommendations.

PREGNANCY AND BREASTFEEDING RECOMMENDATIONS

The pregnancy recommendations are provided to assist the reader in determining the level of risk for a specific drug. They only apply to the usual therapeutic dose of the drug and not to a patient because the general toxicity of a specific pregnancy. Although the risk, the recommendations may not apply to the entire population. In addition to the usual therapeutic dose and known human pregnancy outcomes, the assessment of the safety of a drug is based on other major factors such as route of administration, metabolism to active metabolites, species differences, type of subject, pharmacokinetics, effects of other agents in the drug class, and the potential effects of untreated or under-treated maternal disease. Moreover, drug exposure represent different levels of risk depending on the stage of pregnancy and time, timing of the exposure is critical in determining risk. Because short observations of use may not always occur, they cannot be risk throughout the pregnancy, rather, an assessment to review literature monographs before estimating the risk for a specific patient.

The risks are higher during breastfeeding because risks of treated adverse effects in nursing infants have occurred in infants of months of age. The neonatal and very young infant are most at risk for toxic effects from drugs present in breast milk. The recommendations for breastfeeding are based on the known toxicity of the drug or similar drugs in adults or children when known and the amount of drug excreted into breast milk of average. Although most drugs taken by the mother are probably present in milk, the milk concentrations are usually unknown. Fortunately, the amounts are usually too low to cause toxicity. However, the therapeutic dose for infants