Podiatry & the Pregnant Patient - Medications

FDA Pregnancy Categories: Created in 1979
A: Well controlled studies in women failed to show risk
B: Animal reproduction studies have failed to demonstrate a risk to the fetus, no studies in pregnant women.
C: Animal studies had adverse side effects on the fetus, but benefits may warrant use despite side effects.
D: Positive evidence of human fetal adverse side effects from human studies, but use of the drug may be warranted despite risks.
X: Human studies demonstrate fetal risks. Risks involved outweigh potential benefits.

Antibiotics:
- **Penicillins**: are the most commonly prescribed class of antibiotics during pregnancy (B).
- **Cephalosporins**: cefuroxime (2nd gen) caused dose dependent pathologic lesions in the renal tubes of the mother and fetus. With the exception of cefuroxime, cephalosporins are safe for the Tx of LE infections in pregnant women. Cefazolin commonly used.
- **Aminoglycosides**: Risk of fetal ototoxicity with streptomycin. Reserved for situations when gram negative bacteria are resistant to less toxic agents.
- **Ciprofloxacin**: Not approved for children <14 yo or in pregnant women due to the damage of articular cartilage in joints.
- **Tetracycline**: Discoloration in fetal teeth and abnormal bone development. Must be avoided.
- **Erythromycin**: Old studies show cardiac defects, new extensive studies show there is no association between the risks of CHD, pyloric stenosis, and other common malformations in relation to use of macrolides in pregnancy. Only macrolide acceptable for pregnancy (B).
- **Clindamycin**: Class B, use with caution.
- **Vancomycin**: Oral Class B, IV Class C
- **Metronidazole**: Only use when benefit >risk. Old articles suggest midline facial defects.

Antifungals:
- **All topicals are safe**. Oral terbinafine is a class B medication that is excreted in breast milk. There is no adverse effects in animals, but no efficient studies done in humans.

Local Anesthetics:
- Lidocaine Class B, safe in small doses. Marcaine Class C.

NSAIDS:
- **NSAID use is contraindicated in the third trimester (D)** and alternative analgesics should also be considered in the first trimester (C).
- Use of NSAIDs after 30 weeks gestation is contraindicated due to the inhibition of cyclooxygenase. They have the potential to cause premature closure of the fetal ductus arteriosus and persistent pulmonary hypertension. COX-2 inhibitors effects the ductus arteriosus as well as perfusion of the fetal kidney and intestine.
- **Acetaminophen is used as first-line treatment of fever and pain during pregnancy.**

Steroids:
- **Systemic**: While systemic corticosteroids do not seem to pose a major teratogenic risk for humans, there is a small but significantly increased risk of oral clefts with first-trimester exposure.
  - **Topical**: Epidemiologic fetal safety data on topical corticosteroids are sparse. Two population-based studies found that treatment with topical corticosteroids during pregnancy did not increase risk of congenital abnormalities in humans.