**Key questions to ask about the use of medicines in pregnancy**

**This document is designed to facilitate patient consultations around the suitability of medicines use in a pregnant woman. It is part of a series to help pharmacy professionals answer questions about commonly-asked therapeutic topics. The full module can be found at** [**www.sps.nhs.uk**](http://www.sps.nhs.uk)

Document your findings from any consultations/ discussions below. This can be attached to patient notes if required.

The answers to these questions provide useful information to assess the risk to the fetus, and the needs of and benefits to, the mother.

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| **Question** | **Your Notes** | **Comment** |
| **Information about the patient** |  |  |
| Age |  | It is important to note that there is a 2-3% background risk of congenital malformations for a normal healthy young mother, irrespective of any medicines used during pregnancy.  The risk of having a baby with a congenital malformation may be increased by factors including increasing age, poor maternal health and poor familial and obstetric history. |
| General health |  |
| Does the woman want to breastfeed? |  | Some medicines may be used in pregnancy but the advice could be to avoid in breastfeeding so it is best to consider the medicines in both pregnancy and breastfeeding. |
| Pregnant or trying to conceive? |  |  |
| Has the patient taken the medicine already or are they considering taking it? |  | The ideal is to consider medicines before exposure. You may be in a position to simply advise against exposure if it has not already been taken.  More detailed scans, reduced doses, additional drug monitoring etc. may be necessary if exposure has already occurred. |
| **Information about the indication** | | |
| For what condition is the medicine being taken? |  | It is helpful to know the indication in order to be able to provide the best information about potential risk, benefit, and clinical need for a medicine; and to suggest alternatives if necessary or clinically possible. |
| **Information about the medicine and therapy** | | |
| The proposed medicine(s) and any other medicines the patient is taking or wants to take (generic or brand name, dose, frequency, route). |  |  |
| Is drug therapy necessary? |  | A stepwise approach may be possible, starting with non-pharmacological options. |
| Have other therapies or medicines been tried? |  | You don’t want to recommend a treatment that may have been unsuccessfully tried previously. |
| Has the patient been on this or alternative medicine(s) previously (including during previous pregnancies) and were symptoms controlled? |  | Poor maternal health is a risk to the developing baby so control of a maternal condition(s) is important to consider in the risk v benefit assessment. |
| **Information about the pregnancy** |  |  |
| How many weeks pregnant was the woman pregnant when she first started taking the medicine? |  | The stage of pregnancy in weeks is very useful; at the time of the enquiry and at the time of the exposure. Be as accurate as possible because developmental sensitivities to teratogens may be dependent on the stage of pregnancy. |
| How many weeks pregnant is she now? |  |  |
| Has the woman had any previous pregnancies and what was the outcome? |  | It is useful to know a woman’s obstetric history as a factor for establishing background risk irrespective of the medicine(s) being considered or taken.  If it is not the first pregnancy then may be able to discuss treatment during previous pregnancies |
| Is there a family history of malformations or history of recurrent miscarriages? |  | It is useful to know the familial obstetric history as a factor for establishing background risk irrespective of the medicine(s) being considered or taken. |
| Have any investigations been performed (eg. ultrasound scans)? |  |  |