

## 1. Nausea and vomiting in pregnancy

*A doctor on your ward asks you about the safety of metoclopramide in pregnancy. He has just prescribed it, but one of the nurses has told him that the patient is pregnant.*

Suggested questions to ask include:

**(a) How many weeks pregnant is the patient?**

You need to know if the patient is still in the first trimester or not, since the likelihood of drug-induced fetal abnormalities is greatest during this period. If this is a continuation of an existing prescription, how many weeks pregnant was she when she first started taking it?

**(b) What is the indication and dose?**

Is pregnancy itself causing the nausea and vomiting, or is it something else?

**(c) Has the drug been taken before and did it work (e.g. previous prescription, previous pregnancy)?**

**(d) What else has been tried?**

This is needed in order to advise on an alternative should it be felt that metoclopramide is not appropriate for this patient.

Suggested Sources:

- Schaefer, Briggs, Toxbase, Clinical Knowledge Summaries.

## 2. Imatinib in pregnancy

*A man rings you concerning a woman whose last menstrual period (LMP) was 10 weeks ago but she has only just discovered she is pregnant. She has taken imatinib throughout the whole of her pregnancy so far.*

Suggested questions to ask include:

**(a) Who is the enquirer?**

Is this a friend/relative/partner of the woman concerned or a healthcare professional? If it is a member of the public, does he have a legitimate right to ask about this? Any information on risk should ideally be shared with a doctor caring for the patient (with the patient's permission). We shall assume here that the man is identified as a healthcare professional.

**(b) What is the imatinib for and what alternatives exist?**

It would be helpful to know what else (if anything) could realistically be used so that you can evaluate the risks of alternatives as well.

**(c) Is any other medication being taken?**

Sometimes people focus on the unusual drugs in pregnancy and overlook more routine medicines which can still cause problems in pregnancy.

**(d) How long will the imatinib be prescribed for?**

**(e) Have there been any problems with the pregnancy so far?**

Suggested Sources:

- Medline, Embase, SPC. (Regular pregnancy books are less helpful for medicines that are very rarely used in pregnancy.)
- It is helpful to phone the United Kingdom Teratology Information Service in Newcastle for less commonly used medicines in pregnancy.

### 3. Drug of abuse in pregnancy

*A nurse from outpatients asks you about the risks of using 'speed' in pregnancy. She has a pregnant friend who is using speed (amphetamine) most weekends.*

Suggested questions to ask include:

**(a) A question to ask yourself: Is this an invasion of privacy?**

**(b) Who is in a position to assist medically with the direct care of this patient?**

This is a third party enquiry and so there is an implicit invasion of privacy if you discuss one person's medical affairs with another. Before imparting information you also need to consider how the friend will be able to obtain e.g. antenatal care, any additional ultrasound scan or investigations, and maybe even arrange a termination if indicated. You need to consider these points before deciding whether to answer the enquiry and if you do decide to answer it, how much information to give and in what form.

One option would be not to answer it at all, but to encourage the friend to see her GP.

Alternatively, you may consider that communicating the potential risks to the patient indirectly via a friend, although not ideal, is more important for the welfare of mother and baby than concerns about 'what happens next' or privacy.

If you do decide to answer this question then the information you would want to find out would include:

**(c) How many weeks pregnant is the patient?**

**(d) What amounts of drug are being taken, how often, and for how long?**

**(e) What is the route?**

**(f) Are other street drugs, medicines, alcohol or tobacco being taken as well?**

Suggested Sources:

- Speak to a more experienced colleague before you do anything.
- Briggs, Schaefer, Embase/Medline, National Teratology Information Service.