

1. Nausea and vomiting in pregnancy

A doctor on your ward asks you about the safety of metoclopramide for a patient with nausea and vomiting. 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

So, has the patient taken metoclopramide already during this pregnancy? Was it effective?

(d) Has anything else has been tried already?

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

(e) Does the patient have any other medical conditions or take any other medicines?

(f) How is the pregnancy progressing so far?

Suggested sources:

- BNF, SmPC
- Briggs, UKTIS website
- Clinical Knowledge Summaries and/or local guidelines
- Consider whether a professional expert body may have guidance. You might be able to find this using the TRIP database.

2. Imatinib in pregnancy

A consultant rings you concerning a patient 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) 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.

(b) 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.

(c) How long will the imatinib be prescribed for?

You may need to consider the safety of the drug throughout pregnancy and maybe whilst breastfeeding.

(d) How is the pregnancy progressing so far?

(e) Does the patient have any other medical conditions?

Suggested sources:

- BNF, SmPC
- Evidence on newer drugs may not be covered by specialist pregnancy sources such as Briggs, therefore you may need to conduct a literature search (e.g. Medline, Embase, Google Scholar).
- Consider whether a professional expert body may have guidance. You might be able to find this using the TRIP database.
- It may be helpful to phone UKTIS for less commonly used medicines in pregnancy.

3. Drug of abuse in pregnancy

A community midwife asks you about the risks of using cannabis in pregnancy. She has just reviewed a patient who has been using the substance during the early stages of her pregnancy.

Suggested questions to ask include:

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

(b) During which weeks of her pregnancy was she using cannabis?

As in question 1, it is essential to determine when the embryo/fetus has been exposed to cannabis.

(c) How much cannabis was being taken, how often and what was the route?

Gathering this information might help you to roughly estimate how much the embryo/fetus has been exposed to, but cannabis and other recreational drugs vary in their strength and purity so this might be difficult.

(d) Are other street drugs, alcohol or tobacco being used?

(e) Is the patient taking any other prescribed or over-the-counter medicines?

(f) What is the patient's medical history?

Suggested sources:

- Briggs or the UKTIS website may be helpful to establish the risk of taking cannabis during pregnancy.
- Often called the '[Orange Book](#)' and available online – the UK guidelines on Drug Misuse and Dependence cover the management of women who are pregnant.
- The TRIP database might help you to identify evidence from specialist bodies to guide your answer [e.g. British Association for Psychopharmacology].
- You might need to conduct a literature search using Embase, Medline or Google Scholar.