

BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

September 2023

The following succinct analysis appeared in *Pharmacist's Letter*. Based on vol. 37. No. 11

PREGNANCY

Patients are seeing headlines questioning whether acetaminophen is safe during pregnancy.

The debate is being stirred up by a recent "expert consensus statement" calling for limited use of acetaminophen in pregnancy.

It's due to studies linking perinatal acetaminophen exposure to a very small risk of problems in offspring...such as ADHD, autism, and early puberty.

Keep in mind, consensus statements are usually based on the opinion of a small group of experts...when evidence isn't robust. The idea is to help clinicians with decision-making.

But reassure expectant moms that this statement isn't based on new evidence. In fact, it confirms current practice...to use acetaminophen at the lowest dose and duration if needed in pregnancy.

Point out limitations. For example, studies are in animals at high doses...or are observational, so they can't determine cause and effect.

Emphasize that there's NO PROOF acetaminophen exposure is risky.

Even the consensus statement says acetaminophen is still the safest option if an analgesic is needed during pregnancy.

That's because NSAIDs are linked to miscarriage, fetal kidney problems, and premature ductus arteriosus closure. Topical NSAIDs might still be risky in pregnancy...despite lower absorption.

For aches and pains, continue to recommend starting with nondrug measures...hot or cold packs, physical therapy, stretching, etc.

It's also okay to suggest OTC topicals with menthol (*Vanishing Scent Bengay Gel*, etc) or lidocaine (*Icy Hot Lidocaine Cream*, etc).

But check labels closely...and avoid topical salicylates (*Ultra Strength Bengay Cream*, etc) or NSAIDs (*Voltaren Arthritis Pain gel*, etc).

Continue to recommend acetaminophen if needed for mild or moderate pain or a fever during pregnancy. Educate that a fever over 102°F can be risky to the fetus.

See our chart, *Analgesics in Pregnancy and Lactation*, for a deeper dive into the evidence...and options for severe pain.

(For more on this topic, see Clinical Resource #371105 at [PharmacistsLetter.com](https://www.pharmacistsletter.com).)

Bauer AZ, Swan SH, Kriebel D, et al. Paracetamol use during pregnancy – a call for precautionary action. *Nat Rev Endocrinol* 2021 Sep 23. doi: 10.1038/s41574-021-00553-7. Online ahead of print.

See LEADER NOTES for answers to discussion questions.

DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. What is known about the safety of acetaminophen during pregnancy? How does this compare to other options for mild to moderate pain in expectant moms?

ANALYSIS OF NEW EXPERT CONSENSUS STATEMENT

2. What is an “expert consensus statement” and how is it different than a clinical practice guideline? What are the criteria for development of a consensus statement?
3. Is the consensus statement evidence based? Is evidence linked to recommendations with a strength of recommendation grading system?
4. Is the consensus statement unbiased and representative of a wide range of clinicians?

See [LEADER NOTES](#) for answers to discussion questions.

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

10. Does the consensus statement change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

MW is a 28-year-old female G1P0 who is 25 weeks pregnant and seeing you for her routine OB visit. During the course of the visit, she complains of having low back pain intermittently and asks if she can take ibuprofen or acetaminophen for pain control. She's seen recent news headlines stating that acetaminophen may be risky for her baby.

11. How do you counsel MW regarding the safety of OTC pain medications during pregnancy?

MW takes your advice and uses conservative measures to combat her low back pain. She returns about 2 weeks later stating she's tried OTC remedies including acetaminophen, but continues to experience the back pain, which has worsened in intensity since the last visit. She wonders if she needs a stronger pain medication, noting that oxycodone worked well for her in the past.

12. What alternate methods do you advise MW to consider to better control her musculoskeletal back pain? How do you counsel her on the use of opioids in pregnancy?

MW agrees to try physical and massage therapy, along with a home stretching regimen and intermittent acetaminophen use for her low back pain. You also encourage her on regular gentle exercise, such as walking to help mitigate the pain.

See [LEADER NOTES](#) for answers to discussion questions.

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Additional Pharmacist's Letter Resources available at [PharmacistsLetter.com](https://www.pharmacistsletter.com)

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Chart, Anticoagulants in Pregnancy. *Pharmacist's Letter/Prescriber's Letter*. December 2016.

Chart, Antiepileptic Medications: Considerations for Pregnancy. *Pharmacist's Letter/Prescriber's Letter*. July 2020.

Chart, GI Med Use in Pregnancy and Lactation. *Pharmacist's Letter/Prescriber's Letter*. December 2017.

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