



PHECC Standard  
for  
Medication use during pregnancy

## **Mission Statement**

*“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care”*

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### **Version History**

(Please visit the [PHECC website](#) to confirm current version.)

<b>Name: PHECC Standard for Medication use during pregnancy</b>		
<b>Version</b>	<b>Date</b>	<b>Details</b>
1	May 2018	New Standard

# PHECC Medication use during pregnancy Version 1

Approved by Council May 2018

■ Absolute contraindicated  
■ Consider with caution  
■ No clinical issue identified

Medication Name	Indications for use as per PHECC CPG and comment	Safe use during pregnancy			Suggested action
		■	■	■	
Adenosine	Paroxysmal supraventricular tachycardia's (> 180) with signs of poor perfusion.				May administer
Amiodarone	VF and Pulseless VT /Symptomatic Tachycardia (> 150) <b>Safe to administer in Cardiac arrest.</b> In view of its effect on the foetal thyroid gland, Amiodarone is contraindicated during pregnancy, except in exceptional circumstances, should be administered in Tachyarrhythmias where the benefit clearly outweighs the risk.		VT	OHCA	1.OHCA - may administer 2.Stable VT - caution consider risk benefit
Aspirin	Cardiac chest pain or suspected Myocardial Infarction Inhibition of prostaglandin synthesis may adversely affect the pregnancy and/or the embryo/foetal development. During the first and second trimester of pregnancy, acetylsalicylic acid containing drugs should not be given unless clearly necessary. In the third trimester there is a risk of closure of fetal ductus arteriosus in utero.	Normal ECG	STEMI		1.Chest pain and normal ECG - do not administer 2. STEMI - discuss with receiving cardiologist
Atropine	Symptomatic bradycardia / Cholinergic poison with bradycardia and salivation Atropine crosses the placenta. Studies in humans have not been done and only limited information is available from animal studies. Intravenous administration of atropine during pregnancy or at term may cause tachycardia or respiratory depression in the foetus. Potential benefits may warrant the use of atropine despite potential risks.				May administer
Benzylpenicillin	Severe sepsis - Adult / Suspected or confirmed meningococcal sepsis - Paediatric				May administer
Ceftriaxone	Severe sepsis - Adult / Suspected or confirmed meningococcal sepsis - Paediatric				May administer
Clopidogrel	ST Elevation Myocardial Infarction (STEMI) if the patient is not suitable for PPCI. Lack of data to support use therefore avoid.				Do not administer
Chlorphenamine	Antihistaminien. This product should not be used during pregnancy or lactation unless considered essential by the practitioner. Use during the third trimester may result in reactions in the newborn or premature neonates.				Do not administer
Cyclizine	Management, prevention and treatment of nausea & vomiting. Although there is no definitive human data, cyclizine is considered safe for use in pregnancy.				May administer
Dextrose 10% Solution	Hypoglycaemic emergency Blood glucose level < 4 mmol/L				May administer
Dextrose 5% Solution	Use as a dilutant for Amiodarone infusion				May administer
Diazepam Injection	Seizures. May be associated with neonatal flaccidity, respiratory/ feeding difficulties and hypothermia if given close to term. Potential benefits may warrant the use of diazepam despite potential risks. (Magnesium Sulphate 1st line for seizures in eclampsia).				May administer if no other anti seizure medication available
Diazepam Rectal Solution	Seizures. May be associated with neonatal flaccidity, respiratory/ feeding difficulties and hypothermia if given close to term. Potential benefits may warrant the use of diazepam despite potential risks. (Magnesium Sulphate 1st line for seizures in eclampsia).				May administer if no other anti seizure medication available
Enoxaparin Sodium Solution	Acute STEMI following the administration of a thrombolytic agent				May administer

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Epinephrine (1:10,000)	Cardiac Arrest / Paediatric bradycardia unresponsive to other measures				May administer
Epinephrine (1:1,000)	Severe anaphylaxis. When anaphylaxis occurs in pregnancy, the fetus/neonate is at risk of neurologic damage and/or death, even when the maternal outcome is favorable. Prompt administration of IM epinephrine is recommended in nonpregnant and pregnant patients. There are some risks e.g. may reduce placental perfusion and cause tachycardia, cardiac irregularities, and extrasystoles in fetus. Can delay second stage of labour. These risks are likely to be outweighed by the benefits of using IM epinephrine in anaphylaxis.				May administer
Fentanyl	Acute severe pain. Safe to administer prior to commencement of labour but <b>do not use during labour</b> . Respiratory depression and withdrawal symptoms can occur in the neonate if opioid analgesics are used during delivery	Labour			May administer, but not if labour has commenced
Furosemide Injection	Pulmonary oedema Furosemide should not be used because of the maternal hypovolaemia associated with this condition.				Do not administer
Glucagon	Hypoglycaemia in patients unable to take oral glucose or unable to gain IV access				May administer
Glucose gel	Hypoglycaemic emergency Blood glucose level < 4 mmol/L				May administer
Glyceryl Trinitrate (GTN)	Angina / Cardiac chest pain or suspected Myocardial Infarction. May inhibit pre-term labour				May administer
Glycopyrronium Bromide	Palliative care with excessive oropharyngeal secretions				May administer
Haloperidol	Palliative care with nausea and vomiting or agitation/ delirium				May administer
Hartmann's Solution	IV/IO fluid for pre-hospital emergency care)				May administer
Hydrocortisone	Severe or recurrent anaphylactic reactions/ Asthma / Exacerbation of COPD/ Adrenal insufficiency				May administer
Hyoscine Butylbromide	Palliative care with excessive oropharyngeal secretions				May administer
Ibuprofen	Mild to moderate pain. Avoid. Possible increase risk of miscarriage & cardiac malformation in early pregnancy. In the third trimester there is a risk of closure of fetal ductus arteriosus in utero and possibly persistent pulmonary hypertension of the new-born; onset of labour may be delayed and duration may be increased.				Do not administer
Ipratropium Bromide	Acute moderate asthma or exacerbation of COPD not responding to initial Salbutamol dose				May administer
Ketamine	Acute severe pain. Safe to administer prior to commencement of labour but <b>do not use during labour</b> . Respiratory depression and withdrawal symptoms can occur in the neonate if opioid analgesics are used during delivery	Labour			May administer, but not if labour has commenced
Lidocaine	When Amiodarone is unavailable it may be substituted with Lidocaine for VF/VT arrests				May administer
Lorazepam	Seizures. May be associated with neonatal flaccidity, respiratory/ feeding difficulties and hypothermia if given close to term. Potential benefits may warrant the use of diazepam despite potential risks. (Magnesium Sulphate 1st line for seizures in eclampsia).	Labour			May administer, but not if labour has commenced
Magnesium Sulphate injection	Torsades de pointes / Persistent bronchospasm / Seizure associated with eclampsia Not known to be harmful for short-term intravenous administration in eclampsia, but excessive doses in third trimester cause neonatal respiratory depression.				May administer

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Methoxyflurane	Moderate Pain. Safe to administer prior to commencement of labour but <b>do not use during labour</b> . Respiratory depression and withdrawal symptoms can occur in the neonate if used during delivery	Labour			May administer, but not if labour has commenced
Midazolam Solution	Seizures / Combative with hallucinations or paranoia and risk to self or others. May be associated with neonatal flaccidity, respiratory/ feeding difficulties and hypothermia if given close to term. Potential benefits may warrant the use of diazepam despite potential risks. (Magnesium Sulphate 1st line for seizures in eclampsia).				May administer
Morphine Sulphate	Acute severe pain. Safe to administer prior to commencement of labour but <b>do not use during labour</b> . Respiratory depression and withdrawal symptoms can occur in the neonate if opioid analgesics are used during delivery	Labour			May administer, but not if labour has commenced
Naloxone	Inadequate respiration and/or ALoC following known or suspected narcotic overdose Use only if potential benefit outweighs risk. May cause acute withdrawals of neonate if administered immediately pre delivery				May administer
Nifedipine	Prolapsed cord				May administer
NO2 50% and O2 50% (Entonox®)	Mild to moderate pain				May administer
Ondansetron	Management, prevention and treatment of nausea & vomiting. Avoid. Lack of information to support use and also carries risk of QT prolongation if electrolyte abnormalities present (common in hyperemesis)				Do not administer
Oxygen	Absent/inadequate ventilation/ SpO2 < 94% adults / SpO2 < 92% for acute exacerbation of COPD				May administer
Oxytocin	Control of post-partum haemorrhage. Ensure that a second foetus is not in the uterus prior to administration				May administer
Paracetamol	Mild to moderate pain				May administer
Salbutamol	Bronchospasm / Exacerbation of COPD / Respiratory distress following submersion incident				May administer
Sodium Bicarbonate	OHCA or Wide QRS arrhythmias or seizures following TCA OD OHCA or harness induced suspension trauma. Avoid in hypertension or eclampsia.				May administer
Sodium Chloride 0.9% (NaCl)	IV/IO fluid for pre-hospital emergency care				May administer
Tenecteplase Powder for injection	Confirmed STEMI / Patient not suitable for PPCI from a time or clinical perspective				Discuss with receiving Cardiologist
Ticagrelor	Identification of ST Elevation Myocardial Infarction (STEMI) if transporting to PPCI centre Manufacturer advises avoid— toxicity in animal studies.				Discuss with receiving Cardiologist
Tranexamic Acid	Suspected significant internal or external haemorrhage associated with trauma No evidence of teratogenicity in animal studies; manufacturer advises use only if potential benefit outweighs risk—crosses the placenta.				May administer



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