**Pregnancy/Lactation Cases**

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***Case #1***

Dr. Johnson, a new medical resident, comes over to your desk on the medicine floor, asking for your opinion on an antiemetic agent for a patient. JT is a 27-year-old female currently in her 1st trimester of pregnancy. It is her first pregnancy and she is suffering from severe nausea and vomiting, causing hospitalization. The patient is currently stable after IV fluids and electrolyte supplementation. She asks what to discharge this patient with that would treat the nausea and vomiting but not harm the baby. The patient was not taking any medications prior to admission, except a prenatal vitamin.

What medication options (provide doses) can you suggest to Dr. Johnson? What counseling tips can you provide to the patient on controlling nausea and vomiting during pregnancy?

***Case #2***

FF is a 34-year-old female who presents to your MTM clinic for medication reconciliation. As you ask her for her current medication list, she provides you with the following medications:

Paroxetine 20mg – one tablet by mouth daily for depression

Ortho Tri-Cyclen-Lo – one tablet by mouth daily for contraception

Vitamin D 2000 units – one capsule by mouth daily for general supplementation

Hydrochlorothiazide 25 mg – one tablet by mouth daily for high blood pressure

Metformin 500 mg – one tablet by mouth twice daily for impaired fasting glucose

FF states, however, that she is no longer taking her birth control because she is planning on starting a family with her husband in the next month or two. You check her blood pressure today and it is 122/76 HR 78. She tells you that she has been having regular periods about every 29-30 days and it lasts around 4 days. She’s been doing the ovulation kit testing for the past 4 months and has ovulated all but one of those cycles.

Which medication(s) require dose adjustment, discontinuation, and/or addition to her medication regimen? Why? What would you recommend to use instead?

***Case # 3***

DJ is a 22-year-old female who presents to your pharmacy to ask about infliximab. She has recurrent irritable bowel disease flares, and her new gastroenterologist suggested they start infliximab next week at her next GI clinic appointment. You explain what the drug is in patient friendly terms and ask if there is anything else that you could help her with. Prior to walking out, she asks you to refill her birth control pills (TriSprintec), as she gave birth to a baby girl 4 months ago. She is currently breastfeeding and it is the infant’s sole source of milk. Do you refill her TriSprintec? Why or why not?

You ask if she has discussed infliximab and breastfeeding with her physician. She has not. Is infliximab safe for this mother’s milk?

***Case #4***

CS is a 29 year old female who has just learned she is 5 weeks pregnant, due in early October, 2015. She has been referred to you for prenatal counseling. She is very excited about this but has a few questions and concerns. She has never been pregnant before. She started taking a prenatal vitamin with 800 mcg folic acid when she stopped taking her birth control pills which she knew was important to do. She does not take any other medications. She wonders what else she should be taking. So far CS says she is feeling okay, the only complaint being sore breasts. Her Mom had pretty bad nausea and vomiting and she is worried that she may have the same problem and wonders what she should do if that happens. She’s heard nausea sometimes starts around week 6 or so.

SH: No tobacco, no alcohol, no caffeine, no illicit drug use, exercises 30 mins x 3 days a week

PMH: None

Medications:

Prenatal Multivitamin 1 tablet PO once daily for supplementation

Allergies : NKDA ADRs: None

Height: 5’8” Weight: 149 lbs BP: 122/75 P: 79

Labwork:

hCG: positive

STI screenings: negative

BMP: WNL

Blood type: A neg

Immunizations:

Up-to-date on child-hood vaccines

Influenza: October 2014

Tdap: June 2008

1. Are there any other medications, herbals or vitamins she should be taking or working into her diet? If so, what?
2. What additional medical therapies will she need throughout her pregnancy?
3. What can recommend to CS to help with nausea/vomiting of pregnancy should she experience it over the next few weeks?