MEDICATIONS IN PREGNANCY

- If patient presents with significant past history of drug addiction – pain control should be closely monitored due to increased tolerance to narcotics. Consult Pain Specialist and Obstetrician.

CATEGORY:	MEDICATION:	DOSE:	MISCELLANEOUS DETAILS:
Analgesics	Demerol (Meperidine)	50-100 mg IM May repeat at 1-3 hour intervals	Narcotic, possible respiratory depression of newborn
		Can give repeated slow IV injections of fractional doses (e.g., 10mg/ml) or by a continuous IV infusion of a more dilute solution (egg, 1mg/ml). Individualize doses	Has active metabolite "nor-meperidine" and effects can be seen in fetal movements and respirations days post-delivery
	Fentanyl (Sublimaze)	0.05-0.1 mg slow IV push. Small bolus (0.05-0.1mg) doses can be given over 3-5 minutes or by continuous infusion	Similar respiratory depression may occur, but has slight possibility of causing "respiratory muscle rigidity" (uncommon but be aware)
		Larger bolus doses (>5mcg/kg) should be given in SLOW IV push over 5-10 minutes	Has no active metabolites, but post-delivery side effects can be seen
	Nalbuphine (Nubain)	10-20 mg SC/IM/IV q3-6h prn pain Max 160mg/24 hours. Give IV doses by slow IV infusion preferably in diluted solutions over 4-5 minutes	Has both narcotic agonistic and antagonist effects

Analgesics	Morphine Sulfate	10 mg IM/SC q 4h prn pain 10 mg IV dose given slowly over 5 min Intrathecal route has proven safe & effective analgesia without fetal or newborn toxicity	Does have active metabolite "morphine-6-glucuromide" – that may cause more respiratory depression than meperidine. (Both during and post-delivery.)
<u>Antihypertensives</u>	Aldomet (Methyldopa)	500mg-2000 mg PO bid-qid, max 3000 mg/day IV: 250-500 mg q 6 h	Long term management during pregnancy – watch fetal heart rate
	Labetalol (Normodyne)	100-300mg pox bid, (max 2.4g/day) <u>OR</u> 5-20 mg IV over 2 min initial dose, may repeat 40-80 mg at 10 minute intervals, max 300mg/24 hours IV Infusion: initial 2mg/minute titrate to response	Do not stop abruptly. Treatment for mild to severe hypertension, IV for emergencies – watch for fetal heart rate decrease
	Nicardipine (Cardene)	20-40mg pox tid When pox not an option, initially 5mg/hr IV infusion, titrate upward by 2.5mg/hour q 5-15min to max 15/hour maintenance infusion is 3mg/hour	Caution - use with fentanyl – may produce severe hypotension – monitor BP, especially in emergencies
<u>Postpartum Hemorrhage</u>	Hemabate (Carboprost)	0.25mg IM	Indicated to reduce blood loss and correct

	(Prostaglandin f2a)	Time to peak concentration is 15-60 minutes	uterine atony during the postpartum period in patients unresponsive to conventional treatment such as oxytocin, ergonovine, or methylergonovie
	Methergine (Methyl-ergonovine)	0.2mg IM/IV, then 0.2mg PO TID-QID prn pain IM preferred if IV, admin over at least 1 min, monitor BP	Contraindicated in HTN, causes major elevation of blood pressure; constricts fundus and lower uterine segment.
<u>Sedatives</u>	Phenergan (Promethazine)	12.5-25 mg deep IM q 4 hours 25mg/ml IV infusion not to exceed 25 mg/min	Antihistamine/ Antiemetic
	Vistaril (Hydroxyzine)	50-100 mg IM Q4-6 h	Antihistamine/ Antiemetic
	Benadryl (Diphenhydramine)	15-50mg PO/IM/IV q4h, no more than 400mg/day OR 50mg qhs	Antihistamine/ Antiemetic
	Unisom (Doxylamine)	25-50mg PO qhs	Antihistamine/ Antiemetic
<u>Tocolytic</u>	Magnesium sulfate	See protocol	Blocks neuromuscular transmission decreases ACh release.

Tocolytic	Terbutaline	0.25mg SC, may repeat again in 15-30 minutes; max 0.5mg/4 hrs If no response after 2 doses, consider other options	Frequent tachycardia in moms.
	Magnesium sulfate	See protocol	Therapeutic 4-8mg/dl, watch for respiratory depression
Neonatal Resuscitation			
	Epinephrine 1:10,000	0.1-0.3 ml/kg IV/ET	Give rapidly, may dilute for ET use to 1-2cc
	Narcan (Naloxone-hydrochloride)	0.4 mg/ml or 1.0 mg/ml, Give 0.1 mg/kg IV/ET/IM/SQ	Give rapidly IV, ET preferred IM, SQ acceptable
	Dopamine	Begin at 5mcg/kg/min, may go to 20 PRN.	Give as continuous infusion, monitor heart rate and BP closely
	Sodium bicarbonate	2 mEq/kg IV	Give slowly, over at least 2 minutes. Give only if infant is being effectively ventilated
	Volume expanders (Whole blood, 5% albumin, NS, LR)	10 ml/kg IV	Give over 5-10 minutes

*For endotrachael administration, use higher doses (2-10 times the IV dose), dilute medication with NS to a volume of 3-5ml and follow with several positive-pressure ventilations

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