

- Counsel candidates for therapeutic abortion about methods and expected outcomes; counsel abortion clients about contraceptive techniques.

Evaluation

- Observe and interview regarding actions taken to promote reproductive and general health.
- Observe and interview regarding compliance with instructions for promoting and maintaining a healthy pregnancy.
- Interview regarding ingestion of therapeutic and nontherapeutic drugs during prepregnant, pregnant, and lactating states.
- Observe and interview regarding the health status of the mother and neonate.

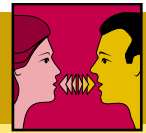
PRINCIPLES OF THERAPY

General Guidelines: Pregnancy

1. Give medications only when clearly indicated, weighing anticipated benefits to the mother against the risk of harm to the fetus.
2. When drug therapy is required, the choice of drug should be based on the stage of pregnancy and available drug information (see Boxes 67–1 and 67–2). During the first trimester, for example, an older drug that has not been associated with teratogenic effects is usually preferred over a newer drug of unknown teratogenicity.
3. Any drugs used during pregnancy should be given in the lowest effective doses and for the shortest effective time.

CLIENT TEACHING GUIDELINES

Drug Use During Pregnancy and Lactation



- ✔ Any systemic drug ingested by a pregnant woman reaches the fetus and may interfere with fetal growth and development. For most drugs, safety during pregnancy has not been established, and all drugs are relatively contraindicated. Therefore, any drug use must be cautious and minimal to avoid potential damage to the fetus.
- ✔ Avoid drugs when possible and use them very cautiously when necessary. If women who are sexually active and not using contraception take any drugs, there is a high risk that potentially harmful agents may be ingested before pregnancy is suspected or confirmed.
- ✔ Lifestyle or nontherapeutic drugs associated with problems during pregnancy include alcohol, caffeine, and cigarette smoking. Women should completely avoid alcohol when trying to conceive and throughout pregnancy; no amount is considered safe. Caffeine intake should be limited to about three caffeinated beverages per day; excessive intake should be avoided. Women who smoke should quit if possible during pregnancy, to avoid the effects of nicotine, carbon monoxide, and other chemicals on the fetus.
- ✔ Herbal supplements are not recommended; their effects during pregnancy are largely unknown.
- ✔ Measures to prevent the need for drug therapy include a healthful lifestyle (adequate nutrition, exercise, rest and sleep; avoiding alcohol and cigarette smoking) and avoiding infection (personal hygiene, avoiding contact with people known to have infections, maintaining indicated immunizations).
- ✔ Nondrug measures to relieve common health problems include positioning, adequate food and fluid intake, and deep breathing.
- ✔ See a health care provider as soon as pregnancy is suspected.
- ✔ Inform any health care provider from whom treatment is sought if there is a possibility of pregnancy.
- ✔ Many drugs are excreted in breast milk to some extent and reach the nursing infant. The infant's health care provider should be informed about medications taken by the nursing

mother and consulted about potential drug effects on the infant. Before taking over-the-counter medications, consult a health care provider. In regard to nontherapeutic drugs, recommendations include the following:

1. Alcohol should be used in moderation and nursing should be withheld temporarily after alcohol consumption (1–2 hours per drink). Alcohol reaches the baby through breast milk, with the highest concentration about 30 to 60 minutes after drinking (60–90 minutes if taken with food). The effects of alcohol on the baby are directly related to the amount of alcohol the mother consumes. Moderate to heavy drinking (2 or more drinks per day) can interfere with the ability to breast-feed, harm the baby's motor development, and slow the baby's weight gain. If you plan to drink (eg, wine with dinner), you can avoid breast-feeding for a few hours (until the alcohol has time to leave your system) or you can pump your milk before drinking and give it to the baby after you have had the alcohol. You can also pump and discard the milk that is most affected by the ingested alcohol.
2. Caffeine is considered compatible with breast-feeding. However, large amounts should be avoided because infants may be jittery and have difficulty sleeping.
3. Cigarette smoking is contraindicated. Nicotine and an active metabolite are concentrated in milk and the amounts reaching the infant are proportional to the number of cigarettes smoked by the mother. Ideally, the mother who smokes would stop. If unable or unwilling to stop, she should decrease the number of cigarettes as much as possible, avoid smoking before nursing, and avoid smoking (or allowing other people to smoke) in the same room with the infant. The risk for sudden infant death syndrome (SIDS) is greater when a mother smokes or when the baby is around second-hand (or passive) smoke. Maternal smoking and passive smoke may also increase respiratory and ear infections in infants.