Safety of dermatologic medications in pregnancy and lactation

Part I. Pregnancy

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Learning objectives

After completing this learning activity, participants should be able to prescribe select dermatologic medications during pregnancy; to educate reproductive-age women, as well as expectant mothers, regarding the benefits and potential risks of taking select dermatologic medications during pregnancy; and to appropriately monitor for side effects in the expectant mother and newborn when administering select dermatologic medications during pregnancy.

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Dermatologists are frequently faced with questions about the safety of commonly prescribed topical and systemic medications during pregnancy and lactation from women of childbearing age who are pregnant, considering pregnancy, or breastfeeding. Safety data, particularly regarding medications that are unique to dermatology, can be difficult to locate and are not consolidated in a single reference guide for clinicians. Parts I and II of this continuing medical education article provide a capsule summary of key points for the most commonly prescribed dermatologic medications to facilitate patient medication risk counseling in pregnancy. A summary table details safety classification data for 3 primary international classification systems: the US Food and Drug Administration, the Swedish Catalogue of Approved Drugs, and the Australian Drug Evaluation Committee. In addition, this table includes an alternative pregnancy classification system developed by a consortium of active members of teratology societies in the US and Europe detailed in *Drugs during Pregnancy and Lactation: Treatment Options and Risk Assessment* and a safety classification system developed for breastfeeding mothers detailed in *Medications and Mother's Milk*. (J Am Acad Dermatol 2014;70:401.e1-14.)

Key words: acne; antibiotic; antifungal; antihistamines; antiviral; atopic dermatitis; biologics; breastfeeding; breast milk; corticosteroid; cosmetics; fetus; gestation; lactation; medication safety; nursing; phototherapy; pregnancy; psoriasis; surgery; trimester.

This month's Continuing Medical Education articles consolidate safety data for patients who are pregnant (Part I) and breastfeeding (Part II) while undergoing dermatologic therapy. Key safety data for commonly prescribed dermatologic medications in pregnancy are described below and summarized in Fig 1. Details regarding the safety classification data for 3 primary international classification systems are provided in Table I.

TOPICAL ANTIINFLAMMATORY DRUGS IN PREGNANCY

Corticosteroids

Multiple large, population-based studies and a Cochrane review have not shown an increased risk of malformations, including oral cleft palate, or

Abbreviations used:	
ADEC:	Australian Drug Evaluation Committee
BBUVB:	broadband ultraviolet B light
FDA:	Food and Drug Administration
HCQ:	hydroxychloroquine
IVIĞ:	intravenous immunoglobulin
MMF:	mycophenolate mofetil
NBUVB:	narrowband ultraviolet B light
NTD:	neural tube defect
PUVA:	psoralen plus ultraviolet A light
	phototherapy
TNF:	tumor necrosis factor

preterm delivery with topical corticosteroids.¹⁻⁷ Fetal growth restriction has been reported with use of potent topical corticosteroids during the third

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A modified version of Fig 1 has been presented at the Women's Health Therapeutics Symposium, American Academy of

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