

Chapter 47. Pregnancy and Lactation: Therapeutic Considerations, Self-Assessment

Questions

1. When analyzing information on the safety of a drug exposure during pregnancy, which one of these statements is *true*?
 - A. It is estimated that approximately 10% of congenital anomalies are caused by a medication exposure.
 - B. FDA categories should not be used to assess the safety of medication use during pregnancy.
 - C. Animal studies are of equal value with human data to inform on teratogenic risk of a drug.
 - D. Before a medication is put on the market, it is mandatory to have human pregnancy safety data.
 - E. The fetogenesis period is the most at risk period for structural congenital anomalies following a teratogenic exposure.

2. Which of the following key points is appropriate when considering the use of lamotrigine during breast-feeding?
 - A. It is contraindicated to use lamotrigine during breast-feeding.
 - B. Lamotrigine blood concentration of a breast-fed infant can be up to 10% to 50% of simultaneous maternal blood concentration.
 - C. Several cases of severe rash have been reported in breast-fed infants whose mothers were taking lamotrigine.
 - D. When mothers who take lamotrigine breast-feed, the drug is usually undetectable in the

infants' serum.

E. There is scarcity of data on lamotrigine during breast-feeding.

3. A 36-year-old woman wishes to become pregnant with her second child. She has been treated for type 2 diabetes for 3 years. She has a well balanced diet with plenty of vegetable and fruits. Based on this information, which of the following is the most appropriate folic acid recommendation for this patient to prevent congenital anomalies?

A. Folic acid 4 mg orally daily starting at 10 weeks' gestation and throughout pregnancy.

B. Folic acid 0.4 mg with a multivitamin orally daily starting at least 1 month before pregnancy and throughout the first trimester.

C. Folic acid 4 mg with a multivitamin orally daily starting 3 months before pregnancy and throughout the first trimester.

D. Multivitamin containing 0.4 to 0.8 mg of folic acid orally daily starting 1 month before pregnancy and throughout the first trimester.

E. No folic acid supplement is required since folic acid is provided by her diet.

4. Which one of the following periods is considered the *organogenesis (embryogenesis)* period?

A. Days 1 to 14 postconception

B. Days 1 to 14 after last menses

C. Days 14 to 28 postconception

D. Days 14 to 77 after last menses

E. Days 1 to 56 postconception

5. Which of the following medications should never be used in pregnancy?

- A. Warfarin
- B. Naproxen
- C. Norfloxacin
- D. Methotrexate
- E. Methimazole

6. During the first trimester of pregnancy, each of the following screening tests should be performed *except*:

- A. Hemoglobin and hematocrit
- B. Group B *Streptococcus* vaginal-rectal culture
- C. HIV
- D. Urinalysis with Gram stain and culture
- E. Chlamydia screening

7. Which of the following statements on bacterial vaginosis during pregnancy is *true*?

- A. Bacterial vaginosis is associated with an increased risk of postpartum urinary tract infections.
- B. Clindamycin, one vaginal ovule daily for 7 days, is a first-line treatment for bacterial vaginosis during pregnancy.
- C. Universal screening for bacterial vaginosis at 16 weeks of pregnancy is recommended.
- D. Since bacterial vaginosis is associated with adverse pregnancy outcomes, sexual partners of pregnant women who test positive for bacterial vaginosis should be treated.

E. Metronidazole 500 mg orally twice daily for 7 days is one of the best treatments for bacterial vaginosis during pregnancy.

8. A 22-year-old pregnant woman complains of pain following a severe ankle sprain. Ice and acetaminophen 650 mg orally every 6 hours are not relieving her pain. She rates her pain as 7 out of 10 on a visual analogue scale. She is 32 weeks pregnant. Which of the following is the best recommendation for her pain at this point?

- A. Acetaminophen 2 g orally every 4 hours regularly
- B. Acetaminophen 1 g orally every 6 hours as needed
- C. Codeine 15 to 30 mg orally every 4 hours as needed
- D. Glucosamine 500 mg orally three times daily for 5 days
- E. Ibuprofen 400 mg four times daily as needed

9. Which one of the following is a first-line recommendation for the treatment bacterial mastitis in a breast-feeding woman with moderate symptoms?

- A. Vancomycin 250 mg orally four times daily for 10 days
- B. Fluconazole 200 mg orally once daily for 14 days
- C. Cephalexin 500 mg orally four times daily for 10 to 14 days
- D. Topical bacitracin ointment twice daily for 14 days
- E. No antibiotic is usually recommended

10. Which of the following maternal treatments has *not* been associated with a reduction of adverse pregnancy outcomes?

- A. Ceftriaxone for gonorrhoea
- B. Metronidazole for trichomoniasis
- C. Azithromycin for chlamydia
- D. Penicillin G benzathine for syphilis
- E. Oral acyclovir starting at 36 weeks gestation for herpes prevention

11. Which of the following regimens is the most appropriate tocolytic at 30 weeks of pregnancy?

- A. Dexamethasone 2 mg IM every 24 hours for 48 hours
- B. Nifedipine 10 mg orally every 20 minutes three times, then 10 mg every 6 hours for 48 hours
- C. Magnesium sulphate 2 g IV, then 1 g/h for 48 hours
- D. Amoxicillin 1 g orally once, then 250 mg every 8 hours for 24 hours
- E. Indomethacin 25 mg orally every 6 hours for 5 days

12. Which of the following statements is *true*?

- A. Antibiotics carry more risks than urinary tract infections during pregnancy.
- B. Antihypertensive agents carry more risks of fetal malformations than hypertension.
- C. Heparins carry more risks of fetal complications than warfarin.
- D. Antiepileptic agents carry more risks of fetal malformation than epilepsy.
- E. Propylthiouracil displays more risks of fetal malformations than hyperthyroidism.

13. Which of the following women *should not be started* on group B streptococcus antibiotic prophylaxis?

- A. Preterm premature rupture of membranes, 30 weeks, first pregnancy, and GBS status unknown
- B. Onset of labor, 34 weeks, second pregnancy, GBS status unknown, and negative status at previous delivery
- C. Onset of labor, 38 weeks, third pregnancy, and second baby had GBS neonatal infection
- D. Rupture of membranes, 39 weeks, first pregnancy, and negative GBS status at 36 weeks
- E. Onset of labor, 40 weeks, first pregnancy, and positive urine culture for GBS

14. Chose the correct statement

- A. Lithium is associated with an increased risk of cardiac malformations when used between the 5th and 10th weeks of pregnancy
- B. Newer antipsychotics are not well studied and should be avoided during pregnancy
- C. Valproic acid is the treatment of choice for rapid cycling bipolar disorders during pregnancy
- D. Lithium has been associated with neonatal hypotonia (floppy infant syndrome) when used during the first trimester of pregnancy
- E. Lithium pharmacokinetics is changed during pregnancy which leads usually to doses reductions during the second and third trimesters.

15. MM gave birth this morning to a healthy 3.2 kg baby at 39 weeks gestation. She has been treated for a bipolar disease for several years. Her medication was not changed or adjusted during pregnancy. She would like to breast-feed. What would be the appropriate recommendation?

Medications: Lithium 900 mg orally at bedtime; citalopram 20 mg orally daily in the morning;

lorazepam 1 mg orally at bedtime as needed (takes it twice weekly)

- A. The baby should be admitted to the neonatal intensive care unit for close monitoring
- B. Lithium should be changed for valproic acid which does not pass extensively into breast milk
- C. Lithium can be used during breast-feeding in selected reliable women as long as close monitoring of the infant (including thyroid and renal functions, and lithium serum levels) can be ensured.
- D. Citalopram can be used during breast-feeding as long as close monitoring of the infant (weight, renal and liver functions) can be ensured
- E. Lorazepam should be switched to clonazepam which has a long half-life

Answers

1. B

2. B

3. C

4. D

5. D

6. B

7. E

8. C

9. C

10. B

11. B

12. D

13. D

14. A

15. C