

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
Methotrexate	Immunosuppressive; slowing the bodies immune system; helps to reduce inflammation	: May cause birth defects; pregnancy must be avoided during treatment and for 6 months after last dose.
Mifepristone	Progesterone blocker, can be used in combination with misoprostol to end an early pregnancy (70 days or less since the first day of last menstrual period).	This medication will cause spontaneous abortion. If used in combination for abortion, vaginal bleeding and cramping will continue to occur for 9-16 days.
Rhogam	Used to prevent possible RH incompatibility between mother and fetus. Protects the babies RBC's from being attacked by the mothers during labor and delivery.	:medication need is determined by the blood type and antibody screening of the mother's blood with that of the umbilical cord type. Administered to mother and not the fetus.
Promethazine	Used to treat nausea and pregnancy sickness	Respiratory depression may occur if administered near delivery time.
Pyridoxine and Doxylamine	Used to treat nausea and vomiting in pregnant women who's symptoms are not improved after diet or other medication do not work.	Avoid alcohol and CNS depressants Do not breastfeed while taking this medication.
Ondansetron	Often used in first trimester pregnancy to relieve "morning sickness"	Avoid all OTC cold medication Maintain adequate fluid intake.
Betamethasone	In infants this drug helps to prepare premature infants for "life" outside the womb. Used in utero through an injection to the mothers muscles in order to reach the bloodstream. Once it reaches the baby it will speed up the lung development in preterm babies.	This drug cannot prevent or lessen severity of all complications of prematurity. Diabetic patients need to have more frequent blood sugar tests.
Indomethacin	NSAID, used to treat arthritis or ankylosing spondylitis. Contraindicated in 3 rd trimester pregnancy.	NSAID's used in pregnant women 30 weeks or later may cause premature closure of the fetal ductus arteriosus. Limit the use of NSAID's to the lowest effective dose for the shortest duration before 30 week

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
		gestation point.
Magnesium Sulfate	Used in pregnancy to prevent seizures due to worsening preeclampsia. To slow or stop preterm labor and to prevent injuries to a preterm babies brain.	Check serum mag. Levels prior to administration. Cardiac monitor must be used for pt's receiving mag sulfate I.V.
Terbutaline Sulfate	Used to try and stop or delay preterm labor. Preventing or slowing contractions of the uterus.	May cause nervousness, restlessness, tremors. Keep a constant monitor for maternal/fetal vital signs.
Glyburide	Used in conjunction with diet and exercise to treat type 2 diabetes for expecting mothers. Can also be used for gestational diabetes.	Encourage patients to follow prescribed diet and exercise regimen. Monitor closely during periods of stress or illness.
Insulin	Traditional first-choice medicine for blood sugar control. Cannot cross the placenta.	Assess the understanding of the effect of stress on diabetes. Observe for nausea and vomiting during first trimester and thereafter.
Hydralazine hydrochloride	Recommended antihypertensive for severe hypertension in pregnancy.	Side effects; nausea, vomiting, headache. Mimic signs of preeclampsia. Weigh several times weekly and assess for fluid retention in feet or ankles.
Labetalol	Antihypertensive drug used for high blood pressure in pregnancy	Should be used cautiously in nursing mothers because of bradycardia risk in babies. Assess bp regularly.
Nifedipine	Calcium channel blocker used to treat high blood pressure. Safe in pregnancy.	Assess for anginal pain. Monitor potassium and liver function tests throughout treatment.
Calcium gluconate	Used in treatment of cardiac arrest, hyperkalemia, osteoporosis, and tetany. Not recommended for use during pregnancy unless clearly need. Use with caution.	Do not breastfeed during treatment. Monitor for hypercalcemia, hypocalcemia.
Misoprostol	Softens and dilates the cervix. Facilitates uterine contractions and pushes pregnancy tissue out; proven induction agent in the second trimester for termination or in the instance of fetal death.	Instruct the client to report bothersome side effects, include severe or prolonged headache, menstrual irregularities or GI problems

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
Cervidil	Vaginal insert used to relax the muscles of the cervix in preparation for induction at the end of pregnancy.	Observe patient carefully after insertion. Report wheezing, chest pain, dyspnea and significant changes in VP and pulse. Monitor uterine contractions and observe for bleeding and pain.
Penicillin G	Used to treat many different types of severe infections. Should only be used in pregnancy if clearly needed.	Limited data show that low levels in breastmilk are not expected to cause harmful effects in nursing infants.
Methylergonovine	Causes uterotonic effect, utilized after delivery to assist involution and decrease hemorrhage.	Can cause hypertension, cramps, nausea, vomiting and dyspnea. Monitor uterine bleeding.
Nalbuphine (Nubain)	Opioid medication used to treat moderate to severe pain. Not recommended in pregnant women during or immediately prior to labor.	Monitor sedation and respiratory depression. May cause respiratory problems in newborns.
Naloxone--	Used to rapidly reverse opioid overdose. Not indicated for use in pregnancy.	Observe client closely during use. It is not known whether naloxone gets into breastmilk.
Fentanyl	Used to treat breakthrough pain. Not a lot of information on use during pregnancy.	Be alert for opioid response in the body.
Ibuprofen	NSAID used as an everyday pain and inflammation treatment. Should be avoided during pregnancy.	Use of ibuprofen after 30 weeks can cause premature closing of a baby's ductus arteriosus.
acetaminophen	Most common pain reliever that physicians allow pregnant women to take; advised use instead of NSAID's	Only intended for temporary use. No longer than 4-5 days. Hepatic damage is sometimes not apparent until several days after overdose occurs.
oxycodone	Opioid painkiller used for post injury, surgery or dental work. Not recommended during pregnancy. Serious fetal problems can occur including drug withdrawal or premature birth.	If mothers must take this medication during pregnancy take the shortest duration and lowest dose. Possible risks include neonatal abstinence syndrome, neural tube defects, preterm labor and stunted growth.
hydrocodone	Opioid pain reliever for moderate to severe pain. Not recommended during pregnancy.	If mothers must take this medication during pregnancy take the shortest duration and lowest dose.

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
		Possible risks include neonatal abstinence syndrome, neural tube defects, preterm labor and stunted growth.
ketorolac	NSAID used to treat mild pain and aches; like ibuprofen and indomethacin use during pregnancy is not recommended after 30 weeks or more.	NSAID's used in pregnant women 30 weeks or later may cause premature closure of the fetal ductus arteriosus. Limit the use of NSAID's to the lowest effective dose for the shortest duration before 30 week gestation point.
Hepatitis B vaccine	Recommended for pregnant women at risk for hep B during pregnancy. Hep b is a serious infection that can cause chronic inflammation of the liver.	Additional doses may be required for immunosuppressed patients. Pregnant women are tested for hep B surface antigens even if they are vaccinated.
Erythromycin eye ointment	Used to treat eye infections. May be used for prevention of certain eye infections of newborns; like neonatal conjunctivitis and ophthalmia neonatorum.	Safe for use during pregnancy. Pull the lower eyelid down gently and squeeze a ½ ribbon of the ointment into the sac, avoid touching the eye.
Phytonadione	Given to all newborns regardless of diet. One time injection of vitamin K shortly after birth. Prevents a serious disease known as hemorrhagic disease of the newborn	Provide comfort measures before, during and after injection. Administered into the vastus lateralis.
Prenatal vitamins	Supplements given to pregnant mothers to provide adequate vitamins and minerals for healthy pregnancy.	Avoid use of salt substitutes in your diet. Avoid milk and dairy, calcium products like antacids.
MMR vaccine	Vaccination for measles, mumps, and rubella. Not recommended during pregnancy.	Women known to be pregnant should avoid receiving mmr vaccine.
Tetanus & reduced diphtheria toxoids/acellular pertussis vaccine	Recommended during pregnancy to avoid the contraction fo pertussis to the fetus.	Optimal timing is between 27-36 weeks of gestation. Postpartum TDAP is not recommended.
Lidocaine mucosal gel	Used to prevent or control pain during medical procedures such as insertion of a tube into the mouth, nose, throat, urinary tract .	Only recommended during pregnancy when the benefit outweighs risk.

