

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
Methotrexate	Slows rapidly growing cells. Used for psoriasis and rheumatoid arthritis.	Contraindications for breastfeeding or a hypersensitivity to its components or pregnancy. Drug can cause fetal harm like embryotoxicity and fetal defects or death. Contraindicated in pregnant women only to be used if benefit outweighs risk. Avoid conception during and 3 months after drug therapy. Fertility impairment, menstrual dysfunction and oligospermia
Mifepristone	Antagonist of glucocorticoid progesterone receptors. This is used to end early pregnancy that is not further along than 10 weeks after the first day of your last menstrual period.	Notify the provider if any weakness, nausea, vomiting, diarrhea, with or without abdominal pain 24 hours after taking medication- this can indicate life-threatening sepsis.
Rhogam	Immunoglobulin acts by suppressing the immune response of Rh-negative individuals to Rh-positive red blood cells. This is used to treat Rh incompatibility during pregnancy.	Make sure to get Rhogam from the blood bank to use two patient verifications.
Promethazine	To prevent motion sickness. Drug competes with histamine receptor by antagonizing many histamines effect and reducing allergies. This drug also prevents motion sickness, nausea, and vertigo by acting chemoreceptor trigger zone and by decreasing vestibular stimulation.	Unknown causes of fetal harm so the patient should stop taking 2 weeks before delivery due to potential inhibition of platelet aggregation in the newborn. Unknown if it affects the breast fed infant, so contact provider to see if the medication should be discontinued.
Pyridoxine and Doxylamine	Combination drug is used to treat nausea and vomiting in pregnant women.	This drug is not recommended for women who are breastfeeding because they are excreted in breast milk. Irritability and sedation have been documented in infants exposed to doxylamine.
Ondansetron	To prevent nausea and vomiting. Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally vagal nerve terminals in the intestines. This will reduce	This medication is unknown if it causes fetal harm or presents in the breast milk.

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	nausea and vomiting by preventing serotonin release in the small intestines.	
Betamethasone	Topical cream, gel, or lotion used to relieve redness, itching, or swelling caused by certain skin conditions. Drug binds to specific receptors to reduce inflammation.	This drug can pass through the breast milk and may slow growth in an infant. It can also decrease the amount of breast milk is produced. The client should consult with the primary care provider before used.
Indomethacin	To relieve moderate to severe ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, and acute gout, arthritis, and inflammation. Blocks activity of cyclooxygenase, which is needed to synthesize prostaglandins. The mediates inflammatory response causes local vasodilation, pain, and swelling. By blocking this, it relieves inflammation and pain.	Drug increases risk of premature closure of the fetal ductus arteriosus if given during third trimester and should be avoided in pregnant women starting at 30 weeks of gestation and onward. Drug may be present in breast milk and patient should check with their prescriber before breastfeeding. Drug may delay or prevent rupture of ovarian follicles, which has been associated with infertility.
Magnesium Sulfate	To correct magnesium deficiency caused by alcoholism, magnesium depleting drugs, malnutrition, or restricted diet, to control seizures in preeclampsia, and eclampsia.	Some providers recommend to not take this drug 2 hours prior to delivery because it can be a risk for hypermagnesemia causing respiratory depression in a neonate.
Terbutaline Sulfate	To prevent or reverse bronchospasm from asthma, bronchitis, and emphysema. Stimulates the beta-adrenergic receptors in the lungs by relaxing the smooth muscles and increasing airflow and relieving bronchospasms.	Assess patients' respiratory rate, depth, and quality, oxygen saturation; and activity intolerance at regular intervals because using this drug for more than a year can decrease pulmonary function. This should be used to treat premature labor for longer than 48-72 hours because it can be fatal.
Glyburide	Controls blood glucose levels in type 2 diabetes. Drug stimulates insulin release from beta cells in the pancreas.	Drug has unknown causes of fatal harm, but it could cause neonatal hypoglycemia. Not recommend during pregnancy because of abnormal blood glucose levels during pregnancy. At birth, the neonate can experience birth injury due to respiratory distress, and prolonged severe hypoglycemia. Expect drug to be discontinued 2

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		weeks before delivery.
Insulin	To improve glycemia control in patients with diabetes mellitus Lowers blood glucose levels in the body.	Use with caution if the benefits outweigh the potential risk of the fetus because it is unknown if it causes fetal harm. The client should check with provider before use due to the unknown of it being breast milk.
Hydralazine hydrochloride	To manage essential hypertension and to manage severe hypertension depending on dosage. Vasodilates on vascular smooth muscle, interferes with calcium movement in vascular smooth muscle altering calcium metabolism and dilates arteries, not veins.	Use caution because it is unknown if it causes fetal harm. Drug does present in breast milk, so the client should check with the provider before use.
Labetalol	To manage hypertension. Blocks beta and alpha receptors to reduce blood pressure.	Unknown if the drug causes fetal harm, but respiratory depression, bradycardia, hypoglycemia, and hypotension has occurred in infants whose mothers are taking this drug for hypertension. Talk with a provider before continuing use.
Nifedipine	To manage chronic stable angina and hypertension. It decreases intracellular calcium levels inhibiting smooth muscle contraction and dilates arteries and decreased hypertension.	Drug can cause fetal harm, related to animal studies. Use with caution only if it outweighs the benefits of potential risk to the fetus. Since the drug can be present in breast milk, contact the provider before breastfeeding.
Calcium gluconate	To provide antacid effects, for milk hypocalcemia, adults with tetany, neonates with severe hypocalcemia but without tetany, and children with tetany.	It is not known if it causes harm to the fetus. The mother should be aware that the dosage may be altered. Drug is present in breast milk and the mother should talk to provider before breastfeeding.
Misoprostol	Used for induction agent in the second trimester for termination of pregnancy or fetal death.	Inform the patient that this drug can cause a spontaneous abortion. Women of childbearing age should be informed through written and verbal information. The patient should use contraception while taking this medication.
Cervidil	Used in pregnant women to relax the muscles of the cervix in preparation for inducing labor at the end of pregnancy	Monitor for allergic reactions and anaphylaxis, including pulmonary symptoms (tightness in throat or chest). Monitor uterine contractions

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		and monitor for any changes in the cervix.
Penicillin G	To treat systemic infections of prophylaxis or syphilis. It can also be used for group B streptococcus, which is the drug choice to prevent serious complications in both mothers and infants.	Unknown if it causes harm, use in caution if the benefit outweighs the risk. The drug does present in breastmilk so contact your provider before use.
Methylergonovine	Acts directly on the smooth muscle of the uterus and increases the tone, rate, and amplitude of rhythmic contractions, which shortens the third stage of labor and reduces blood loss.	Do not breast-feed within 12 hours after taking. It could pass into breast milk in small amounts and could affect a nursing baby. May need to take up to one week after your baby is born.
Nalbuphine (Nubain)	Used as an adjuvant to balance anesthesia for obstetrical analgesic during labor and delivery. Binds and stimulates with kappa and mu opiate receptors in the spinal cord and alters the response to pain.	Drug is not recommended for use in pregnant women immediately before or during labor. Opioids can alter the length of time in labor.
Naloxone--	To treat unknown or susceptible opioid overdose. Attaches to the opioid receptors and reverses/ blocks the effects of opioids.	The risk to benefit must be considered before this is administered to a pregnant woman. This drug can cross the placenta and can cause withdrawal in the fetus. Monitor the fetus for signs of distress after the drug is given and until the fetus and mother are stable.
Fentanyl	Opioid analgesic used to treat obstetrical pain in parturient women through epidural or intravenous route.	This drug may cause fetal harm. Prolonged use during pregnancy can result in neonatal opioid withdrawal syndrome which could be life threatening. Drug may prolong labor.
Ibuprofen	To relieve mild to moderate pain to severe pain and fever reducer. Blocks the activity of cyclooxygenase, which mediate inflammatory responses and cause local pain, swelling and vasodilation. Reduce pain and inflammation.	Increase the risk of premature closure of the fetal ductus arteriosus if given during third trimester and should be avoided in pregnant women starting at 30 weeks of gestation and onward. Drug may be present in breast milk and patient should check with their prescriber before breastfeeding.

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acetaminophen	To relieve mild to moderate pain. This blocks prostaglandin production by interfering with pain impulses.	Use during pregnancy may increase risk for ADHD after birth. Drugs can be present in breast milk and should check with prescriber before breastfeeding.
oxycodone	To manage moderate to severe pain. Alters the perception and emotional response to the spinal cord.	This drug may cause fetal harm. Prolonged use during pregnancy can result in neonatal opioid withdrawal syndrome which could be life-threatening. Avoid prolonged use during pregnancy. This drug can alter the time of labor if used during or after. Opioids can cross the placental barrier and could cause respiratory depression.
hydrocodone	Used to manage severe pain for pain management. Bind and activates opioids receptors.	This drug may cause fetal harm. Prolonged use during pregnancy can result in neonatal opioid withdrawal syndrome which could be life-threatening.
ketorolac	To treat mild to moderate severe pain. Blocks the activity of cyclooxygenase, which mediate inflammatory response.	Increases risk of premature closure of the fetal ductus arteriosus if given during the third trimester. It should be avoided in pregnant women starting at 30 weeks of gestation and onward.
Hepatitis B vaccine	Creates antibodies for Hepatitis B. Recommended for pregnant women who are at risk for acquiring hepatitis b during pregnancy.	The vaccine does not cause harm to the fetus or any risk.
Erythromycin eye ointment	Used to treat certain eye infections such as conjunctivitis. It is also used to prevent certain eye infections like pink eye in newborns.	May be an increased chance of birth defects, including heart defects and pyloric stenosis. Drug can be present in breast milk and should notify the provider before use.
Phytonadione	Catalyzes the hepatic synthesis of blood-clotting factors. Mimics the proton abstraction from the gamma position of protein-bound glutamate. Prevents bleeding in people with blood clotting disorders or if they have too little vitamin K in the body.	Monitor patient constantly and get frequent labs for blood clotting. It is essential to prevent serious bleeding.
Prenatal vitamins	Multivitamin and iron product used to treat and prevent vitamin deficiency due to poor	Folic acid supplement should begin taking at least 1 month before you try to get pregnant to prevent birth

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	diet, certain illnesses, or during pregnancy.	defects. Fat soluble vitamin supplements like vitamins A and E taken by the mother can concentrate in human milk and excessive amounts may be harmful to a breastfeeding baby. Need to be monitored on a case by case basis.
MMR vaccine	Protects against measles, mumps and rubella.	Need to have immunity checked before conceiving. You should wait at least a month before trying to get pregnant. If these diseases are contracted in early pregnancy it can lead to miscarriage, birth defects involving deafness and defects involving the eyes, heart, and brain.
Tetanus & reduced diphtheria toxoids/acellular pertussis vaccine	Creates antibodies and antitoxins against the toxoids and acellular pertussis antigens	Recommended for each pregnancy even if previously vaccinated. It should be given 27-36 weeks of pregnancy.
Lidocaine mucosal gel	Used in many different mucosal areas of the body. Can be prescribed for perineum after a vaginal birth as a topical pain reliever.	Monitor the client for toxicity. Do not apply directly to skin, apply to gauze first.



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