

Medications Commonly used in Maternal Newborn

Methotrexate	The use of methotrexate is to treat psoriasis. The mechanism of action of methotrexate is it slows down the growth of cells, like epithelial skin cells that are in psoriasis (Jones & Bartlett Learning, 2022).	The nurse will need to monitor the patient for infections and bleeding as well as the patient's CBC labs, renal and liver tests, chest x-rays, and UA before and during the use of the medication. The patient will also need to increase their fluid intake by 2 to 3 liters each day (Jones & Bartlett Learning, 2022).
Mifepristone	Mifepristone is used to up to 70 days gestation to terminate pregnancies. The mechanism of action of this medication is in the endogenous or exogenous progesterone it inhibits the activity, resulting in the termination (<i>Mifepristone</i> , 2022).	The nurse needs to be cautious and watch for fatal infections and heavy bleeding that can occur. This medication can cause ectopic pregnancies. The nurse will need to monitor the patient for vomiting, diarrhea, dizziness, fevers, and chills (<i>Mifepristone</i> , 2023).
Rhogam	Rhogam is used to prevent an immune function reaction to Rh positive blood in patients with a Rh-negative blood type (<i>RhoGAM</i> , 2023). The mechanism of action is unknown, but it prevents any antibody response during pregnancy by changing the phagocytosis of the RBC's (<i>Human Rho(D) immune globulin</i> , 2024).	The nurse will need to monitor the patient for an allergic reaction, such as hives, rashes, chest tightness, difficulty breathing, light-headedness, and swelling of the tongue/lips/ or throat. The patient may experience chills, fevers, back pain, shaking, red or pink urine, signs of kidney failure, rapid heart rate, confusion, and any blood clots, or slurred speech. The nurse will need to monitor the patient's blood pressure, respirations, oxygen saturation levels, and the patient's urine will need to be tested every 2 to 4 hours for at least the first 8 hours (Multum, 2023).
Promethazine	The use of promethazine is to treat motion sickness. The mechanism of action of promethazine is that it acts on the medullary chemoreceptive trigger zone and decreases the vestibular stimulation (Jones & Bartlett Learning, 2022).	Promethazine can cause bone depression so the nurse will need to monitor the patient's hematologic levels. The patient should have an allergy test preformed within 72 hours of starting promethazine because this medication can cause flare ups (Jones & Bartlett Learning, 2022).
	The use of Pyridoxine and	The nurse should educate the

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<p>Pyridoxine and Doxylamine</p>	<p>Doxylamine is that it helps treat nausea and vomiting in women who are pregnant (<i>Doxylamine and Pyridoxine (Oral Route)</i>, 2023).</p>	<p>patient that this medication can cause drowsiness, so the patient should not drive or do anything activity that could harm that patient. The nurse should be aware of the signs that are an overdose on this medication such as: dry mouth, irregular heartbeat, large pupils, confusion, restlessness, and sensation of spinning (<i>Doxylamine and Pyridoxine (Oral Route)</i>, 2023).</p>
<p>Ondansetron</p>	<p>The use of ondansetron is to prevent and treat nausea and vomiting. The mechanism of action of ondansetron is it prevents serotonin from releasing in the small intestine and stops the signals to the CNS (Jones & Bartlett Learning, 2022).</p>	<p>The nurse will need to monitor the patient's electrolytes and monitor the patient's electrocardiogram (Jones & Bartlett Learning, 2022).</p>
<p>Betamethasone</p>	<p>The use of Betamethasone is for relieving inflammation (Multum, 2023). The mechanism of action of this medication is it inhibits neutrophils and NF-Kappa B and other factors that leads to inflammation (<i>Betamethasone</i>, 2024).</p>	<p>The nurse will need to monitor the patient for irregular heartbeats, chest pain, seizures, vision changes, skin changes, stiffness of joints, and shortness of breath. The nurse will need to educate the patient that this medication can weaken the patient's immune system, which will make it easier to contract an infection (<i>Betamethasone (injection)</i>, 2023).</p>
<p>Indomethacin</p>	<p>Indomethacin is used to treat hemodynamically patent ductus arteriosus in infants that are premature. The mechanism of action is that this medication stops cyclooxygenase activity that are the enzymes that are needed to synthesize prostaglandins (Jones & Bartlett Learning, 2022).</p>	<p>The nurse should avoid giving this medication to patients who have had an MI, because it can cause reinfarction. Indomethacin is an NSAID, so the nurse should use caution when giving this medication to a patient who has had a GI bleed, because NSAIDs increase the risk of bleeding. Monitor a patient's blood pressure while the patient is on this medication. The nurse will need to monitor the patient's liver enzyme levels, BUN, and creatinine levels, as well as the patient's CBC labs while on this medication (Jones & Bartlett Learning, 2022).</p>

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Magnesium Sulfate	The use of magnesium sulfate is to help treat and prevent seizures that can occur in preeclampsia and eclampsia. The mechanism of action of magnesium sulfate is it depresses the CNS and stops the peripheral neuromuscular impulse by decreasing the acetylcholine (Jones & Bartlett Learning, 2022).	The nurse will need to monitor the patient's electrolytes. The nurse will also need to monitor the patient's cardiac function because this medication causes a low heart rate. This drug does not metabolize very well, so the nurse needs to be aware that this will cause watery stool within 30 minutes to 3 hours. The nurse also needs to make sure that the patient has an adequate diet and exercise because it can cause constipation (Jones & Bartlett Learning, 2022).
Terbutaline Sulfate	The use of terbutaline sulfate is to prevent or treat bronchospasm that are caused by bronchitis, asthma, and emphysema. The mechanism of action is the increase cAMP levels helps relax the bronchial smooth muscles, this helps increase the bronchial airflow (Jones & Bartlett Learning, 2022).	The nurse should monitor patients who have a cardiovascular disease because this medication can cause cardiovascular effects. The nurse will need to monitor the patient's respiratory status because this medication can cause a decrease in pulmonary function. The nurse will need to education the patient on how to give the injection to themselves. Educate the patient that they might experience tremors and nervousness during the duration of the treatment (Jones & Bartlett Learning, 2022).
Glyburide	Glyburide is used to treat and control blood glucose levels in type 2 diabetics. The mechanism of action This medication helps stimulate the production of insulin release from the beta cells in the pancreas (Jones & Bartlett Learning, 2022).	Nurses need to watch patient's glucose levels. Nurses need to watch patients who have a glucose 6-phosphate dehydrogenase deficiency can become anemic. Nurses need to check patient's blood glucose levels 3 hours before meals. Provide insulin to patient's need it and educate patients on diabetes (Jones & Bartlett Learning, 2022).
Insulin	The use of insulin is to control blood glucose levels. The mechanism of action of insulin is it stimulates the peripheral glucose uptake which is by fat and the skeletal muscle, and it also inhibits production of the	Inhaled insulin should not be used for a long-term therapy. Diabetic ketoacidosis should not be treated with inhaled insulins. Nurse should make sure that the patient has had a full physical examination and has looked over their past medical

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	hepatic glucose (Jones & Bartlett Learning, 2022).	history before they start inhaled insulin. The nurse will want to monitor the patient's blood glucose levels, because the patient could develop hypoglycemia (Jones & Bartlett Learning, 2022).
Hydralazine hydrochloride	Hydralazine hydrochloride is used to control hypertension. The mechanisms of action of this medication is that it has a vasodilating effect on the vascular smooth muscle (Jones & Bartlett Learning, 2022).	The nurse needs to monitor and watch the patient's CBC. The nurse needs to also monitor the patient's blood pressure, heart rate, and the patient's daily weight. The nurse needs to do orthostatic vital signs (Jones & Bartlett Learning, 2022).
Labetalol	The use of labetalol is to control hypertension. The mechanism of action is that labetalol stops alpha and beta receptors in the vascular smooth muscle and the beta receptors within the heart that helps reduce blood pressure (Jones & Bartlett Learning, 2022).	This medication can cause hypoglycemia, so the nurse needs to monitor the patient's blood glucose levels. Stopping this medication after long-term usage can lead to an MI, angina, and ventricular arrhythmias (Jones & Bartlett Learning, 2022).
Nifedipine	Nifedipine is used to control hypertension and to control chronic stable angina and or vasospastic angina. The mechanism of action of this medication is that slows down the movement of calcium that goes into the myocardial and the vascular smooth muscle cells (Jones & Bartlett Learning, 2022).	The nurse will need to monitor the patient's heart rate, blood pressure. Monitor the patient's fluid intake and output as well as the patient's daily weight. Patients who have a galactose intolerance should not that this medication because it contains lactose. Do not use this medication in patients with cirrhosis because the effects of this medication are unknown (Jones & Bartlett Learning, 2022).
Calcium gluconate	The use of calcium gluconate is used to treat hypocalcemia. The mechanism of action of this medication that it increases the intracellular and extracellular calcium levels, and this is what helps maintain homeostasis (Jones & Bartlett Learning, 2022).	The nurse should monitor the patient's calcium levels by using the Chvostek's and Trousseau's sign. Monitor patient's aluminum levels because calcium gluconate contains aluminum and could cause aluminum toxicity A patient who has kidney failure and is on dialysis could develop hypercalcemia, so the nurse needs to monitor the patient closely (Jones & Bartlett Learning, 2022).
Misoprostol	Misoprostol is used to help	The nurse needs to be aware that

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	<p>prevent and treat gastric ulcers, and helps control miscarriages, along with preventing postpartum hemorrhage. The mechanism of action of this drug is that it starts the prostaglandin receptors of E1 on to the parietal cells that are in the stomach, and it helps decrease the secretion of gastric acid. In the uterine lining this medication binds to the smooth muscle cells and increases the strength and frequency of the contractions (<i>Misoprostol, 2024</i>).</p>	<p>this medication can cause premature births, birth defects, and uterine ruptures. The nurse needs to be cautious when giving this medication to patients who have a history of heart disease and intestinal problems. This medication is taken with meals 4 time a day. The patient may experience stomach cramps, diarrhea, or nausea while on this medication (BPharm, 2022).</p>
Cervidil	<p>Cervidil is used to help relax the muscles in the cervix in preparing for labor (Multum, 2023). The mechanism of action of this medication is in the gravid uterus the medication stimulates the myometrium to contract (<i>Dinoprostone, 2024</i>).</p>	<p>The nurse will need to monitor the patient for chest pain, any bleeding, intense contraction pains, stomach pains, swallow breathing, and light-headedness. The nurse should not give the patient this medication if the patient has active genital herpes, placenta previa, and if the patient's water has broken already. The patient will need to lie down for 15 to 30 minutes after the medication is administered (Multum, 2023).</p>
Penicillin G	<p>Penicillin G is used to treat congenital syphilis. The mechanism of action of this medication is that it inhibits the final stage of the bacterial cell wall synthesis and binds to the penicillin binding proteins inside the cell wall (Jones & Bartlett Learning, 2022).</p>	<p>Monitor patient for infection because the medication penicillin decreases the immune system. The nurse needs to monitor the patient for severe cutaneous adverse effects (Jones & Bartlett Learning, 2022).</p>
Methylergonovine	<p>Methylergonovine is used to help deliver the placenta after the baby is delivered. It is also used to help control the bleeding and strength the muscle tone in the uterus (Multum, 2022). The mechanism of action of this medication is directly acts in the uterus on the</p>	<p>The nurse will need to monitor the patient for an allergic reaction to the medication. These reactions include, swelling of the lips/tongue/face/throat, hives, and difficulty breathing. The nurse will need to also monitor the patient's blood pressure. Educate the patient within 12 hours after using this</p>

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	smooth muscles and strengthens the muscles (<i>Methylergonovine</i> , 2023).	medication do not breastfeed (Multum, 2022).
Nalbuphine (Nubain)	The use of Nalbuphine (Nubain) to balance anesthesia that is used for obstetrical analgesia during labor and delivery and used for preoperative and postoperative analgesia. The mechanism of action of this medication is that is binds/stimulates the kappa and mu opiate receptors that are within the spinal cord (Jones & Bartlett Learning, 2022).	The nurse should monitor and be cautious about the use of opioids because it can lead to addiction and abuse. Monitor patients who are on other medications because combining other medications with this medication can cause respiratory depression. Patients who are on this medication long-term may need to be put on a stool softener because it can cause constipation (Jones & Bartlett Learning, 2022).
Naloxone--	The use of naloxone is to treat an opioid overdose. The mechanism of action of this medication is that it shortly antagonizes mu kappa, and sigma receptors that are in the CNS (Jones & Bartlett Learning, 2022).	Monitor the patient for the reverse side effects the opioid. Patients who have renal or hepatic dysfunction, they will have increased circulating blood naloxone level (Jones & Bartlett Learning, 2022).
Fentanyl	The use of fentanyl is for surgical procedures, and regional/general anesthesia. The mechanism of action of this medication is that is binds to opioid receptors in the CNS, that alters the patient's perception of pain (Jones & Bartlett Learning, 2022).	The nurse should be cautious because giving a pregnant woman fentanyl can cause neonatal opioid withdrawal syndrome. The nurse needs to monitor patients who have a chronic obstructive pulmonary disease could have decreased respiratory that can be apnea. Monitor patients who have a brain injury or at risk for a brain injury, because it could cause respiratory depression. Nurses should be aware that the patient's blood fentanyl level will be longer if the patient swallowed the drug, because the GI tract slowly absorbs it. Monitor the patient for adrenal insufficiency. After long-term usage the patient should gradually wing off the medication to help with withdrawal symptoms. Any patient who is taking the drug via transdermal should be monitored for a fever.

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		Monitor the patient for bradycardia, especially if the patient has cardiac issues because the use of fentanyl can cause a slower heart rate. The nurse should monitor the patient's glucose levels of a patient who is diabetic because there is 2 grams of sugar in fentanyl (Jones & Bartlett Learning, 2022).
Ibuprofen	Ibuprofen is used to relieve pain and reduce a fever. The mechanism of action of this medication is that it stops the cyclooxygenase activity (Jones & Bartlett Learning, 2022).	Be cautious in patients who have had a recent MI because it will increase the risk for reinfarction. Do not use in patients who have heart failure. NSAIDs increases the risk of GI bleeding, so avoid using ibuprofen in patients who have a history of a GI bleed. Monitor the patient's blood pressure, because this medication can cause hypertension. Monitor the patient's liver enzymes, BUN, creatinine, and CBC labs (Jones & Bartlett Learning, 2022).
acetaminophen	The use of acetaminophen is for mild to moderate pain. The mechanism of action if that the medication inhibits the cyclooxygenase enzyme, stopping the production of prostaglandin and stops the pain impulse in the peripheral nervous system (Jones & Bartlett Learning, 2022).	Monitor the usage in patients who have hepatic impairment, malnutrition, alcoholism, renal impairment, and severe hypovolemia. Monitor AST, ALT, bilirubin and creatinine labs, because this medication can affect the patient's liver. The nurse should be cautious about giving other medications to the patient that might contain acetaminophen as well (Jones & Bartlett Learning, 2022).
oxycodone	Oxycodone is an opioid that is used to treat severe pain. The mechanism of action of this medication is it changes the patient's perception of pain in the spinal cord (Jones & Bartlett Learning, 2022).	The nurse should be aware that overuse of this type of medication can lead the patient to become addicted and abuse the medication. Overuse of this drug while a patient is pregnant can cause neonatal opioid withdrawal syndrome, which is life-threatening. The nurse needs to be cautious giving this medication to patients who have a respiratory disorder, because this medication

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		<p>can cause respiratory depression. Oxycodone can cause GI issues, so the nurse will need to monitor the patient closely. Monitor patients who are at risk for seizures closely because oxycodone can cause seizures. Do not stop this medication suddenly, the patient needs to slowly wing off the medication (Jones & Bartlett Learning, 2022).</p>
hydrocodone	<p>The use of hydrocodone is to help control pain. The mechanism of action of this medication is at the periaqueductal, periventricular grey matter, ventromedial medulla, and the spinal cord where pain is produced the medication binds to opioid receptors (Jones & Bartlett Learning, 2022).</p>	<p>The nurse needs to be aware that patients who are using hydrocodone need to be careful, because they are at risk for addiction and abuse of the drug. This drug if giving to a woman who is pregnant, in labor, or is breastfeeding can cause neonatal opioid withdrawal syndrome and can be life-threatening. Monitor patients on this drug who have a respiratory disorder, because this drug can decrease respirations. Hydrocodone can cause sleep breathing disorders, so the nurse needs to be cautious when giving this to the patient. Monitor patients who have a history of seizure activity, because this medication can cause seizures. The nurse will want to provide the patient with a high fiber diet and a lot of fluids, because this medication can cause constipation. The nurse will want to slowly wing the patient off this medication and do not stop it abruptly (Jones & Bartlett Learning, 2022).</p>
ketorolac	<p>Ketorolac is used for the control of short-term pain. The mechanism of action of this medication is it stops the enzyme cyclooxygenase that synthesizes prostaglandins (Jones & Bartlett Learning, 2022).</p>	<p>Ketorolac is a NSAID, so the nurse will need to monitor the patient for any signs of and MI, because it can cause a reinfarction. The nurse will want to monitor the patient's liver labs, because this medication can be hard on the liver. Patients who have a history of GI bleeds need to be monitored closely while on this</p>

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		<p>medication, because it can cause a GI bleed. Any patients who have crohn's disease or ulcerative colitis, need to be monitored as well by the nurse because this medication can worsen these disorders. This medication can cause hypertension so the nurse will want to monitor the patient's blood pressure. The nurse will want to watch the patient's BUN, creatinine, and CBC labs as well while the patient is on ketorolac (Jones & Bartlett Learning, 2022).</p>
Hepatitis B vaccine	<p>The hepatitis B vaccine is used to prevent patients from getting hepatitis B. The mechanism of action of the vaccine is it uses humoral antibodies against the virus (<i>Hepatitis B Vaccine (Recombinant)</i>, 2024).</p>	<p>The nurse should educate the patient that the hepatitis B vaccine will not protect them from hepatitis A or other hepatitis viruses that are not hepatitis B. This vaccine can be given at any age (<i>Hepatitis B Vaccine (Recombinant)</i>, 2024).</p>
Erythromycin eye ointment	<p>Erythromycin is used to treat C. trachomatis that causes urogenital infections that occur during pregnancy. The mechanism of action of this medication is that in the aerobic, anaerobic, gram-positive, and gram-negative organism the medication binds to the 50S ribosomal subunit that is the 70S ribosome. This causes them to die after inhibiting the action of the RNA (Jones & Bartlett Learning, 2022).</p>	<p>Nurses should not give this medication to patients who have a history of QT interval prolongation. This drug is metabolized through the liver, so the nurse should monitor the patient's liver labs. The patient experience diarrhea during the usage of this drug. The nurse will want to monitor the infant for any irritability during feeding or vomiting while on this medication, because of infantile hypertrophic pyloric stenosis can happen (Jones & Bartlett Learning, 2022).</p>
Phytonadione	<p>Phytonadione is vitamin K that is man-made, and it is used to treat vitamin K deficiency and different blood-clotting disorders (Multum, 2023). The mechanism of action of this medication is it will bind to calcium ions that will then change the clots to an active form, which will restore normal clotting function (<i>Vitamin K1</i>, 2024).</p>	<p>Monitor the patient for signs of an allergic reaction, such as swelling of the face/tongue/lips/throat, hives, or difficulty breathing. Monitor the patient for blue colored lips, bad taste in mouth, jaundice, difficulty breathing, and a weak pulse. The patient may need to have blood test done regularly (Multum, 2023).</p>

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<p>Prenatal vitamins</p>	<p>The use of prenatal vitamins is to replace the vitamins that a woman needs while pregnant. The mechanism of action is that the different vitamins give a pregnant woman body that extra nutrition they need to help grow a baby (Worth, 2023).</p>	<p>The nurse should educate the patient that they should start taking prenatal vitamins before they conceive. Different prenatal vitamins can cause nausea in pregnant women who are experiencing nausea with their pregnancy. If the patient struggles swallowing the whole pill, they can get prenatal vitamins that are in chewable or liquid form. The prenatal vitamins that help with iron levels can cause constipation, so the nurse should educate the patient to eat a diet that is high in fiber, drink an adequate amount of water, exercise, and maybe even take a stool softener (Worth, 2023).</p>
<p>MMR vaccine</p>	<p>The MMR vaccine is used to treat and prevent measles, mumps, and rubella that can be spread from person to person. The vaccine helps the patient develop an immune system to the disease (<i>Measles, mumps, and rubella (MMR) vaccine</i>, 2023). The mechanism of action of this vaccine is that it will fight the antibodies against the viruses (<i>Questions About Measles</i>, 2020).</p>	<p>The nurse will need to monitor the patient for an allergic reaction sign, such as difficulty breathing, vision changes, skin changes, fever, and swelling of the face or throat. The nurse will need to educate the patient that for 2-4 weeks they may have some joint pain after getting the vaccine. Do not give the patient a booster if the patient had a severe allergic reaction to the vaccine. The nurse will need to educate the patient that this vaccine is a series of 1 to 3 shots. If giving the vaccine to children it should be given when the child is 12 to 15 months (Multum, 2023).</p>
<p>Tetanus & reduced diphtheria toxoids/acellular pertussis vaccine</p>	<p>The use of the Tetanus vaccine helps prevent the Clostridium tetani bacterial infection (<i>Tetanus</i>, 2022).</p>	<p>The nurse needs to be aware that the DTaP vaccine is for children younger than 7 years old and the Tdap vaccine is for older children and adults. The nurse should know the side effects of the DTaP vaccine, and they are: a fever, vomiting, swelling, loss of appetite, and fatigue. The side effects of the Tdap vaccine is pain, fever, fatigue, vomiting, and headache (<i>Tetanus</i>, 2022).</p>

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Lidocaine mucosal gel	The use of lidocaine mucosal gel is to treat pain during different procedures. The mechanism of action is that the lidocaine gel numbs the area that the gel is applied too (<i>lidocaine HCl 2% mucosal jelly, 2021</i>).	The nurse needs to be aware that it takes about 5 minutes after applying the gel for it to be at its peak. The patient may experience nausea, swelling, stinging, or burning. More serious side effects that the patient may have is decreased respirations, shaking, seizures, fainting, skin changes, irregular heartbeat, and drowsiness. (<i>lidocaine HCl 2% mucosal jelly, 2021</i>).
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