**Introduction**

Despite the thalidomide tragedy, medications have been found to be commonly used during pregnancy [1-3], with many frequently used medications having inadequate safety data [4].

**Aims**

This study aimed to determine the extent and nature of medication use in early pregnancy, exploring inappropriate exposures with potential for fetal harm and prescribing for known medical disorders.

**Methods**

A descriptive study was carried out using the electronic hospital records of women who had a delivery in the Coombe Women and Infants University Hospital, Dublin between 2000 and 2007. Ascertainment of early pregnancy medication use was by maternal self-report, recorded as part of the booking interview carried out at the end of the first trimester by a midwife. Medications were recorded in the electronic records using both generic and proprietary names. All reported medications were converted to approved non-proprietary names and a medication dictionary was assembled that linked medication names to WHO Anatomical Therapeutic Chemical classification, FDA safety in pregnancy category and OTC status. Binary logistic regression was used to examine maternal factors associated with potentially harmful medication use.

Ethical approval was granted by the hospital’s Research Ethics Committee.

**Results**

The study included 61252 deliveries with antenatal and delivery suite records. Prevalence of medication use:
- Any medication excluding folic acid 39.2%
- OTC medications 19.5%
- Illicit drugs or methadone 0.9%
- Herbal medicines/supplements 0.58%

FDA category D and X medications were reported in 2.5% and 3.2% of pregnancies. Excluding oral contraceptives, fertility treatments and progestogens, 2.4% and 0.1% of pregnancies were exposed to FDA category D and X medications. Table 1 and Figure 1 categorise medication use by FDA pregnancy category.

**Conclusions**

- Four in ten women use medications besides folic acid in early pregnancy, with one in five using an OTC medication
- Women and prescribers need to be aware of the lack of safety data for many medications, and the need for pre-pregnancy planning
- Prescribers should ensure that optimal medications are used when treating women of childbearing potential with chronic medical disorders

**References**

Reference list and copy of poster attached.