



Accurate Clinic

2401 Veterans Memorial Blvd. Suite 16
Kenner, LA 70062 - 4799
Phone: 504.472.6130 Fax: 504.472.6128

www.AccurateClinic.com

Medications, Opioids and Pregnancy Agreement patient copy

Medications sometimes prescribed in this practice are considered potentially dangerous to an unborn baby and as such may be contra-indicated in pregnancy. They should therefore not be taken if you plan to become pregnant and should not be taken during pregnancy due to risks to the fetus and/or mother. Such medications include, but are not limited to: all opioid pain medications, nerve pain medications such as topiramate (Topamax and Trokendi), carbamazepine (Tegretol) and others; NSAIDs such as aspirin, celecoxib (Celebrex), naproxen, meloxicam (Mobic), diclofenac, (Voltaren), indocin and others; antidepressants such as paroxetine (Paxil), imipramine (Tofranil) and others.

You are responsible for notifying this physician if you plan to become pregnant or are pregnant as part of your management in this clinic.

A report from the Centers for Disease Control and Prevention (CDC) suggests a link between opioid painkillers and birth defects. If you are thinking about becoming pregnant or are pregnant, be sure to notify your physician. The report linked opioid painkillers taken just before or during the early stages of pregnancy to a modest increased risk of congenital heart defects, spina bifida, and gastroschisis (a type of hernia) and to some increased risk of a few other conditions. The pregnancy risk categories that the FDA assigns to these drugs could change. If you need pain control during pregnancy, get the help of knowledgeable healthcare professionals, such as perinatologists, neonatologists, and lactation consultants, to weigh the risks and benefits of these medications for you. These professionals will be staying abreast of any changes in the FDA risk categories and any other new information about the effects of these medications on you during pregnancy and on your baby-to-be.

The Report:

Opioid use just before conception or in early pregnancy has been associated with an increased risk for birth defects. According to an ongoing, population-based study conducted by the Centers for Disease Control and Prevention (CDC), women receiving opioid analgesic treatment in early pregnancy had a 2- to 3-fold increased risk of delivering infants with conoventricular septal defects, atrioventricular septal defects, hypoplastic left heart syndrome, spina bifida, or gastroschisis (a type of hernia).

The researchers defined opioid exposure as maternal report of one or more opioids taken for therapeutic reasons. These included codeine, hydrocodone, meperidine, oxycodone, propoxyphene, morphine, tramadol, methadone, hydromorphone, fentanyl, and pentazocine. The exposure window of interest was the period from 1 month before to 3 months after conception.

The investigators found that therapeutic opioid use was reported by 2.6% of 17,449 case mothers of babies with birth defects compared with 2.0% of 6701 control mothers of babies without birth defects.

It's possible, the study authors say, that some of the findings may be due to chance. "Our results should be treated with caution and deserve further investigation."

They did not have information on medication doses so were unable to assess dose-response relationships. In addition, illicit drug use was not assessed.

References:

Am J Obstet Gynecol. Published online February 24, 2011

I have read this handout, understood the content and warnings within, and acknowledge I will notify the physician immediately if I become pregnant or plan to become pregnant.



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This agreement is valid for 9 months from date of signature below.

<< PatientName >>'s signature: _____ ##ShortDate##

<< PatientName >> acknowledges understanding of this agreement and any questions have been answered

Witness name printed: _____ Witness signature: _____

##ShortDate##