The former pregnancy categories, which still may be found in some package inserts, were as follows:

1. **Category A**
   - Adequate and well-controlled studies have failed to demonstrate a risk to the fetus in the first trimester of pregnancy (and there is no evidence of risk in later trimesters).
   - Example drugs or substances: levothyroxine, folic acid, liothyronine
2. **Category B**
   - Animal reproduction studies have failed to demonstrate a risk to the fetus and there are no adequate and well-controlled studies in pregnant women.
   - Examples: metformin, hydrochlorothiazide, cyclobenzaprine, amoxicillin, pantoprazole
3. **Category C**
   - Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.
   - Example drugs: tramadol, gabapentin, amlodipine, trazodone
4. **Category D**
   - There is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.
   - Example drugs: lisinopril, alprazolam, losartan, clonazepam, lorazepam
5. **Category X**
   - Studies in animals or humans have demonstrated fetal abnormalities and/or there is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience, and the risks involved in use of the drug in pregnant women clearly outweigh potential benefits.
   - Example drugs: atorvastatin, simvastatin, warfarin, methotrexate, finasteride

The following table lists drugs which may have harmful effects in pregnancy and indicates the trimester of risk. It is based on human data but information on animal studies has been included for some drugs when its omission might be misleading.

Absence of a medicine from the list does not imply safety

Table 1.2 : Pregnancy risk categories of drugs

Medicine	Comment	Cat.
Abacavir	Toxicity in animal studies;	C
Acetazolamide	Not used to treat hypertension in pregnancy First trimester: Avoid (toxicity in animal studies)	C

Medicine	Comment	Cat.
Acetylsalicylic acid	Third trimester: Impaired platelet function and risk of haemorrhage; delayed onset and increased duration of labour with increased blood loss; avoid analgesic doses if possible in last few weeks (low doses probably not harmful); with high doses, closure of fetal ductus arteriosus in utero and possibly persistent pulmonary hypertension in the newborn; kernicterus in jaundiced neonates	C*
	*D in 3rd trimester	
Aciclovir	Not known to be harmful; limited absorption from topical preparations	B
Albendazole	First trimester: avoid in nematode infections	C
Alcohol	First and second trimesters: Regular daily drinking is teratogenic (fetal alcohol syndrome) and may cause growth retardation; Third trimester: Withdrawal may occur in babies of alcoholic mothers	C
Allopurinol	Toxicity not reported; use only if no safer alternative and disease carries risk for mother or child	C
Amiloride	Not used to treat hypertension in pregnancy	B
Amitriptyline	Manufacturer advises avoid unless essential, particularly during first and third trimesters	C
Amlodipine	No information on use in humans; risk to fetus should be balanced against risk of uncontrolled maternal hypertension	C
Amoxicillin	Not known to be harmful	B
Amoxicillin + clavulanic acid	See Amoxicillin	B
Amphotericin B	Not known to be harmful but use only if potential benefit outweighs risk	B
Ampicillin	Not known to be harmful	B
Artemether	First trimester: Avoid	X
Artesunate	First trimester: Avoid	C
Asparaginase	Avoid	C
Atenolol	May cause intrauterine growth restriction, neonatal hypoglycaemia, and bradycardia; risk greater in severe hypertension	D
Atropine	Not known to be harmful	C
Azathioprine	Transplant patients should not discontinue azathioprine on becoming pregnant; use in pregnancy should be carefully supervised; there is no evidence that azathioprine is teratogenic but premature birth and low birth weight and spontaneous abortion reported following maternal or paternal exposure	D
Azithromycin	Limited information available; use only if adequate alternatives not available	B
Beclometasone	Benefit of treatment, for example in asthma, outweighs risk	C
Benzathine penicillin	Not known to be harmful	B
Benzyl penicillin	Not known to be harmful	B

Medicine	Comment	Cat.
Betamethasone	Benefit of treatment, for example in asthma, outweighs risk	C
Bleomycin	Avoid (teratogenic and carcinogenic in animal studies);	D
Bupivacaine	Third trimester: With large doses, neonatal respiratory depression, hypotonia, and bradycardia after paracervical or epidural block; lower doses of bupivacaine for intrathecal use during late pregnancy	C
Calcium	Manufacturer advises use only if potential benefit outweighs risk	C
Carbamazepine	First trimester: Risk of teratogenesis including increased risk of neural tube defects; risk of teratogenicity greater if more than one antiepileptic used; Third trimester: May possibly cause vitamin K deficiency and risk of neonatal bleeding; if vitamin K not given at birth, neonate should be monitored closely for signs of bleeding	D
Cefazolin	Not known to be harmful	B
Cefixime	Not known to be harmful	B
Ceftazidime	Not known to be harmful	B
Ceftriaxone	Not known to be harmful	B
Chlorambucil	Avoid; use effective contraception during administration to men or women	D
Chloramphenicol	Third trimester: Neonatal "grey" syndrome	C
Chloroquine	First and third trimesters: Benefit of prophylaxis and treatment in malaria outweighs risk	C
Chlorpheni-ramine	No evidence of teratogenicity	C
Chlorpromazine	Third trimester: Extrapyramidal effects in neonate occasionally reported or withdrawal symptoms after delivery	C
Ciclosporin	Only few studies available; but it does not appear to be any more harmful than azathioprine; use in pregnancy should be supervised in specialist units, take into consideration alcohol content of various cyclosporine formulations	C
Ciprofloxacin	Avoid (arthropathy in animal studies); safer alternatives available	C
Cisplatin	Avoid (teratogenic and toxic in animal studies);	D
Clindamycin	Not known to be harmful	B
Clomifene	Possible effects on fetal development	X
Clomipramine	Manufacturer advises avoid unless essential, particularly during first and third trimesters	C
Cloxacillin	Not known to be harmful	B
Codeine	Third trimester: Depresses neonatal respiration; withdrawal effects in neonates of dependent mothers; gastric stasis and risk of inhalation pneumonia in mother during labour	C
Contraceptives, Oral	Avoid; risk of developmental defects in sex organs and also non-genital malformations	X
Cyclophospha-mide	Avoid; use effective contraception during and for at least 3 months after administration to men or women;	D
Cytarabine	Avoid (teratogenic in animal studies)	D

Medicine	Comment	Cat.
Dacarbazine	Avoid (carcinogenic and teratogenic in animal studies); use effective contraception during and for at least 6 months after administration to men or women	C
Dactinomycin	Avoid (teratogenic in animal studies)	D
Dapsone	Third trimester: Neonatal haemolysis and methaemoglobinaemia; folic acid, 5 mg daily, should be given to mother	C
Daunorubicin	Avoid (teratogenic and carcinogenic in animal studies)	D
Deferoxamine	Teratogenic in animal studies; manufacturer advises use only if potential benefit outweighs risk	C
Dexamethasone	Benefit of treatment, for example in asthma, outweighs risk; risk of intrauterine growth retardation on prolonged or repeated systemic treatment; corticosteroid cover required by mother during labour; monitor closely if fluid retention	C
Diazepam	Avoid regular use (risk of neonatal withdrawal symptoms); use only if clear indication such as seizure control (high doses during late pregnancy or labour may cause neonatal hypothermia, hypotonia, and respiratory depression)	D
Didanosine	Avoid if possible in first trimester; increased risk of lactic acidosis and hepatic steatosis;	B
Diethyl-carbamazine	Avoid: Delay treatment until after delivery	X
Digoxin	May need dosage adjustment	C
Diloxanide	Defer treatment until after first trimester	
Doxorubicin	Avoid (teratogenic and toxic in animal studies); with liposomal product use effective contraception during and for at least 6 months after administration to men or women	D
Doxycycline	First trimester: Effects on skeletal development in animal studies Second and third trimesters: Dental discoloration; maternal hepatotoxicity with large doses	D
Efavirenz	Avoid (potential teratogenic effects)	D
Eflornithine	Avoid	C
Emtricitabine	No information available; use only if essential	B
Enalapril	Avoid; may adversely affect fetal and neonatal blood pressure control and renal function; also possible skull defects and oligohydramnios; toxicity in animal studies	C, D*
	*C in 1st trimester; D in 2nd and 3rd trimester	
Ephedrine	Increased fetal heart rate reported with parenteral ephedrine; potential; metabolic acidosis (umbilical artery pH of ≤7.2 in newborns at delivery with maternal ephedrine exposure)	C
Ergocalciferol	High doses teratogenic in animals but therapeutic doses unlikely to be harmful	C
Erythromycin	Not known to be harmful	B
Estradiol cypionate	Avoid - risk of developmental and psycho-sexual defects	X
Ethambutol	Not known to be harmful	B

Medicine	Comment	Cat.
Ethinylestradiol	Avoid - risk of developmental and psycho-sexual defects	X
Ethosuximide	First trimester: May possibly be teratogenic; risk of teratogenicity greater if more than one antiepileptic used	C
Etoposide	Avoid (teratogenic in animal studies)	D
Fluconazole	Avoid (multiple congenital abnormalities reported with long-term high doses)	D*
	*for indications other than vaginal candidiasis	
Flucytosine	Teratogenic in animal studies; manufacturer advises use only if potential benefit outweighs risk	C
Fluorouracil	Avoid (teratogenic)	D
Fluoxetine	Use only if potential benefit outweighs risk; risk of neonatal withdrawal, potential risk of persistent pulmonary hypertension in the newborn.	C
Fluphenazine	Third trimester: Extrapyramidal effects in neonate occasionally reported	C
Furosemide	Not used to treat hypertension in pregnancy	C
Gentamicin	Second and third trimesters: Auditory or vestibular nerve damage; risk probably very small with gentamicin, but avoid unless essential (if given, serum gentamicin concentration monitoring essential)	D
Glibenclamide/ Glyburide	Third trimester: Neonatal hypoglycaemia; insulin is normally substituted in all diabetics; if oral drugs are used, therapy should be stopped at least 2 days before delivery	C
Griseofulvin	Avoid (fetotoxicity and teratogenicity in animals); use effective contraception during and for at least 1 month after administration (important: effectiveness of oral contraceptives reduced; also men should avoid fathering a child during and for at least 6 months after administration	X
Haloperidol	Third trimester: Extrapyramidal effects in neonate occasionally reported	C
Halothane	Third trimester: Depresses neonatal respiration	C
Heparin	Maternal osteoporosis has been reported after prolonged use; multidose vials may contain benzyl alcohol; some manufacturers advise avoid	C
Hydralazine	Avoid during first and second trimesters; no reports of serious harm following use in third trimester	C
Hydrochloro-thiazide	Not used to treat hypertension in pregnancy Third trimester: May cause neonatal thrombocytopenia	B
Hydrocortisone	Benefit of treatment, for example in asthma, outweighs risk; risk of intrauterine growth retardation on prolonged or repeated systemic treatment; corticosteroid cover required by mother during labour; monitor closely if fluid retention	C
Ibuprofen	Avoid unless potential benefit outweighs risk Third trimester: With regular use closure of fetal ductus arteriosus in utero and possibly persistent pulmonary hypertension in the newborn; delayed onset and increased duration of labour	C*
	* Not recommended during 3rd trimester	

Medicine	Comment	Cat.
Imipenem + cilastatin	Use only if potential benefit outweighs risk (toxicity in animal studies)	C
Indinavir	Avoid if possible in first trimester; theoretical risk of hyperbilirubinaemia and renal stones in neonates if used at term	C
Insulin	Insulin requirements should be assessed frequently by an experienced diabetes clinician	B
Iodine	Second and third trimesters: Neonatal goitre and hypothyroidism	D
Ipratropium bromide	Not known to be harmful	B
Isoniazid	Not known to be harmful	C
Ivermectin	Delay treatment until after delivery	C
Ketamine	Third trimester: Depresses neonatal respiration	C
Lamivudine	Avoid if possible in first trimester; benefit of treatment considered to outweigh risk in second and third trimesters;	C
Levamisole	Third trimester: Avoid	C
Levodopa + carbidopa	Toxicity in animal studies	C
Levonorgestrel	Avoid	X
Levothyroxine	Monitor maternal serum thyrotrophin concentration; levothyroxine may cross the placenta and excessive dosage can be detrimental to fetus	A
Lidocaine	Third trimester: With large doses, neonatal respiratory depression, hypotonia, and bradycardia after paracervical or epidural block	B
Lithium	First trimester: Avoid if possible (risk of teratogenicity including cardiac abnormalities) Second and third trimesters: Dose requirements increased (but on delivery return to normal abruptly); close monitoring of serum lithium concentration advised (risk of toxicity in neonate)	D
Lopinavir + ritonavir	Avoid if possible in first trimester; avoid oral solution due to high propylene glycol content	C
Magnesium sulfate	Fetal skeletal demineralization, hypocalcemia, hypermagnesium reported with continuous long-term use (ie longer than 5-7days), preterm labor in pregnant women; the effect on the developing fetus may result in neonates with skeletal abnormalities. Third trimester: not known to be harmful for short term intravenous administration in eclampsia but excessive doses may cause neonatal respiratory depression	D
Mebendazole	Toxicity in animal studies. Contraindicated in cestode infections First trimester: Avoid in nematode infections	C
Medroxy-progesterone acetate	Avoid (genital malformations and cardiac defects reported in male and female fetuses); inadvertent use of depot medroxyprogesterone acetate contraceptive injection in pregnancy unlikely to harm fetus	X
Mefloquine	Use only if other antimalarials inappropriate,	B
Mercaptopurine	Avoid (teratogenic)	D

Medicine	Comment	Cat.
Metformin	All trimesters: Avoid; insulin is normally substituted in all diabetics	B
Methadone	Third trimester: Depresses neonatal respiration; withdrawal effects in neonates of dependent mothers; gastric stasis and risk of inhalation pneumonia in mother during labour	C
Methotrexate	Avoid (teratogenic); fertility may be reduced during therapy but this may be reversible; use effective contraception during and for at least 6 months after administration to men or women	X
Methyldopa	Not known to be harmful	B
Metoclopramide	Not known to be harmful	B
Metronidazole	Avoid high-dose regimens	B
Mifepristone	If treatment fails, pregnancy must be terminated by another method	X
Misoprostol	Potent uterine stimulant; may be teratogenic; if medical abortion fails, pregnancy must be terminated by another method	X
Morphine	Third trimester: Depresses neonatal respiration; withdrawal effects in neonates of dependent mothers; gastric stasis and risk of inhalation pneumonia in mother during labour	C*
	* Category D on prolonged use or high dose	
Naloxone	Use only if potential benefit outweighs risk	C
Nelfinavir	Avoid if possible in first trimester; potential benefit of treatment considered to outweigh risk in second and third trimesters	B
Neostigmine	Third trimester: Neonatal myasthenia with large doses	C
Nevirapine	Avoid if possible in first trimester; benefit of treatment considered to outweigh risk in second and third trimesters	C
Niclosamide	T. solium infections in pregnancy should be treated immediately	B
Nifedipine	Some dihydropyridines are teratogenic in animals, but risk to fetus should be balanced against risk of uncontrolled maternal hypertension; may inhibit labour (used for premature labour)	C
Nifurtimox	First trimester: Avoid	B
Nitrofurantoin	Third trimester: May produce neonatal haemolysis if used at term	B*
	* Contraindiated at term	
Nitrous oxide	Third trimester: Depresses neonatal respiration	C
Norethisterone	Avoid	X
Nystatin	No information available, but absorption from gastrointestinal tract negligible	C
Ofloxacin	Avoid (arthropathy in animal studies); safer alternatives available	C
Oxamniquine	If immediate treatment not required, schistosomiasis treatment should be delayed until after delivery;	C
Paracetamol	Not known to be harmful	B

Medicine	Comment	Cat.
Paromomycin	Second and third trimesters: Auditory or vestibular nerve damage possible; no information on use in humans	C
Penicillamine	Fetal abnormalities reported rarely; avoid if possible	D
Pentamidine isetionate	Potentially fatal visceral leishmaniasis must be treated without delay; should not be withheld in trypanosomiasis even if evidence of meningoencephalitic involvement; potentially fatal P. carinii (P. jiroveci) pneumonia must be treated without delay	C
Pentavalent antimony compounds	Potentially fatal visceral leishmaniasis must be treated without delay	
Phenobarbital	First and third trimesters: Congenital malformations – risk of teratogenicity greater if more than one antiepileptic used; may possibly cause vitamin K deficiency and risk of neonatal bleeding; if vitamin K not given at birth, neonate should be monitored closely for signs of bleeding	D
Phenytoin	First and third trimesters: Congenital malformations (screening advised); adequate folate supplements should be given to mother (for example, folic acid 5 mg daily); risk of teratogenicity greater if more than one antiepileptic used; may possibly cause vitamin K deficiency and risk of neonatal bleeding; if vitamin K not given at birth, neonate should be monitored closely for signs of bleeding NOTE. Caution in interpreting plasma phenytoin concentrations – bound phenytoin may be reduced but free (or effective) phenytoin unchanged;	D
Phytomenadione	No specific information available; use only if potential benefit outweighs risk	C
Podophyllum resin	Avoid; neonatal death and teratogenesis have been reported	X
Potassium iodide	Second and third trimesters: Neonatal goitre and hypothyroidism	D
Praziquantel	T. solium infections in pregnancy should be treated immediately; benefit of treatment in schistosomiasis outweighs risk; if immediate treatment not considered essential for fluke infections, treatment should be delayed until after delivery	B
Prednisolone	Benefit of treatment, for example in asthma, outweighs risk; risk of intrauterine growth retardation on prolonged or repeated systemic treatment; corticosteroid cover required by mother during labour; monitor closely if fluid retention	C
Primaquine	Third trimester: Neonatal haemolysis and methaemoglobinaemia; delay treatment until after delivery	C
Procarbazine	Avoid (teratogenic in animal studies and isolated reports in humans)	D

Medicine	Comment	Cat.
Proguanil	Benefit of prophylaxis and of treatment outweighs risk; adequate folate supplements should be given to mother	C
Promethazine	No evidence of teratogenicity	C
Propranolol	May cause intrauterine growth restriction, neonatal hypoglycaemia, and bradycardia; risk greater in severe hypertension	C
Propylthiouracil	Second and third trimesters: Neonatal goitre and hypothyroidism	D
Pyrazinamide	Use only if potential benefit outweighs risk	C
Pyridostigmine	Third trimester: Neonatal myasthenia with large doses	B
Pyrimethamine	First trimester: Theoretical teratogenic risk (folate antagonist); adequate folate supplements should be given to the mother; avoid in pneumocystosis and toxoplasmosis; see Sulfadiazine	C
Quinidine	Not known to be harmful at therapeutic doses	C
Quinine	First trimester: High doses are teratogenic; but in malaria benefit of treatment outweighs risk	X
Ranitidine	Not known to be harmful	B
Retinol	First trimester: Excessive doses may be teratogenic	A*
	* A (oral); C (doses >RDA); X (parenteral >6000U/day)	
Ribavirin	Avoid (teratogenic); use effective contraception during and for at least 7 months after administration to men or women	X
Rifampicin	First trimester: Very high doses teratogenic in animal studies; Third trimester: Risk of neonatal bleeding may be increased	C
Salbutamol	Appropriate to use for asthma; high doses should be given by inhalation only – parenteral use can affect the myometrium and possibly cause cardiac problems	C
Saquinavir	Avoid if possible in first trimester; potential benefit of treatment considered to outweigh risk in second and third trimesters	B
Silver sulfadiazine	Third trimester: Neonatal haemolysis and methaemoglobinaemia; fear of increased risk of kernicterus in neonates appears to be unfounded	C*
	* X: near term	
Simvastatin	Avoid – congenital anomalies reported; decreased synthesis of cholesterol possibly affects fetal development	X
Sodium nitroprusside	Potential for accumulation of cyanide in fetus – avoid prolonged use	C
Spironolactone	Toxicity in animal studies	C
Stavudine	Avoid if possible in first trimester; increased risk of lactic acidosis and hepatic steatosis	C
Streptokinase	Possibility of premature separation of placenta in first 18 weeks; theoretical possibility of fetal haemorrhage throughout pregnancy; risk of maternal haemorrhage on postpartum use	C
Streptomycin	Second and third trimesters: Auditory or vestibular nerve damage; avoid unless essential (if given, serum streptomycin concentration monitoring essential)	D

Medicine	Comment	Cat.
Sulfadiazine	Third trimester: Neonatal haemolysis and methaemoglobinaemia; fear of increased risk of kernicterus in neonates appears to be unfounded In toxoplasmosis, avoid in first trimester, but may be given in second and third trimester if danger of congenital transmission	C
Sulfadoxine + pyrimethamine	In malaria, benefit of prophylaxis and treatment outweigh risk First trimester possible teratogenicity Third trimester: Neonatal haemolysis and methaemoglobinaemia; fear of increased risk of kernicterus in neonates appears to be unfounded	C
Sulfamethoxa-zole + trimethoprim	First trimester: Teratogenic risk (trimethoprim is a folate antagonist) Third trimester: Neonatal haemolysis and methaemoglobinaemia; fear of increased risk of kernicterus in neonates appears to be unfounded	D
Sulfasalazine	Third trimester: Theoretical risk of neonatal haemolysis; adequate folate supplements should be given to mother	B,D*
	* D (prolonged use)	
Suramin sodium	In onchocerciasis, delay treatment until after delivery; in T. brucei rhodesiense, treatment should be given even if evidence of meningoencephalopathic involvement	NA
Suxamethonium	Mildly prolonged maternal paralysis may occur	C
Tamoxifen	Avoid (possible effects on fetal development); use effective contraception during treatment and for at least 2 months after administration to women	D
Tenofovir	No information available; use only if potential benefit outweighs risk	B
Testosterone	Masculinization of female fetus	X
Tetracycline	First trimester: Effects on skeletal development in animal studies Second and third trimesters: Dental discoloration; maternal hepatotoxicity with large doses	D*
	* D(systemic); C(periodontal fiber)	
Thiopental	Third trimester: Depresses neonatal respiration; dose should not exceed 250 mg	C
Trimethoprim	First trimester: Teratogenic risk (folate antagonist)	C
Vaccine, BCG	First trimester: Theoretical risk of congenital malformations, but need for vaccination may outweigh possible risk to fetus	C
Vaccine, Influenza	First trimester: avoid; Second and third trimester: not known to be harmful	C
Vaccine, MMR	Avoid; pregnancy should be avoided for 1 month after immunization	X
Vaccine, Polio-myelitis, live attenuated	First trimester: Theoretical risk of congenital malformations, but need for vaccination may outweigh possible risk to fetus	B*
	* B (oral-trivalent)	
Vaccine, Rubella	Avoid; pregnancy should be avoided for 1 month after immunization	C

Medicine	Comment	Cat.
Vaccine, Varicella	Avoid; pregnancy should be avoided for 3 months after immunization	X
Vaccine, Yellow fever	First trimester: Theoretical risk of congenital malformations, however need for vaccination may outweigh possible risk to fetus especially after the 6th month of pregnancy; pregnant women should be advised not to travel to areas where there is a risk of exposure to yellow fever	C
Valproic acid	First and third trimesters: Increased risk of congenital malformations and developmental delay (counselling and screening advised – folic acid supplements may reduce risk of neural tube defects); risk of teratogenicity greater if more than one antiepileptic used; neonatal bleeding (related to hypofibrinaemia) and neonatal hepatotoxicity also reported	D*
	* D (seizure and manic episodes); X (migraine)	
Vancomycin	Use only if potential benefit outweighs risk – plasma vancomycin concentration monitoring essential to reduce risk of fetal toxicity	C*
	*C (injection); B (oral)	
Vecuronium	No information available; use only if potential benefit outweighs risk	C
Verapamil	May reduce uterine blood flow with fetal hypoxia; may inhibit labour	C
Vinblastine	Avoid (limited experience suggests fetal harm; teratogenic in animal studies)	D
Vincristine	Avoid (teratogenicity and fetal loss in animal studies)	D
Warfarin	Congenital malformations; fetal and neonatal haemorrhage	D
Zidovudine	Avoid if possible in first trimester; benefit of treatment considered to outweigh risk in second and third trimesters	C

11. Prescribing during breast-feeding

Infants should be exclusively breastfed for the first 6 months of life; thereafter they should receive appropriate complementary food and continue to be breastfed up to 2 years of age or beyond.

Breastfeeding mothers should inform their health care provider and their child's pediatrician of any medications or supplements they are taking, including herbal and over-the-counter products. Administration of some drugs (for example, ergotamine) to nursing mothers may harm the infant, whereas administration of others (for example, digoxin) has little effect. Some drugs inhibit lactation (for example, estrogens).

According to American Academy of Paediatrics (AAP), healthcare providers should weigh the risks and benefits of breastfeeding when prescribing medications to breastfeeding mothers by considering the following:

- Need for the drug by the mother.
- Potential effects of the drug on milk production.