

FIRST TRIMESTER

Does taking pain killers increase the chance of birth defects?

A baby's body and most internal organs are formed during the first 12 weeks of pregnancy. It is mainly during this time that some medicines are known to cause birth defects. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect regardless of drug use.

Large studies of women using paracetamol in early pregnancy do not suggest an increased chance of birth defects in their babies.

A recent study found a small increase in congenital birth defects following NSAID exposure, but this study did not account for other underlying conditions such as fever or viral illness.

No studies have found a specific pattern of birth defects caused by codeine use. If there is an increased chance of birth defects with codeine use in pregnancy, it is likely to be small.

Can taking pain killers in pregnancy cause miscarriage or stillbirth?

Approximately 15% of all recognised pregnancies end in miscarriage, regardless of drug use.

No increased chance of miscarriage or stillbirth has been seen in large studies of pregnant women taking paracetamol. It is unclear whether ibuprofen increases the risk of miscarriage. Some (but not all) studies have suggested increased risk, but these studies did not account for other underlying conditions such as fever or viral illness.

SECOND TRIMESTER

Can taking pain killers cause preterm birth or my baby to be small at birth (low birth weight)?

No studies have shown an increased chance of preterm birth (birth before week 37) or low birth weight (weighing less than 2500 grams at birth) in babies born to mothers taking paracetamol, NSAIDs or codeine during the second trimester.

THIRD TRIMESTER

Can taking pain killers in pregnancy cause later problems in the child?

No link between paracetamol and childhood asthma or neurodevelopmental outcomes has been found.

After 20 weeks, NSAIDs (ibuprofen) should be avoided as there is a small risk of kidney and heart problems in the newborn.

Using codeine around the time of delivery has been associated with withdrawal symptoms in the baby.

BREASTFEEDING

At recommended doses, paracetamol, ibuprofen and diclofenac are considered to be safe for use during lactation. Of the NSAIDs, ibuprofen and diclofenac are the preferred choices due to their shorter half-lives. Due to rare infant complications, aspirin is generally not recommended if safer alternatives are available. In some mothers, codeine is rapidly metabolized and high levels appear in breastmilk causing drowsiness in the newborn. Codeine (and combinations) are therefore not recommended during breastfeeding.

Are there any risks to my baby if the father has taken pain killers?

There is no increased risk to your baby if the father took paracetamol, NSAIDs, aspirin or codeine before or around the time you became pregnant.



Why use Pain killers ?

Pain is an unfortunate consequence of a number of dental procedures. Untreated pain can lead to anxiety and depression in the mother. Pain can be treated during pregnancy and there is no need for unnecessary suffering.

Is it safe to use pain killers in pregnancy?

The stage of pregnancy will influence which medication is best to use during pregnancy. Paracetamol is generally considered the safest medication for short-term treatment of pain. The non-steroidal anti-inflammatory drug (NSAID) family of painkillers (including ibuprofen, naproxen and diclofenac) are not suitable for use in the third trimester of pregnancy (see below).

Please read the accompanying information for more details.

Are there any alternatives to taking pain killers in pregnancy?

Your dentists may suggest other options eg. application of hot/cold packs.

Who can I talk to if I have questions?

If you have any questions about the information in this leaflet please discuss them with your health care provider. They can access more detailed medical and scientific information from Mothersafe.

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday –Friday 9am–5pm (excluding public holidays)

Disclaimer: This information is not intended to replace the individual care and advice of your health care provider. New information is continually becoming available. Whilst every effort will be made to ensure that this information is accurate and up to date at the time of publication, we cannot cover every eventuality and the information providers cannot be held responsible for any adverse outcomes following decisions made on the basis of this information. We strongly advise that printouts should NOT be kept for any length of time, or for "future reference" as they can rapidly become out of date.

Pain Relief

Paracetamol, NSAIDs (ibuprofen, aspirin), Codeine

Information in this leaflet is general in nature and should not take the place of advice from your health care provider.

