

Pregnancy and Breastfeeding: Self-Care Therapy for Common Conditions

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Table 1: Pregnancy and Breastfeeding: Self-Care Therapy for Common Conditions

For comparative ingredients of nonprescription products, consult the <i>Compendium of Products for Minor Ailments</i> .					
Indication	Self-Care Drugs of Choice in Pregnancy	Alternatives in Pregnancy	Self-Care Drugs of Choice in Breastfeeding	Alternatives in Breastfeeding	Comments
Acne See also Acne .	benzoyl peroxide ^{[1][2]}		benzoyl peroxide ^[2]		Topical tretinoin is believed to be nonteratogenic and systemic bioavailability is low; however, continuing use in pregnancy may not be warranted. ^[3]
Allergic Rhinitis See also Allergic Rhinitis and Prenatal and Postpartum Care .	Second-generation antihistamines: ^{[4][5]} cetirizine ^{[6][7][8][9]} desloratadine, loratadine ^{[10][11][12][13][14]} First-generation antihistamines: brompheniramine, ^[15] chlorpheniramine, doxylamine, diphenhydramine, pheniramine ^{[16][17][18][19]} Intranasal corticosteroids: fluticasone ^{[20][21][22][23][24]} triamcinolone ^{[24][25][26]}	Second-generation antihistamines: fexofenadine ^{[27][28][29]} Intranasal corticosteroids: mometasone	First- or second-generation antihistamines ^{[30][31][32][33]} Intranasal corticosteroids: fluticasone, mometasone, triamcinolone See Comments		See Nasal Congestion if antihistamine alone is inadequate. Intranasal corticosteroids have not been studied in lactation; however, systemic absorption is expected to be negligible and unlikely to affect a breastfed infant.
Backache/ headache/ fever/pain See also Fever , Headache , Low Back Pain and Prenatal and Postpartum Care .	acetaminophen ^{[18][19][34][35][36]} (with or without codeine ^[19]) See Comments	ASA ^{[18][37][38][39][40][41][42][43][44][45]} ibuprofen, naproxen See Comments	acetaminophen, ASA, ibuprofen	naproxen	Avoid NSAIDs and full doses of ASA in the 3 rd trimester. ^{[46][47][48]} Limit codeine to short-term use in pregnancy. Codeine should be avoided in breastfeeding as safer effective treatments are available. If codeine is used, limit to <4 days' duration and discontinue if either mother or infant displays signs of toxicity. ^{[49][50]}
Chest Congestion See also Acute Cough , Prenatal and Postpartum Care .	guaifenesin ^{[18][19][37]}		guaifenesin		No data on transfer into milk; however, not expected to pose a risk to suckling infant.
Cold Sores See also Cold Sores (Herpes Labialis) .					No nonprescription therapy of choice; prescription therapy may be preferred. ^[a]

For comparative ingredients of nonprescription products, consult the <i>Compendium of Products for Minor Ailments</i> .					
Indication	Self-Care Drugs of Choice in Pregnancy	Alternatives in Pregnancy	Self-Care Drugs of Choice in Breastfeeding	Alternatives in Breastfeeding	Comments
Conjunctivitis, allergic See also Assessment of Patients with Eye Conditions and Conjunctivitis .	See Comments				Though absorption of many nonprescription eye drops is minimal, prescription products may have more evidence of safety in pregnancy.
Conjunctivitis, infectious See also Assessment of Patients with Eye Conditions and Conjunctivitis .	See Comments				Though absorption of many nonprescription eye drops is minimal, prescription products may have more evidence of safety in pregnancy.
Constipation See also Constipation and Prenatal and Postpartum Care .	Bulk-forming agents: psyllium, bran Stool softeners: docusate	glycerin suppositories, lactulose, polyethylene glycol (PEG) See Comments	magnesium hydroxide Bulk-forming agents: psyllium, bran Stool softeners: docusate, bisacodyl	glycerin suppositories, lactulose, PEG, senna See Comments	Senna and other stimulants may induce uterine contractions and bowel dependence—only short-term use is advised. Despite a lack of safety data, glycerin suppositories, lactulose and PEG are considered acceptable to use in pregnancy and breastfeeding as systemic absorption is minimal. ^[51]
Cough See also Acute Cough and Prenatal and Postpartum Care .	dextromethorphan, ^{[18][19][52][53]} codeine See Comments		dextromethorphan		No data on excretion of dextromethorphan into milk; however, not expected to pose a risk to suckling infant. Limit codeine to short-term use in pregnancy. Codeine should be avoided in breastfeeding, as safer effective treatments are available. If codeine is used, limit to <4 days' duration and discontinue if either mother or infant displays signs of toxicity. ^{[49][50]}
Dandruff See also Dandruff and Seborrheic Dermatitis .	coal tar preparations, pyrithione zinc		coal tar preparations, pyrithione zinc		Not studied in human pregnancy or lactation; however, systemic absorption is expected to be negligible.

For comparative ingredients of nonprescription products, consult the <i>Compendium of Products for Minor Ailments</i> .					
Indication	Self-Care Drugs of Choice in Pregnancy	Alternatives in Pregnancy	Self-Care Drugs of Choice in Breastfeeding	Alternatives in Breastfeeding	Comments
Dermatitis See also Atopic, Contact, and Stasis Dermatitis .	See Comments		Nonprescription topical corticosteroids (if used on nipple or areola, wipe off prior to feeding). Water-based products preferred.		Though nonprescription topical corticosteroids are probably safe, appropriate medical assessment is recommended to identify potential pregnancy-specific dermatologic conditions.
Diarrhea See also Diarrhea .	attapulgit/kaolin + pectin ^[37] psyllium ^{[18][19][37][54]} See Comments	bismuth subsalicylate, ^[37] loperamide ^{[37][55]}	attapulgit/kaolin + pectin ^[37] psyllium ^{[18][19][37][54]} loperamide ^{[37][55]}		Avoid salicylate-containing compounds in the 3 rd trimester.
Fungal Infections, mouth See also Oral Candidiasis .	See Comments		See Comments		No nonprescription therapy of choice. ^[a] Patient requires further assessment and/or treatment.
Fungal Infections, nails See also Fungal Nail Infections (Onychomycosis) .	See Comments		See Comments		No nonprescription therapy of choice. ^[a] Patient requires further assessment and/or treatment.
Fungal Infections, skin See also Fungal Skin Infections .	clotrimazole, miconazole, nystatin (topical) See Comments		clotrimazole, miconazole, nystatin (topical)		Though these topical antifungal agents are considered safe, further assessment is recommended to identify potential pregnancy-specific dermatologic conditions.
Fungal Infections, vaginal See also Vaginal Symptoms, Hygiene and Infections .	clotrimazole (topical, vaginal) miconazole (topical, vaginal) ^{[56][57][58]}	fluconazole 150 mg single dose See Comments	clotrimazole (topical, vaginal) miconazole (topical, vaginal) ^[59]	fluconazole 150 mg single dose	Patient requires further assessment and/or treatment if symptoms persevere after nonprescription treatment. A single study found elevated risk for spontaneous abortion with fluconazole; ^[60] whenever possible, limit use to 2 nd half of pregnancy.
Gingivitis/periodontitis See also Periodontal Conditions: Gingivitis and Periodontitis .	See Comments		See Comments		No nonprescription therapy of choice. ^[a] Consult dentist for a diagnosis and appropriate treatment recommendations.

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Indication	Self-Care Drugs of Choice in Pregnancy	Alternatives in Pregnancy	Self-Care Drugs of Choice in Breastfeeding	Alternatives in Breastfeeding	Comments
Hemorrhoids See also Hemorrhoids , Prenatal and Postpartum Care .	Bulk-forming agents: psyllium, bran Stool softeners: docusate Topical: zinc oxide	See Comments	Bulk-forming agents: psyllium, bran Stool softeners: docusate Topical: zinc oxide	See Comments	No safety data available for nonprescription topical hemorrhoid products; however, because of the small doses and limited systemic absorption, they can be safely used for symptom relief if bulk-forming agents and stool softeners are inadequate.
Influenza See also Viral Rhinitis , Influenza , Sinusitis and Pharyngitis .	See Comments		See Comments		Treat symptoms and hydration as necessary; see individual symptoms.
Insect Bites and Stings See also Insect Bites and Stings .	Treatment with ice may be sufficient	diphenhydramine (oral or topical), Nonprescription topical corticosteroids	Treatment with ice may be sufficient	diphenhydramine (oral or topical), Nonprescription topical corticosteroids	Patient requires further assessment and/or treatment if symptoms are severe or do not resolve within 7 days. Topical diphenhydramine can cause allergic contact dermatitis.
Insect Repellents See also Insect Bites and Stings .	DEET, icaridin See Comments		DEET, icaridin See Comments		Pregnant women should avoid travel to Zika-affected areas and use insect repellent to protect themselves from mosquito bites, as Zika infection during pregnancy can cause severe birth defects in the fetus. ^{[61][62]} P-menthane 3,8-diol (PMD/oil of lemon eucalyptus) and soybean oil are also considered safe during pregnancy and breastfeeding ^[62] but duration of effect is shorter than for some strengths of DEET and icaridin. ^[63]
Lice See also Parasitic Skin Infections: Lice and Scabies .	permethrins, ^{[64][65]} pyrethrins with piperonyl butoxide		permethrins, pyrethrins with piperonyl butoxide See Comments		These products have not been studied in lactation; however, systemic absorption is expected to be negligible.

For comparative ingredients of nonprescription products, consult the <i>Compendium of Products for Minor Ailments</i> .					
Indication	Self-Care Drugs of Choice in Pregnancy	Alternatives in Pregnancy	Self-Care Drugs of Choice in Breastfeeding	Alternatives in Breastfeeding	Comments
Nasal Congestion See also Allergic Rhinitis and Prenatal and Postpartum Care .	pseudoephedrine ^{[41][42][68][69]} See Comments saline nasal spray/drops	Topical nasal decongestants: oxymetazoline, xylometazoline ^{[18][54][68]} phenylephrine ^{[19][43][70][72]}	saline nasal spray/drops Topical nasal decongestants: oxymetazoline, xylometazoline, ^{[18][54][68]}	pseudoephedrine See Comments	Some sources recommend avoidance of pseudoephedrine during the 1 st trimester based on a single, small study showing increased risk of gastroschisis; ^[40] however, a recent larger study from the same group did not show increased risk. ^[71] Though not reported in humans, phenylephrine is more likely than pseudoephedrine to produce vasoactive effects such as hypertension and reduced uterine blood flow. There may be a risk of decreased milk production with pseudoephedrine in women whose lactation is not well established or who have low milk supply.
Nausea and Vomiting See also Nausea and Vomiting and Prenatal and Postpartum Care .	doxylamine/pyridoxine ^[73]	dimenhydrinate ^{[19][74][75][76]}	dimenhydrinate		Doxylamine 10 mg/pyridoxine 10 mg (delayed-release combination product) is available on prescription.
Pharyngitis See also Viral Rhinitis, Influenza, Sinusitis and Pharyngitis .	acetaminophen, ^[34] ASA, ^{[18][37][45]} codeine, ibuprofen See Comments	naproxen See Comments	acetaminophen, ASA, ibuprofen, naproxen		Short-term use for pain relief is safe. Avoid NSAIDs and full doses of ASA in 3 rd trimester. Limit codeine to short-term use in pregnancy. Codeine should be avoided in breastfeeding as safer effective treatments are available. If codeine is used, limit to <4 days' duration and discontinue if either mother or infant displays signs of toxicity. ^{[49][50]} Patient requires further assessment as bacterial infection may require prescription treatment.

For comparative ingredients of nonprescription products, consult the <i>Compendium of Products for Minor Ailments</i> .					
Indication	Self-Care Drugs of Choice in Pregnancy	Alternatives in Pregnancy	Self-Care Drugs of Choice in Breastfeeding	Alternatives in Breastfeeding	Comments
Pigmentary Changes (chloasma, melasma) See also Prevention and Treatment of Sun-induced Skin Damage .		hydroquinone See Comments		hydroquinone See Comments	Minimal human data do not suggest teratogenic risk; [66] however, as treatment is cosmetic only, use should be avoided. Systemic absorption does occur.[67] Sunscreen use can help to prevent or minimize pigmentary changes.
Pinworms See also Pinworms .	See Comments		See Comments		Published safety data exist only for prescription agents and therefore they are preferred for this indication. However, there are no published reports of adverse outcomes in pregnancy or breastfeeding associated with pyrantel pamoate.
Reflux Esophagitis See also Dyspepsia and GERD and Prenatal and Postpartum Care .	alginic acid compounds, aluminum, calcium and magnesium antacids, famotidine, esomeprazole, omeprazole ^{[77][78][79]} ranitidine		alginic acid compounds, aluminum, calcium and magnesium antacids, famotidine, esomeprazole, omeprazole, ^[80] ranitidine		
Rhinorrhea See also Allergic Rhinitis, Viral Rhinitis, Influenza, Sinusitis and Pharyngitis and Prenatal and Postpartum Care .	First-generation antihistamines: brompheniramine, ^[15] chlorpheniramine, doxylamine, diphenhydramine, pheniramine ^{[16][17][18][19]} Intranasal corticosteroids: fluticasone, ^{[13][20][21][22][24]} triamcinolone ^{[24][25][26]}	Intranasal corticosteroids: mometasone	First-generation antihistamines ^{[30][31][32][33]} Intranasal corticosteroids: fluticasone, mometasone, triamcinolone See Comments		Intranasal corticosteroids have not been studied in lactation; however, systemic absorption is expected to be negligible and unlikely to affect a breastfed infant.
Scabies See also Parasitic Skin Infections: Lice and Scabies .	permethrins ^{[64][65]}		permethrins		Not studied in lactation; however, systemic absorption is expected to be negligible.
Smoking Cessation See also Smoking Cessation .	nicotine replacement (patch, gum, inhaler)		nicotine replacement (patch, gum, inhaler)		Nicotine replacement has not been well studied in pregnancy or lactation but would provide less toxin exposure for the patient than cigarette smoke. The addition of counselling may improve cessation success rate.

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Viral Rhinitis See also Viral Rhinitis , Influenza , Sinusitis and Pharyngitis .	See Nasal Congestion See Rhinorrhea				
Warts, common or plantar See also Plantar Warts and Viral Skin Infections: Common and Flat Warts .	salicylic acid preparations ^{[18][37][38][39][40][41][42][43][44][45]}		salicylic acid preparations		Avoid salicylates in the 3 rd trimester.

[a] For many conditions, only prescription treatments have been studied. This does not mean that nonprescription therapy is unsafe, but there is no evidence available on which to base a recommendation at this time. For further information on prescription treatment, consult the *Compendium of Therapeutic Choices*.

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