

## **Keep New Acetaminophen Pregnancy Warnings in Perspective**

Pharmacy staff are asking how to answer questions about reported links between using acetaminophen during pregnancy and autism in kids.

FDA recently announced that acetaminophen's labeling will soon say its use in pregnancy is associated with increased risk of pediatric neurological issues...autism, ADHD, etc.

But know that this change isn't based on new, groundbreaking data.

Some past studies suggest a small increased risk of these conditions with chronic acetaminophen use (over 1 month, etc). But this risk isn't seen with short-term prn admin in pregnancy.

Be aware that results are conflicting...some studies found NO link. And most of the concerning data are from animals or limited observational human studies that only show an association...NOT causation.

Plus these studies have flaws (bias, etc) that skew data. For example, many relied on moms to recall med use from months prior.

Keep in mind that there is NO evidence that taking acetaminophen while breastfeeding increases neurological risks. Similarly, several studies failed to show a link in young kids given the med after delivery.

Anticipate your pharmacist to reassure expectant mothers that these label changes reinforce our current approach in pregnancy: it's best to use acetaminophen at the lowest dose and shortest duration necessary.

Note that FDA's statement even says acetaminophen is still the safest analgesic in pregnancy when one is needed.

For example, it's best to avoid po and topical NSAIDs (ibuprofen, diclofenac, etc) due to fetal risks...miscarriage, kidney defects, etc.

Support using a stepwise pain management approach in pregnancy, when possible...to limit systemic exposure to meds and fetal risks.

Anticipate nondrug measures up front, such as hot or cold packs, physical therapy, stretching, etc.

As a next step, you may see topicals with menthol and/or lidocaine for musculoskeletal pain...but NOT salicylate products (muscle rubs, etc), since they're absorbed and have similar risks to NSAIDs.

Expect to still see acetaminophen on labor and delivery order sets.

In pregnancy, it's best for initial acetaminophen orders to be prn with clear indications (mild to moderate pain, fever over 102°F, etc).

After delivery, anticipate most moms to get acetaminophen around the clock to help decrease the need for opioids (oxycodone, etc).

Take a deeper look at the evidence using our *Analgesics in Pregnancy and Lactation* chart that discusses benefits and risks of pain meds.

## **Key References:**

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