

Until recently, if a pregnant woman got sick, she had to choose between her health and her baby's.

If only more doctors knew things have changed.

dilemma

by CHRISTIE ASCHWANDEN

photography by DARREN MODRICKER

LISA RADEL WAS 17 weeks pregnant when she discovered a lump in one breast. The diagnosis—cancer—forced questions with ugly answers: Should she immediately attack the disease, perhaps endangering her baby? Or should she wait five months, protecting the baby at the risk of her own survival? “I was worried about what treatment would do to my unborn child,” says Radel, a registered dietitian from Buffalo, New York, “but also whether I’d be around to watch my children grow up.” • On the face of it, delay seemed the inevitable choice. After all, if there’s one thing doctors and women learned from the 1960s thalidomide disasters that left thousands of children with missing or

deformed limbs, medications and pregnancy are a dangerous combination.

The fact is, this old wisdom doesn't always hold true. By piecing together reports from women who conceive unintentionally while on medications, researchers are learning that pregnant women can safely take drugs for many common conditions, from asthma and allergies to heartburn and pain. They're also finding that abruptly stopping treatment for a chronic illness is often the riskier option for mother and child both.

Now more than ever, women and their doctors need to be armed with the latest information. But that's no easy task. Because cancer is uncommon during

they decided to go ahead with the therapy. And except for the chemo and the emotional toll of a life-threatening disease, her pregnancy continued just like her first one, with son Matthew, did two years earlier. Eventually, she delivered another healthy baby boy. Today, Radel is 42 and cancer-free, and second son Connor is a normal 8-year-old who has never met a video game he didn't like.

Others aren't so fortunate. Radel says that women referred to Pregnant With Cancer, a support group she helped found, still come to her with stories of doctors who refused to give them chemotherapy if they planned to carry their babies to term. Many practitioners either don't know where to turn

ON A ROLL: These days, Radel's biggest challenge is keeping up with two active boys.



If you're pregnant, forgoing necessary drugs such as antidepressants can be a fatal mistake.

pregnancy, for example, most physicians lack first-hand experience with it. And many oncologists hesitate to treat pregnant patients altogether.

When faced with her dilemma eight years ago, Radel was lucky enough to find a specialist familiar with the latest research on chemotherapy and pregnancy. To her immense relief, he said she didn't have to choose between her life and her baby's. Although chemotherapy drugs target rapidly dividing cancer cells, which behave much like the cells in a growing fetus, Radel's doctor assured her that the medications he was recommending were safe.

"My husband and I did a lot of research, and we just had to believe that this was true," Radel says. So

for information or they're unaware that it exists in the first place, says Gideon Koren, M.D., a clinical pharmacologist at Toronto's Hospital for Sick Children.

"Women who are diagnosed with cancer during pregnancy need to know there are other women who have gone through this and are OK," says Elyce Cardonick, M.D., a doctor at Thomas Jefferson University in Philadelphia. Cardonick has conducted two studies showing that pregnant women who undergo chemotherapy after the first trimester later deliver normal babies.

Yet drug companies rarely update their product labels to reflect studies like Cardonick's. The reason? "They're not required to," says Sandra Kweder, M.D.,

co-chair of the U.S. Food and Drug Administration's Pregnancy Labeling Task Force. And because of liability concerns, she adds, "most are happier not saying anything."

The federal government first stepped into the information vacuum in the late 1970s, rating drugs' risk during pregnancy with one of five letters: A, B, C, D, or X. A is the safest, Kweder says, while X means the medicine's potential risks outweigh its benefits. But most products end up as C's, which usually means there wasn't enough evidence to assess the risk. And that affords little guidance in determining safety.

Kweder says she hopes a new labeling system that requires more complete information will address the dilemmas that pregnant women face in real life (her task force expects to finish work on that system later this year). "What's the risk of not treating a condition with the drug versus the risk of keeping the mother healthy with the drug?" she says. "Right now, the labels don't speak to that."

EVERY PREGNANT woman wants to err on the side of caution. Sometimes, that means continuing to take her medicine. Many women with asthma, for instance, assume that they have to go drug-free once they get pregnant, says Nancy Sander, president of the Allergy & Asthma Network and Mothers of Asthmatics in Fairfax, Virginia. "But you have to remember that you're breathing for two," she says. "If you're having

asthma symptoms, your baby's oxygen supply is lower than it could be."

And if you die, your baby won't get any air at all: One expectant mother died of an asthma attack after forgoing her medication, says Michael Schatz, M.D., an allergist at Kaiser Permanente Medical Center in San Diego. "There's increasing recognition that the risk of asthma is greater than the risk of most asthma drugs," he says.

Quitting antidepressant drugs while pregnant could also prove harmful—even deadly—to both mother and baby. When Cari Gagan's doctor took her off Prozac during her 1996 pregnancy, her depression flooded back. "Nothing mattered to me," the 33-year-old Sault Ste. Marie, Ontario, mother recalls. "I stayed in bed all day and cried. I really just wanted to die." Her doctor was unsympathetic: "He said it was just something I would get over."

Some women have an even harder time than Gagan. "We have had very sad cases of women committing suicide after stopping antidepressants cold turkey," says Koren. In the *Journal of Psychiatry & Neuroscience*, he reported cases of 36 pregnant women who abruptly quit antidepressants and went on to suffer physical or psychological problems. Many of those drugs are considered safe for expectant mothers, Koren says, stressing that women should not stop taking them without getting the facts beforehand.

When Gagan got pregnant again in 1998, she dreaded

Which drugs are safe? Most don't come with clear answers, but these do.

OK to take

TYLENOL (acetaminophen) "Tylenol is probably the safest drug you can take during pregnancy," says pharmacist Donald Sullivan, Ph.D. This is the remedy of choice for pain and fever.

SUDAFED (pseudoephedrine) Although you should avoid it during the first trimester, this is the best medicine for a bad cold during the second and third trimesters.

TUMS (calcium carbonate) and ZANTAC (ranitidine) Both safely treat heartburn, one of the most frequent complaints among pregnant women.

ASTHMA MEDICATIONS Expectant mothers with asthma should consult their doctors to develop a treatment plan. But most asthma drugs, especially inhaled ones, are OK during pregnancy, says Michael Schatz, M.D., an allergist at Kaiser Permanente Medical Center in San Diego.

NASALCROM (cromolyn sodium) This is the nasal spray to use for allergies during pregnancy.

not OK

ACCUTANE (isotretinoin) Used to clear severe acne, this drug causes serious birth defects. Women should stop taking it at least a month before they try to become pregnant.

LIPITOR (atorvastatin) and MEVACOR (lovastatin) These cholesterol-lowering drugs have been linked to birth defects and may also increase the risk of miscarriage.

ASPIRIN Unless your doctor prescribes a low dose for a specific condition like high blood pressure, abstain. Because Pepto-Bismol contains a similar drug, you should avoid it during the last trimester as well, Sullivan says.

VALIUM (diazepam) and XANAX (alprazolam) These anti-anxiety drugs can cause floppy-infant syndrome, characterized by fatigue and difficulty sucking. High doses can induce withdrawal symptoms in the baby after birth.

TETRACYCLINE ANTIBIOTICS Taken in the last few weeks of pregnancy, these can discolor or deform a baby's permanent teeth, which form at this time.

another nine months of hell so much that she sought out a different doctor. Her new obstetrician consulted Motherisk—one of the world's largest clearinghouses for information on drugs and pregnancy—and learned that the published risks of early delivery and low birth weight were not so great that Gagan needed to stop taking Prozac. "I was really worried about side effects for the baby," Gagan says. "But my doctor said it was worse for the child's mental and physical health to have a depressed mother." She weathered the pregnancy with no downward spiral. Her son James, now 4 years old, is healthy and active.

NONE OF THIS means a pregnant woman can blithely pop pills. Even when a condition can be safely treated, prudence often requires switching drugs. For example, research has shown that a class of blood pressure medicines called ACE inhibitors causes birth defects, while many other hypertension drugs appear safe. Patti Taylor, 35, a human resources manager in Baltimore, was diagnosed with high blood pressure just before she conceived her third child. It was high enough to increase her risk of complications, so her doctor prescribed a drug known to be safe for mothers and babies. Taylor had also been taking Nexium for heartburn, but her doctor switched her to Zantac, an older, more studied alternative.

Choosing older drugs over new ones, in fact, is smart whenever you can do it, advises Donald Sullivan, Ph.D., author of *The Expectant Mother's Guide to Prescription and Nonprescription Drugs, Vitamins, Home Remedies, and Herbal Products*. The longer a drug has been around, the more time researchers have had to document any troublesome side effects, he says.

With so many factors to consider, making any decision might seem overwhelming at first. But several credible resources are available, including Motherisk, the clearinghouse that Koren runs at the Hospital for Sick Children in Toronto (see "Info Sources," above). "More than 50 percent of pregnancies are not planned, and millions of women thus take medications into pregnancy," he says. Motherisk tracks cases all over the world and handles queries from hundreds of women and their doctors every day. Over the last decade, Motherisk researchers have published more than 300 peer-

reviewed papers about drug safety during pregnancy.

Other resources include an online database of drugs and their risk ratings at Perinatology.com, affiliated with the San Gabriel Valley Perinatal Medical Group of California. OTIS, a North American network of services offering up-to-date information on the ways drugs and chemicals affect human embryos, can provide referrals to local databases. There are also registries for specific drugs, like the migraine remedy Imitrex and the antidepressant Wellbutrin, that track the health of babies exposed to them in the womb.

THE ESSENTIAL POINT is still this: Discontinuing drugs before pregnancy should be your first choice—if you can do it without harming your health. A fetus is most vulnerable to medicines during the first four to 12 weeks and the last month of gestation (most damage, if there is any, would prevent a pregnancy from continuing beyond the first few days). "The first trimester is when all the organs form, and the last month is crucial because that's when the finishing

touches are put on the lungs and heart," Sullivan says. "The second trimester is probably the safest time to take medications."

But if you or someone you love is taking a medication when a pregnancy is confirmed, don't panic. Call your doctor straightaway to get some answers before doing anything else.

And then take a deep breath. For now, at least, every medication decision involves some unknowns, despite your physician's level of expertise and the reliability of research. Which is why Lisa Radel had to throw the dice when she chose chemotherapy—and why a part of her remained fearful.

"I was afraid to look at the sonogram because I was so scared I would lose the baby," she recalls.

Her choices required faith in her doctors and a willingness to accept some risk. In that respect, Sullivan says, Radel was no different from any other pregnant woman. "In a sense, every pregnancy is uncertain," he says. But Radel says that when she sees her sons—both of them—zipping by her on their inline skates, she knows that she, at least, made the right choice.

info sources

- ALLERGY & ASTHMA NETWORK, call 800-878-4403 or log on to www.breatherville.org to order the free pamphlet "Breathing for Two"
- MOTHERISK, 416-813-6780 or www.motherisk.org
- OTIS, the Organization of Teratology Information Services, 866-626-6847 or www.otispregnancy.org
- PERINATOLOGY.COM, www.perinatology.com/exposures/druglist.htm
- PREGNANT WITH CANCER SUPPORT GROUP, www.pregnantwithcancer.org
- REGISTRY OF PREGNANCIES EXPOSED TO CHEMOTHERAPEUTIC AGENTS, Children's Hospital of Oklahoma, Oklahoma City, 405-271-8685

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