Drug Safety during Pregnancy and Breast Feeding

Drug	Pregnancy Recommendation	Breast-Feeding Recommendation
Abatacept	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Abemaciclib	Based on the mechanism of action and data from animal reproduction studies, use during pregnancy may cause fetal harm.	It is not known if abemaciclib is present in breast milk. Due to the potential for adverse events in the breastfed infant, the manufacturer does not recommend breastfeeding during therapy and for 3 weeks after the last abemaciclib dose.
Abiraterone	Contraindicated	Contraindicated
Acarbose	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Acetazolamide	Compatible	Compatible
Acetylcystiene	Compatible—Maternal Benefits >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Acetylsalicylic Acid	Compatible (Low Dose) Human Data Suggest Risk in 1st and 3rd Trimesters (Full Dose)	Limited Human Data—Potential Toxicity
Aciclovir	Compatible	Compatible
Activated Charcoal	Activated charcoal is not absorbed systemically following oral administration. Use during pregnancy is not expected to result in significant exposure to the fetus	Activated charcoal is not absorbed systemically following oral administration. Breast-feeding is not expected to result in significant exposure to a nursing child.
Adalimumab	Compatible	Limited Human Data—Probably Compatible
Adapalene	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Adefovir	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Potential Toxicity (Hepatitis B) Contraindicated (HIV)
Adenosine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Ado-Trastuzumab Emtansine	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity

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Aflibercept	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Agomelatine	Adverse effects have not been observed in animal reproduction studies. Due to limited data, the manufacturer recommends avoiding use during pregnancy.	It is not known if agomelatine is excreted in breast milk. According to the manufacturer, a decision to either discontinue breast-feeding or discontinue therapy should be made, taking into account the benefits of breast-feeding for the child and the benefit of therapy for the mother.
Ajmaline	Other agents are preferred when treating acute arrhythmias in pregnant women; however, ajmaline may be used as an alternative agent. Avoid use in the first trimester (Trappe 2010).	It is not known if ajmaline is excreted in breast milk.
Albumin	Animal reproduction studies have not been conducted. Albumin is an endogenous substance; products are prepared from pooled human plasma. Available data are insufficient to recommend use of albumin to reduce the risk of ovarian hyperstimulation syndrome (Practice Committee 2016). Use for other indications may be considered in pregnant women when contraindications to nonprotein colloids exist (Liumbruno 2009).	Endogenous albumin is present in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Alectinib	Based on data from animal reproduction studies and its mechanism of action, alectinib may be expected to cause fetal harm if administered during pregnancy. Females of reproductive potential should use effective contraception during therapy and for 1 week after the final dose. Males with female partners of reproductive potential should use effective contraception during therapy and for 3 months after the last dose.	It is not known if alectinib is present in breast milk. Due to the potential for serious adverse reactions in the breastfed infant, the manufacturer does not recommend breastfeeding during therapy or for 1 week after the final dose.
Alendronate	Limited Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible
Alfacalcidol	Adverse events have been observed in animal reproduction studies.	Alfacalcidol may be present in breast milk. Breastfeeding is not recommended by the manufacturer.
Alfuzosin	Adverse events have not been observed in animal reproduction studies.	It is not known if alfuzosin is excreted in breast milk.
Alirocumab	Contraindicated	No Human Data—Probably Compatible

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Allopurinol	Limited Human Data—No Relevant Animal Data	Limited Human Data—Potential Toxicity
Alpelisib	Based on the mechanism of action, and data from animal reproduction studies, in utero exposure to alpelisib may cause fetal harm.	It is not known if alpelisib is present in breast milk. Due to the potential for adverse events in a breastfed infant, breastfeeding is not recommended during therapy and for 1 week after the last alpelisib dose. Also refer to the Fulvestrant monograph for additional information.
Alpha Lipoic Acid	Adverse events were not reported in animal reproduction studies. Information related to the use of thioctic acid in pregnancy is limited. According to the manufacturer, the decision to continue therapy during pregnancy should take into account the risk of exposure to the infant and the benefits of treatment to the mother.	It is not known if thioctic acid is present in breast milk. Breastfeeding is not recommended.
Alprazolam	Human and Animal Data Suggest Risk	Limited Human Data—Potential Toxicity
Alprostadil	Alprostadil is not indicated for use in women. The manufacturer of Muse recommends a condom barrier when being used during sexual intercourse with a pregnant woman.	Alprostadil is not indicated for use in women.
Alteplase	Compatible	Compatible
Amantadine Hydrochloride	Limited Human Data—Animal Data Suggest Risk	Limited Human Data—Potential Toxicity
Ambroxol	Adverse events have not been observed in animal reproduction studies. Ambroxol crosses the placenta. Ambroxol administration to women in premature labor has been evaluated for the prevention of neonatal respiratory distress syndrome (Zhang 2013). Avoid use in the first trimester; recommendations vary with respect to use in later pregnancy, based on limited controlled data (consult specific product labeling).	Breast-Feeding Considerations Ambroxol is present in breast milk. Breastfeeding is not recommended.
Amethocaine Drops, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Amikacin	Human Data Suggest Low Risk	Compatible

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Amiloride	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Amino Acids	Following administration, an increase of some amino acids is observed in the fetus (Ronzoni 1999; Ronzoni 2002). Severe malnutrition during pregnancy is associated with congenital malformation, preterm delivery, low birth weight/intrauterine growth restriction, and perinatal mortality. Parenteral nutrition should be considered when nutritional requirements cannot be met via oral or enteral intake during pregnancy. In women with nausea and vomiting of pregnancy, total parenteral nutrition should be used as a last option for any woman who cannot maintain her weight because of vomiting; enteral nutrition is preferred (ACOG 189 2018).	Endogenous amino acids are present in breast milk (IOM 1991). According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Aminophylline	Compatible	Compatible
Amiodarone	Human and Animal Data Suggest Risk	Contraindicated
Amitriptyline	Human Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Amlodipine	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible
Amoxicillin	Human Data Suggest Risk in 1st and 3rd Trimesters	Compatible
Amphotericin B	Compatible	No Human Data—Probably Compatible
Ampicillin	Human Data Suggest Risk in 1st Trimester	Compatible
Anastrazole	Based on the mechanism of action and information from animal reproduction studies, anastrozole may cause fetal harm if exposure occurs during pregnancy. Evaluate pregnancy status prior to therapy. Females of reproductive potential should use effective contraception during therapy and for at least 3 weeks after the last anastrozole dose.	It is not known if anastrozole is present in breast milk. Due to the potential for serious adverse reactions in the breastfed infant, the manufacturer does not recommend breastfeeding during therapy or for 2 weeks after the last anastrozole dose.
Anidulafungin	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity

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ص.ب ٢١٧٢ جدة ٢١٤٥١ المملكة العربية السعودية، هاتف: ٩٢٠٠٢٧٧٧٨ ٩٦٦+ فاكس: ٦٥٠٩٨٠١ ١٢ ٩٦٦+
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Anti - D (RH0) Immunoglobulin	Available evidence suggests that Rho(D) immune globulin administration during pregnancy does not harm the fetus or affect future pregnancies. Rho(D) immune globulin (RhIG or anti-D immune globulin) is administered to pregnant females to prevent alloimmunization of RhD-negative mothers who may potentially have a fetus who is RhD-positive. Administration of the immune globulin prevents the mother from developing antibodies to the D antigen and the development of hemolytic anemia in the newborn. Current guidelines recommend administration of RhIG to all pregnant females who are RhD-negative and who are not already RhD alloimmunized at 28 weeks' gestation (unless paternity is certain and the father is documented to be RhD-negative); within 72 hours of delivery of an RhD-positive infant; after obstetric complications (such as a pregnancy loss, abdominal trauma, antenatal hemorrhage); or after invasive diagnostic procedures (such as amniocentesis or chorionic villus sampling). If RhIG not given within 72 hours of delivery or another sensitizing event, there may still be benefit if administered within 28 days (ACOG 181 2017; Fung 2018). In pregnant women who require treatment for ITP, other agents are preferred. RhIG for this indication in pregnancy is limited to case reports and small studies (Neunert 2011).	The purified immune globulin in these products is obtained from human donors; the Rho(D) antibodies are endogenous to human plasma. Adverse events in the breastfeeding infant have not been observed when administered to women for the suppression of RhD isoimmunization. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Antihemophilic Factor (Human)	No Human Data—No Animal Data	No Human Data—Probably Compatible
Antithymocyte Globulin (Rabbit)	Antithymocyte globulin (rabbit) is a purified immunoglobulin G. Placental transfer of human IgG is dependent upon the IgG subclass, maternal serum concentrations, newborn birth weight, and gestational age, generally increasing as pregnancy progresses. The lowest exposure would be expected during the period of organogenesis.Information related to the use of antithymocyte globulin (rabbit) during pregnancy is limited	It is not known if antithymocyte globulin (rabbit) is present in breast milk. Because other immunoglobulins are present in breast milk, the manufacturer recommends that breastfeeding be discontinued during antithymocyte globulin (rabbit) therapy.

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Apalutamide	Based on the mechanism of action and data from animal reproduction studies, in utero exposure to apalutamide may cause fetal harm and potential fetal loss.	It is not known if apalutamide is present in breast milk.
Apixaban	No Human Data—Potential Risk	No Human Data—Potential Toxicity
Apomorphine	Limited Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible
Aprepitant	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Aripiprazole	Human Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Artesunate	Adverse events have been observed in some animal reproduction studies. Studies in pregnant women have not revealed an increased risk of congenital abnormalities in newborns (Kovacs 2015, McGready 1998, McGready 2008). Malaria infection in pregnant women may be more severe than in nonpregnant women. Because P. falciparum malaria can cause maternal death, congenital malaria, and fetal loss, pregnant women traveling to malaria-endemic areas must use personal protection against mosquito bites. Artesunate is recommended for the treatment of severe malaria in pregnant women (Kovacs 2015).	Low concentrations of the active metabolite of artesunate (dihydroartemisinin) can be detected in breast milk. Adverse events in the nursing infant would not be expected.
Ascorbic Acid	Compatible	Compatible
Atenolol	Human Data Suggest Risk in 2nd and 3rd Trimesters	Limited Human Data—Potential Toxicity
Atezolizumab	Based on the mechanism of action, atezolizumab is expected to cause fetal harm if used during pregnancy. Verify pregnancy status prior to treatment initiation in females of reproductive potential. Females of reproductive potential should use effective contraception during therapy and for at least 5 months after the last atezolizumab dose.	It is not known if atezolizumab is present in breast milk; however, IgG immunoglobulins are found in milk. Due to the potential for serious adverse reactions in the breastfed infant, breastfeeding is not recommended by the manufacturer during therapy or for at least 5 months after the last atezolizumab dose.
Atomoxetine	Limited Human Data, Animal Data Suggest Risk	No Human Data, Potential Toxicity
Atorvastatin	Contraindicated 1st Trimester	Contraindicated

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Atosiban	Atosiban crosses the placenta with a fetal/maternal concentration ratio of 0.12 for healthy women at term. No direct physiologic effects (heart rate, blood flow) or abnormal fetal movement were observed during in utero exposure in a controlled study of 17 women (de Heus 2009). In general, data on long-term outcomes from in utero exposure to tocolytics is limited (NICE 2015). Atosiban is only indicated for use in women between completed weeks 24 to 33 of gestation. Tocolytic therapy, including atosiban, has not been clearly shown to improve perinatal/neonatal morbidity or mortality (Haas 2012; NICE 2015). Atosiban may be considered for tocolysis if first-line therapy is contraindicated (NICE 2015).	Atosiban (and main metabolite) are present in breast milk.
Atropine	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Axitinib	Contraindicated	Contraindicated
Azacitidine	No Human Data—Animal Data Suggest Risk	Contraindicated
Azathioprine	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Probably Compatible
Azelastine	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Azithromycin	Compatible	Compatible
Bacillus Calmette and Guerin 81 mg Injection INTRAVESICAL ONLY	Animal reproduction studies have not been conducted. BCG (intravesical) is not recommended for use in pregnant women. Women of childbearing potential should be advised to avoid pregnancy while on BCG (intravesical) therapy.	It is not known if BCG (intravesical) is excreted in breast milk. Due to the potential for serious adverse reactions in the nursing infant, a decision should be made to discontinue breast-feeding or avoid use of BCG (intravesical), taking into account the importance of BCG (intravesical) to the mother.
Bacillus Calmette and Guerin Vaccine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Baclofen	Human Data Suggest Risk	Limited Human Data—Probably Compatible

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Baricitinib	Adverse events were observed in animal reproduction studies.	It is not known if baricitinib is present in breast milk. Due to the risk of adverse events in the breastfeeding infant, breastfeeding is not recommended by the manufacturer.
Barium Sulfate	Barium is not systemically absorbed; use is not expected to result in exposure to the fetus. Information related to barium exposure in pregnancy is limited (Han 2010; Han 2011).	Barium is not systemically absorbed; use is not expected to result in exposure to a breastfeeding infant.
Belimumab	Human Data Suggest Risk	No Human Data—Probably Compatible
Bemiparin Sodium	Adverse events were not observed in animal reproduction studies. Information related to the use of bemiparin is limited (Alalaf 2012; Alalaf 2015).	It is not known if bemiparin is excreted into breast milk; breast-feeding is not recommended by the manufacturer.
Bendamustine	Contraindicated—1st Trimester	Contraindicated
Benzocaine	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Betahistine	Adverse events were observed in some animal reproduction studies.	It is not known if betahistine is present in breast milk. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Betamethasone	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Bevacizumab	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible (Intravitreal) Potential Toxicity (Intravenous)
Bicalutamide	Bicalutamide is contraindicated for use in women, including pregnant women. Based on the mechanism of action and findings in animal reproduction studies, bicalutamide may cause morphological changes in spermatozoa, inhibit spermatogenesis, and impair male fertility. Males with female partners of reproductive potential should use effective contraception during therapy and for 130 days after the last bicalutamide dose.	It is not known if bicalutamide is present in breast milk. Use is contraindicated in women.

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Bilastine	Information related to the use of bilastine in pregnancy is limited. Antihistamines may be used for the treatment of rhinitis and urticaria in pregnant women. Although second generation antihistamines are preferred, agents other than bilastine are currently recommended (Murase 2014; Wallace 2008; Zuberbier 2014).	It is not known if bilastine is excreted in breastmilk. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Bimatoprost Drops, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Bisacodyl	No Human Data—Probably Compatible	Limited Human Data—Probably Compatible
Bisoprolol	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Potential Toxicity
Bivaluridin	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Bleomycin	Human and Animal Data Suggest Risk	No Human Data—Potential Toxicity
Bosentan	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Potential Toxicity
Botulinum Toxin Type A	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Brentuximab Vedotin	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Bromazepam	Adverse events were observed in animal reproduction studies. Benzodiazepines have the potential to cause harm to the fetus. An increased risk of fetal malformations may be associated with first trimester exposure (malformations of the heart, cleft lip/palate). Maternal use later in pregnancy may be associated with adverse events in the fetus (irregular heart beat) and neonate (hypothermia, hypotonia, respiratory depression, poor feeding, and withdrawal).	Bromazepam and metabolites are expected to be found in breast milk, therefore, use while breast-feeding is not recommended by the manufacturer. Drowsiness, lethargy, or weight loss in nursing infants have been observed in case reports following maternal use of some benzodiazepines (Iqbal, 2002).
Budesonide	Compatible (Inhaled/Nasal) No Human Data—Animal Data Suggest Risk (Oral)	Limited Human Data—Probably Compatible
Bumetanide	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Bupivacaine	Adverse events were observed in animal reproduction studies. Bupivacaine crosses the placenta. Bupivacaine is approved for use at term in obstetrical anesthesia or analgesia. [US Boxed Warning]: The 0.75% is not recommended for obstetrical anesthesia. Bupivacaine 0.75% solutions have been associated with cardiac arrest following epidural anesthesia in obstetrical patients and use of this concentration is not recommended for this purpose. Use in obstetrical paracervical block anesthesia is contraindicated.	Bupivacaine is excreted in breast milk. Due to the potential for serious adverse reactions in the nursing infant, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of treatment to the mother.
Buprenorphine	Limited Human Data—Probably Compatible	Limited Human Data—Probably Compatible
bupropion	Limited Human Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Cabazitaxel	No Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Cabergoline	Human Data Suggest Low Risk	Contraindicated
Cabozantinib	Contraindicated	Contraindicated
Caffeine	Compatible	Compatible
Calcipotriol	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Calcitonin	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Calcium Carbonate	Compatible	Compatible
Calcium Chloride	Calcium crosses the placenta. The amount of calcium reaching the fetus is determined by maternal physiological changes. Calcium requirements are the same in pregnant and nonpregnant females (IOM 2011).	Calcium is excreted in breast milk. The amount of calcium in breast milk is homeostatically regulated and not altered by maternal calcium intake. Calcium requirements are the same in lactating and nonlactating females (IOM 2011).
Calcium Folinate	Compatible	Compatible
Calcium Gluconate	Calcium crosses the placenta. The amount of calcium reaching the fetus is determined by maternal physiological changes. Calcium requirements are the same in pregnant and nonpregnant females (IOM 2011).	Calcium is present in breast milk. The amount of calcium in breast milk is homeostatically regulated and not altered by maternal calcium intake. Calcium requirements are the same in lactating and nonlactating females (IOM 2011).

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Calcium Hydroxylapatite	Reproduction studies have not been conducted. Pregnant women and women of reproductive potential who were not using effective contraception were excluded from clinical trials	It is not known if calcium hydroxylapatite is excreted in breast milk. Lactating women were excluded from clinical trials.
Calcium Polystyrene Sulphonate	Does not undergo gastrointestinal (GI) absorption. There are no adequate and well-controlled studies in pregnant women. In general, medications used as antidotes should take into consideration the health and prognosis of the mother; antidotes should be administered to pregnant women if there is a clear indication for use and should not be withheld because of fears of teratogenicity (Bailey 2003).	Does not undergo GI absorption
Candesartan	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Capecitabine	No Human Data—Animal Data Suggest Risk	Contraindicated
Captopril	Human Data Suggest Risk in 2nd and 3rd Trimesters	Compatible
Carbachol, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Carbamazepine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Compatible
Carbetocin	Use in pregnancy prior to delivery is contraindicated. Carbetocin induced contractions are of a longer duration than those observed with oxytocin and are not stopped by discontinuation of therapy. Improper use during pregnancy may produce symptoms similar to those observed with oxytocin overdosage (eg, hyperstimulation of uterus, uterine rupture).	Carbetocin is present in breast milk.
Carbidopa	Limited Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible

www.imc.med.sa
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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Carbimazole	Carbimazole crosses the placenta. Birth defects have been observed in neonates exposed to maternal carbimazole during pregnancy and include cardiovascular, gastrointestinal, renal, and skull defects. Uncontrolled maternal hyperthyroidism may also result in adverse neonatal and maternal outcomes. Antithyroid drugs are the treatment of choice for the control of hyperthyroidism during pregnancy, although recommendations for specific agents vary by guideline (Alexander 2017; De Groot 2012). To prevent adverse pregnancy outcomes, maternal TT4/FT4 should be at or just above the pregnancy specific upper limit of normal (Alexander 2017). When treatment with carbimazole is needed in pregnant women, therapy should be at the lowest effective dose, and may be discontinued 3 to 4 weeks prior to delivery to reduce the potential risk of neonatal complications. Some manufacturers recommend not exceeding 15 mg/day in the third trimester (Camen product labeling 2015).	Carbimazole is present in breast milk. Breastfeeding is not recommended by the manufacturer and contraindicated in some countries (consult product labeling).
Carboplatin	Contraindicated—1st Trimester	Contraindicated
Carboprost	Contraindicated (Unless for Termination/Evacuation of Pregnancy)	No Human Data—Probably Compatible
Carvedilol	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Caspofungin	No Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible
Cefazolin	Compatible	Compatible
Cefdinir	Compatible	Compatible
Cefepime	Compatible	Compatible
Cefiderocol	No Human Data, but in general, an increase in most types of birth defects or adverse maternal or fetal outcomes was not found following exposure to cephalosporins.	It is not known if cefiderocol is present in breast milk
Cefixime	Compatible	Compatible
Cefprozil	Compatible	Compatible

www.imc.med.sa
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Ceftazidime	Compatible	Compatible
Ceftriaxone	Compatible	Compatible
Cefuroxime	Compatible	Compatible
Celecoxib	Human Data Suggest Risk in 1st and 3rd Trimesters	Limited Human Data—Probably Compatible
Cephalexin	Compatible	Compatible
Ceritinib	No Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Certolizumab Pegol	Limited Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Cetirizine	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Cetrorelix	Use is contraindicated in females who are pregnant. Resorption resulting in fetal loss would be expected if used in a pregnant woman. Evaluate pregnancy status before beginning treatment.	It is not known if cetrorelix is excreted in breast milk. Use while breastfeeding is contraindicated.
Cetrolizumab	Limited Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Cetuximab	No Human Data—No Relevant Animal Data	No Human Data—Potential Toxicity
Chlorhexidine	Compatible	No Human Data—Probably Compatible
Chloroquine Phosphate	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Compatible
Chlorpheniramine Maleate	Compatible	No Human Data—Probably Compatible
Cholecalciferol	Compatible	Compatible
Cholestyramine	Human Data Suggest Risk	No Human Data—Probably Compatible
Choriogonadotropin Alfa	Chorionic gonadotropin (recombinant) is approved to be used as part of an assisted reproductive technology (ART) program; use is contraindicated in an established pregnancy. Ectopic pregnancy, premature labor, postpartum fever, and spontaneous abortion have been reported in clinical trials. Congenital abnormalities have also been observed; however, the incidence is similar during natural conception. For use only by physicians who are thoroughly familiar with infertility problems and their management. Multiple births may result from use of this medication.	It is not known if chorionic gonadotropin (recombinant) is excreted in breast milk. The manufacturer recommends that caution be exercised when administering chorionic gonadotropin (recombinant) to nursing women.
Cinacalcet	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity

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Cinnarizine	Adverse events have not been observed in animal reproduction studies. The manufacturer recommends avoiding use during pregnancy unless therapeutic benefits justify the potential risks for the fetus.	It is not known if cinnarizine is present in breast milk. Breastfeeding is not recommended by the manufacturer.
Ciprofloxacin	Contraindicated (Use only if no other alternatives)	Limited Human Data—Potential Toxicity
Cisatracurium	Adverse events have not been observed in animal reproduction studies.	It is not known if cisatracurium is present in breast milk. The manufacturer recommends that caution be exercised when administering cisatracurium to breastfeeding women.
Cisplatin	Contraindicated—1st Trimester	Contraindicated
Citalopram	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Clarithromycin	Compatible	Compatible
Clavulanate, potassium	Compatible	No Human Data—Probably Compatible
Clindamycin	Compatible	Compatible
Clobazam	Limited Human Data—Potential Toxicity	Limited Human Data—Potential Toxicity
Clomiphene	Contraindicated	No Human Data—Potential Toxicity
Clonazepam	Human Data Suggest Low Risk	Compatible* *Potential toxicity if combined with other CNS depressants
Clonidine	Limited Human Data—Animal Data Suggest Risk	Limited Human Data—Probably Compatible
Clopidogrel	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Clotrimazole	Compatible	Compatible
Colchicine	Compatible	Limited Human Data—Probably Compatible
Colistimethate Sodium	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible
Crizotinib	Contraindicated	Contraindicated
Cromolyn	Compatible	No Human Data—Probably Compatible
Cyanocobalamin	Compatible	Compatible
Cyclobenzaprine	Published information related to cyclobenzaprine use in pregnancy is limited (Flannery 1989; Moreira 2014).	Cyclobenzaprine is present in breast milk (Burra 2019).
Cyclophosphamide	Contraindicated—1st Trimester	Contraindicated
Cyclosporin	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Cyproterone	Not indicated for use in women.	Not indicated for use in women.

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Cytarabin	Human Data Suggest Risk	Contraindicated
Dacarbazine	Contraindicated—1st Trimester	No Human Data—Potential Toxicity
Dactinomycin	Limited Human Data—Animal Data Suggest High Risk	No Human Data—Potential Toxicity
Dantrolene Sodium	Limited Human Data—No Relevant Animal Data	Hold Breastfeeding
Dapagliflozin	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Dapoxetine	Adverse events were not observed in animal reproduction studies. Dapoxetine is not indicated for use in women.	It is not known if dapoxetine or its metabolites are excreted in breast milk. Dapoxetine is not indicated for use in women.
Daptomycin	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Darbepoetin Alfa	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Deferasirox	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Deferiprone	No Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Degarelix	Use is contraindicated in women who are or may become pregnant. Adverse events were observed in animal reproduction studies.	It is not known if degarelix is excreted in breast milk. This product is not indicated for use in women.
Denosumab	Contraindicated	No Human Data—Probably Compatible
Desferrioxamine	Compatible	No Human Data—Probably Compatible
Desflurane	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Desloratidine	No Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Desmopressin	Limited Human Data—Animal Data Suggest Low Risk	Compatible
Desogestrel	Adverse events have been observed in animal reproduction studies. Discontinue therapy if pregnancy occurs. In general, the use of hormonal contraceptives, when inadvertently used early in pregnancy, have not been associated with teratogenic effects.	Etonogestrel, the active metabolite of desogestrel, is present in breast milk.
Desvenlafaxine	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Dexamethasone	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Dexlansoprazole	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Dexmedetomidine	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Dextromethorphan	Compatible	Compatible

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ص.ب ٢١٧٢ جدة ٢١٤٥١ المملكة العربية السعودية، هاتف: ٩٢٠٠٢٧٧٧٨ ٩٦٦+ فاكس: ٦٥٠٩٨٠١ ١٢ ٩٦٦+
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Dextrose	Appropriate use of dextrose injection would not be expected to cause adverse developmental outcomes to the fetus when used during pregnancy. Maternal hyperglycemia or malnutrition may be associated with adverse pregnancy outcomes.	Glucose is endogenous to breast milk (IOM 2005). According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Diazepam	Human Data Suggest Risk in 1st and 3rd Trimesters	Limited Human Data—Potential Toxicity
Diazoxide	Human Data Suggest Risk in 3rd Trimester	No Human Data—Potential Toxicity
Diclofenac	Human Data Suggest Risk in 1st and 3rd Trimesters	No Human Data—Probably Compatible
Dienogest	Use is contraindicated during pregnancy. Based on limited data, inadvertent exposure in pregnancy has not shown adverse effects to the fetus.	It is not known if dienogest is present in breast milk. Use is contraindicated in breastfeeding women. The risk of thromboembolism may be increased immediately postpartum.
Digoxin	Compatible	Compatible
Digoxin FAB Fragments (DIGIBIND)	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Compatible
Diloxanide Furoate	Safety of diloxanide during pregnancy has not been established. Complications from intestinal amebiasis may be increased in pregnant and postpartum women (Li 1996). Use of other agents is preferred (Kappagoda 2011).	It is unknown if diloxanide is excreted in human milk. Breast-feeding is not recommended by the manufacturer.
Diltiazem	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Dimethicone	Dimeticone is not absorbed systemically following oral administration.	Due to lack of systemic absorption, dimethicone is not expected to be present in breast milk.
Dimethindine	Adverse effects were not observed in animal reproduction studies. Information related to use in pregnant women is limited (Ohlinger 2003).	It is not known if dimethidene is present in breast milk, but excretion is expected. The manufacturer does not recommend use in breast-feeding women. Therapeutic use in infants <1 month is contraindicated.
Dimethyl Furmarate	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Dinoprostone	First 28 Weeks of Pregnancy—Contraindicated Unless for Termination/Evacuation of Pregnancy Near or At Term—Compatible	No Human Data—Probably Compatiblw
Diphenhydramine	Compatible	Limited Human Data—Probably Compatible

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Diphtheria Tetanus acellular Pertussis (DTaP)	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Compatible
Dipyridamole	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Dobesilate Calcium	Safety has not been established in pregnancy. The manufacturer recommends avoiding use	Calcium dobesilate is present in breast milk in low concentrations (0.4 mcg/mL) after maternal intake of 1,500 mg daily. Breastfeeding is not recommended.
Dobutamine	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Docetaxel	Limited Human Data—Animal Data Suggest Risk	Contraindicated
Domperidone	Information related to use in pregnancy is limited; effects on maternal or fetal cardiac function have not been evaluated (Choi 2013).	Domperidone is present in breast milk. Breastfeeding is not recommended by the manufacturer.
Donepezil	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Dopamine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Dornase alfa	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Doxazosin	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Potential Toxicity
Doxorubicin	Contraindicated—1st Trimester	Contraindicated
Doxycycline	Contraindicated in 2nd and 3rd Trimesters	Compatible
Dulaglutide	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Duloxetiene	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Dupilumab	Dupilumab is a monoclonal IgG antibody; IgG molecules are known to cross the placenta therefore exposure to the fetus during pregnancy may occur. Uncontrolled asthma is associated with adverse events on pregnancy (increased risk of preeclampsia, preterm birth, and low birth weight infants). Asthma should be closely monitored in pregnant women.	It is not known if dupilumab is present in breast milk; however, maternal IgG molecules are present in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Dutasteride	Abnormalities of external male genitalia were reported in animal reproduction studies. Use is not indicated in women. Pregnant women are advised to avoid contact with crushed or broken tablets and the semen from a male partner exposed to dutasteride.	It is not known if dutasteride is excreted in breast milk. Use is contraindicated in women of childbearing potential.

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Dydrogesterone	An increased risk of adverse fetal events has not been observed in clinical trials using dydrogesterone in early pregnancy (limited data). A specific pattern of birth defects has not been observed in available case reports (Queisser-Luft 2009).	It is not known if dydrogesterone is present in breast milk, but likely based on experience with other progestogens. Breastfeeding is not recommended by the manufacturer.
Econazole	Compatible	No Human Data—Probably Compatible
Edoxaban	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Eletriptan	No Human Data—Animal Data Suggest Moderate Risk	Compatible
Eltrombopag	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Potential Toxicity
Empagliflozin	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Enalapril	Human Data Suggest Risk in 2nd and 3rd Trimesters	Limited Human Data—Probably Compatible
Enoxaparin	Compatible	Compatible
Entecavir	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Contraindicated (HIV) No Human Data—Probably Compatible (Hepatitis B)
Enzalutamide	Contraindicated	Contraindicated
Ephedrine	Compatible	Limited Human Data—Potential Toxicity
Epinephrine	Human Data Suggest Risk	No Human Data—Potential Toxicity
Epirubicin	Contraindicated—1st Trimester	Contraindicated
Epoetin Alfa	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Compatible
Eprosartan	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Eptacog Alfa Factor VIIa	Pregnant patients with inherited bleeding disorders, including factor VII deficiency and Glanzmann's thrombasthenia, may have an increased risk of bleeding following abortion, antenatal procedures, delivery, and miscarriage; close surveillance is recommended. Patients with factor VII deficiency and severe or abnormal bleeding should be treated with recombinant factor VIIa. Patients with Glanzmann's thrombasthenia and a history of bleeding can be treated prophylactically with recombinant factor VIIa at delivery (RCOG [Pavord 2017).	It is not known if factor VIIa (recombinant) is present in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Eribulin	Contraindicated	Contraindicated

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Erlotinib	Limited Human Data Suggest Risk	No Human Data—Potential Toxicity
Ertapenem	No Human Data—Probably Compatible	Limited Human Data—Probably Compatible
Escitalopram	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Esmolol	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Esomeprazole	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Estradiol	Contraindicated	Compatible
Etanercept	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Etelcalcetide	Adverse events were observed in animal reproduction studies at doses which also caused maternal toxicity (including hypocalcemia).	It is not known if etelcalcetide is present in breast milk. Due to the potential for hypocalcemia in a breastfeeding infant, breastfeeding is not recommended by the manufacturer.
Ethambutol	Compatible	Limited Human Data—Probably Compatible
Ethamsylate	Adverse events were not observed in animal reproduction studies. Etamsylate crosses the placental barrier and concentrations within cord blood are similar to maternal concentrations. There is inadequate evidence of safety in human pregnancy.	Etamsylate is present in breast milk. The manufacturer recommends avoiding use in women who are nursing.
Ethinylestradiol	Contraindicated	No Human Data—Probably Compatible
Etomidate	Limited Human Data—Animal Data Suggest Risk	Limited Human Data—Probably Compatible
Etoposide	Human and Animal Data Suggest Risk	Contraindicated

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Etoricoxib	Etoricoxib is contraindicated in women who are pregnant or who may become pregnant. Birth defects have been observed following in utero NSAID exposure in some studies, however data is conflicting (Bloor 2013). Nonteratogenic effects, including prenatal constriction of the ductus arteriosus, persistent pulmonary hypertension of the newborn, oligohydramnios, necrotizing enterocolitis, renal dysfunction or failure, and intracranial hemorrhage have been observed in the fetus/neonate following in utero NSAID exposure. In addition, non-closure of the ductus arteriosus postnatally may occur and be resistant to medical management (Bermas 2014; Bloor 2013).	Some manufacturers contraindicate etoricoxib administration with breastfeeding. It is not known whether etoricoxib is present in breast milk.
Everolimus	Limited Human Data—Animal Data Suggest Moderate Risk	Contraindicated
Evolocumab	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Exemestane	Contraindicated	Contraindicated
Ezetimibe	Limited Human Data—Animal Data Suggest Moderate Risk	Contraindicated
Factor X (Human)	Pregnant patients with factor X deficiency may have an increased risk of bleeding following abortion, antenatal procedures, delivery, and miscarriage; close surveillance is recommended. Clotting factors should be monitored at the first antenatal visit, once or twice during the third trimester, at delivery, and prior to surgical or invasive procedures. Although factor X concentrations may increase during pregnancy, patients with severe deficiency remain at risk for bleeding. In addition, treatment may be needed if concentrations are <0.3 IU/mL at term or prior to procedure. Hemostatic concentrations should be maintained for at least 3 days following procedures or postpartum. When available, factor X concentrate may be used (RCOG [Pavord 2017]).	This product is a plasma-derived, sterile, purified concentrate of human coagulation factor X. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Famciclovir	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Fampridine	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity

www.imc.med.sa
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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Febuxostat	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Fenofibrate	Limited Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Fentanyl	Human Data Suggest Risk	Compatible
Ferric Carboxymaltose	Ferric carboxymaltose was not found to cross the placenta in an in vitro placental perfusion study (Malek 2010). Maternal iron requirements increase during pregnancy. Adequate iron concentrations to the fetus can be maintained regardless of maternal iron status, except in severe cases of anemia (IOM 2001). Untreated iron deficiency and iron deficiency anemia (IDA) in a pregnant female may be associated with adverse events, including low birth weight, preterm birth, or increased perinatal mortality (ACOG 95 2008; IOM 2001; Pavord 2012).	Iron is present in breast milk (IOM 2001).
Ferric Hydroxide Polymaltose Complex	Use is contraindicated in the first trimester of pregnancy (contraindications may vary per region, consult local product labeling).	It is not known if ferric hydroxide polymaltose complex is present in breast milk. Iron is normally found in breast milk and maternal iron requirements are increased in breastfeeding women. The amount of iron in breast milk is generally not influenced by maternal iron status (IOM 1991).

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Ferrous Sulphate	Maternal iron requirements increase during pregnancy. Adequate iron concentrations to the fetus can be maintained regardless of maternal iron status, except in severe cases of anemia (IOM 2001). Untreated iron deficiency and iron deficiency anemia (IDA) in a pregnant female may be associated with adverse events, including low birth weight, preterm birth, or increased perinatal mortality (ACOG 95 2008; IOM 2001; Pavord 2012). In general, treatment of iron deficiency or IDA in pregnancy is the same as in non-pregnant females. The majority of studies note iron therapy improves maternal hematologic parameters; however, information related to clinical outcomes in the mother and neonate is limited (Peña-Rosas 2015; Reveiz 2011; Siu 2015). Oral preparations are generally sufficient; however, parenteral iron therapy may be used in females who cannot tolerate or will not take oral iron, in cases of severe iron deficiency, or when malabsorption is present (ACOG 95 2008; Pavord 2012). Ferrous sulfate has been evaluated in multiple studies as an iron supplement or for the treatment of IDA in pregnancy (Peña-Rosas 2015; Reveiz 2011). Enteric-coated and slow/sustained-release preparations may be less effective (ACOG 95 2008).	Iron is present in breast milk (IOM 2001). Maternal iron requirements are increased in breastfeeding women (IOM 2001). Breast milk levels of iron are maintained in females with mild to moderate iron deficiency anemia (IDA), but concentrations decrease if IDA is severe (El-Farrash 2012; Kumar 2008). Maternal use of ferrous sulfate increases the iron content of breast milk (Marin 2012). Adverse events were not observed in breastfeeding infants following maternal use of ferrous sulfate in supplemental doses (Baykan 2006). Ferrous sulfate has been evaluated in multiple studies for the treatment of postpartum IDA (Markova 2015). The World Health Organization considers ferrous salts used for anemia to be compatible with breastfeeding (WHO 2002). All postpartum women at risk of gestational anemia (regardless of breastfeeding status) may be given oral iron with or without folic acid for 6 to 12 weeks postpartum to reduce the risk of anemia (WHO 2016c).
Fexofenadine	No Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible
Filgrastim	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Limited Human Data—Probably Compatible
Finasteride	Use is contraindicated in females of childbearing potential. Abnormalities of external male genitalia were reported in animal reproduction studies. Pregnant females are advised to avoid contact with crushed or broken tablets. Adequate contraception is recommended if used off-label in the management hirsutism in females associated with PCOS (ACOG 194 2018).	It is not known if finasteride is present in breast milk. Use is contraindicated in females of childbearing potential.
Fingolimod	Limited Human Data—Contraindicated	No Human Data—Probably Compatible

www.imc.med.sa
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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Flavonoid Extract	Information related to use for the treatment of hemorrhoids in pregnancy is limited. The manufacturer recommends avoiding use during pregnancy.	It is not known if diosmin and hesperidin are present in breast milk. Breastfeeding is not recommended by the manufacturer.
Flecainide	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible
Fluconazole	Human Data Suggest Risk (≥400 mg/day)	Compatible
Fludrocortisone	Animal reproduction studies have not been conducted with fludrocortisone; adverse events have been observed with corticosteroids in animal reproduction studies. Some studies have shown an association between first trimester systemic corticosteroid use and oral clefts (Park-Wyllie 2000; Pradat 2003). Systemic corticosteroids may also influence fetal growth (decreased birth weight); however, information is conflicting (Lunghi 2010). Hypoadrenalism may occur in newborns following maternal use of corticosteroids in pregnancy; monitor. When systemic corticosteroids are needed in pregnancy, it is generally recommended to use the lowest effective dose for the shortest duration of time, avoiding high doses during the first trimester (Leachman 2006; Lunghi 2010). Fludrocortisone may be used to treat women during pregnancy who require therapy for congenital adrenal hyperplasia or primary adrenal insufficiency (Endocrine Society [Bornstein 2016; Speiser 2018]).	It is not known if fludrocortisone is excreted in breast milk; corticosteroids are excreted in breast milk. The manufacturer recommends that caution be exercised when administering fludrocortisone to nursing women.
Flunarizine	Adverse events have been observed in animal reproduction studies.	It is not known if flunarizine is excreted into breast milk. Breast-feeding is not recommended by the manufacturer.
Fluorouracil	Contraindicated—1st Trimester	Contraindicated
Fluorescein Sodium	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Potential Toxicity (IV) Limited Human Data—Probably Compatible (Topical)
Fluoxetine	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Fluticasone	Compatible	No Human Data—Probably Compatible

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Fluticasone, Umeclidinium, and Vilanterol	Animal reproduction studies have not been conducted with this combination. Refer to individual monographs.	It is not known if sufficient quantities of fluticasone, umeclidinium, or vilanterol are absorbed systemically following inhalation to produce detectable amounts in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother. Also refer to individual monographs.
Fluvastatin	Contraindicated 1st Trimester	Contraindicated
Fluvoxamine	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Folic Acid	Compatible	Compatible
Follitropin alpha	Ectopic pregnancy, congenital abnormalities, spontaneous abortion, and multiple births have been reported. The incidence of congenital abnormality may be slightly higher after ART than with spontaneous conception; higher incidence may be related to parenteral characteristics (maternal age, sperm characteristics). Follitropin Alfa is used for the induction of ovulation; use is contraindicated in women who are already pregnant.	It is not known if follitropin alfa is excreted in breast milk. Due to the potential for serious adverse reactions in the nursing infant, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of treatment to the mother.
Fondaparinux	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Formoterol	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Fosfomycin	Compatible	Limited Human Data—Probably Compatible
Fulvestrant	Contraindicated	Contraindicated
Furosemide	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Fusidic Acid	Adverse effects were not observed in animal reproduction studies. Fusidic acid crosses the placenta following systemic administration. Systemic absorption following topical application is minimal.	It is not known if fusidic acid is present in breast milk following topical application. Fusidic acid is present in breast milk following systemic administration; however, systemic absorption following topical application is minimal. Topical fusidic acid has been evaluated for Staphylococcus aureus impetigo infection in breastfeeding patients with sore, cracked nipples; fusidic acid was not effective for systemic infection that may lead to mastitis (Livingstone 1999).

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Gabapentin	Limited Human Data—Animal Data Suggest Risk	Limited Human Data—Probably Compatible
Gadoterate Meglumine	Gadolinium-based contrast agents may cross the placenta (ACOG 723 2017; ACR 2018). Use of gadolinium-based contrast agents in pregnancy is controversial and should be limited. A gadolinium-based contrast agent with MRI may be considered for use in pregnancy if it will significantly improve diagnostic performance and is expected to improve fetal or maternal outcome (ACOG 723 2017). In addition, use should only be considered if information needed from the MRI study cannot be acquired without using a contrast agent and cannot be deferred until after delivery. Agents with a low risk for development of nephrogenic systemic fibrosis should be used at the lowest effective dose (ACR 2018).	Gadolinium-based contrast agents may be present in breast milk (ACOG 723 2017; ACR 2018). Because of the low expected excretion into breast milk and the low absorption from an infant's GI tract, breastfeeding may be continued without interruption after use (ACOG 723 2017; ACR 2018). Theoretically, the taste of milk could be altered if it contains contrast media. Women who prefer to temporarily withhold breastfeeding may express and discard milk from both breasts during a period of 12 to 24 hours after the administration of contrast media. They can pump and store milk prior to the procedure then bottle feed using the stored milk during this time (ACR 2018). According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and the benefits of treatment to the mother.
Ganciclovir	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Potential Toxicity
Gatifloxacin, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Gemcitabine	Contraindicated—1st Trimester	Contraindicated
Gemfibrozil	Limited Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Glecaprevir and Pibrentasvir	Adverse events were not observed in animal reproduction studies with glecaprevir or pibrentasvir as individual agents. Treatment of hepatitis C is not currently recommended to treat maternal infection or to decrease the risk of mother-to-child transmission during pregnancy (Tran 2016). When HCV infection is detected during pregnancy, treatment should be deferred until after delivery. Direct-acting antiviral medications should not be used in pregnant females outside of clinical trials until safety and efficacy information is available (SMFM [Hughes 2017]).	It is not known if glecaprevir or pibrentasvir are present in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother. Breastfeeding is not linked to the spread of hepatitis C virus; however, if nipples are cracked or bleeding, breastfeeding is not recommended (milk should be expressed and discarded). Breastfeeding is not recommended in the presence of HIV co-infection (AASLD/IDSA 2018; SMFM [Hughes 2017]).

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Gliclazide	Gliclazide is contraindicated for use during pregnancy. Poorly controlled diabetes during pregnancy can be associated with an increased risk of adverse maternal and fetal outcomes, including diabetic ketoacidosis, preeclampsia, spontaneous abortion, preterm delivery, delivery complications, major birth defects, stillbirth, and macrosomia (ACOG 201 2018). To prevent adverse outcomes, prior to conception and throughout pregnancy, maternal blood glucose and HbA1c should be kept as close to target goals as possible but without causing significant hypoglycemia (ADA 2020; Blumer 2013). Agents other than gliclazide are currently recommended to treat diabetes mellitus in pregnancy (ADA 2020).	It is not known if gliclazide is present in breast milk. Use is contraindicated in breastfeeding mothers.
Glimepiride	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Glucagon	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Compatible
Glutamine	Animal reproduction studies have not been conducted. Endogenous glutamine can be detected in cord blood and concentrations are decreased in low birth-weight infants (Ivorra 2012).	The manufacturer recommends that caution be exercised when administering glutamine to breastfeeding women. Glutamine is endogenous to breast milk. The amount of total protein and free amino acids found in breast milk varies during lactation (IOM 2005). Effects of the suggested oral dose of glutamine are unknown.
Glycopyrrolate	Limited Human Data—No Relevant Animal Data	No Human Data—Probably Compatible
Golimumab	No Human Data—Animal Data Suggest Low Risk Contraindicated (if combined with methotrexate)	No Human Data—Probably Compatible Contraindicated (if combined with methotrexate)

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Goserelin	Goserelin induces hormonal changes which increase the risk for fetal loss and use is contraindicated in pregnancy unless being used for palliative treatment of advanced breast cancer. Breast cancer: If used for the palliative treatment of breast cancer during pregnancy, the potential for increased fetal loss should be discussed with the patient. Endometriosis, endometrial thinning: Use is contraindicated during pregnancy. Women of childbearing potential should not receive therapy until pregnancy has been excluded. Nonhormonal contraception is recommended for premenopausal women during therapy and for 12 weeks after therapy is discontinued. Although ovulation is usually inhibited and menstruation may stop, pregnancy prevention is not ensured during goserelin therapy. Changes in reproductive function may occur following chronic administration.	It is not known if goserelin is present in breast milk, although goserelin is inactivated when used orally. Due to the potential for serious adverse reactions in the breastfed infant, a decision should be made to discontinue breastfeeding or to discontinue the drug, taking into account the importance of treatment to the mother.
Granisetron	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Haloperidol	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Potential Toxicity
Heparin	Compatible	Compatible
Hepatitis A Vaccine	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Hepatitis B Immunoglobulin	Compatible	No Human Data—Probably Compatible
Hepatitis B Vaccine	Compatible	No Human Data—Probably Compatible

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Human Chorionic Gonadotrophin	Studies in animals have shown evidence of fetal abnormalities at doses intended to induce superovulation (used in combination regimens). When needed for ovulation induction, should only be used by physicians who are thoroughly familiar with infertility problems and their management. Multiple births may result from use of this medication. Testicular tumors in otherwise healthy men have been reported when treating secondary infertility.	It is not known if chorionic gonadotropin (human) is excreted in breast milk. The manufacturer recommends that caution be exercised when administering chorionic gonadotropin (human) to breastfeeding women.
Human Papilloma Virus (Types 16,18) Vaccine	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Human Prothrombin Complex Concentrate [(Factors II, VII, IX, X), Protein C, and Protein S]	This product is derived from purified human plasma.	It is not known if prothrombin complex concentrate is present in breast milk. The manufacturer recommends that prothrombin complex concentrate be administered only if clearly needed when treating a breastfeeding woman.
Hyaluronidase	Adverse maternal or fetal events were not observed when used as an aid to delivery or an aid to conception. Administration during labor did not cause any increase in blood loss or differences in cervical trauma. Hyaluronidase has been evaluated for use prior to intracytoplasmic sperm injection (ICSI) to aid the in vitro fertilization of human eggs (DeVos 2008; Evison 2009; Majumdar 2013; Moura 2017; Worrilow 2013).	It is not known if hyaluronidase is present in breast milk following therapeutic administration. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Hydralazine	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Probably Compatible
Hydrocortisone	Human Data Suggest Risk	Limited Human Data—Probably Compatible
Hydromorphone	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Hydroquinone	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Hydroxychloroquine	Limited Human Data—Probably Compatible	Limited Human Data—Probably Compatible
Hydroxyprogesterone Caproate	Human Data Suggest Risk (0–16 weeks) Compatible (after 16 weeks)	No Human Data—Probably Compatible
Hydroxyurea	Limited Human Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Hyoscine butylbromide	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible

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Ibandronate	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Ibrutinib	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity
Ibuprofen	Human Data Suggest Risk in the 1st and 3rd Trimesters	Compatible
Idarucizumab	Animal reproduction studies have not been conducted.	It is not known if idarucizumab is present in breast milk. The manufacturer recommends that caution be exercised when administering idarucizumab to breastfeeding women.
Ifosfamide	Contraindicated—1st Trimester	Contraindicated
Imatinib	Human and Animal Data Suggest Risk	Limited Human Data—Probably Compatible
Imipenem/Cilastatin	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Inclisiran	Based on the mechanism of action, in utero exposure to inclisiran may cause fetal harm. Inclisiran should be discontinued as soon as pregnancy is recognized.	It is not known if inclisiran is present in breast milk. Inclisiran has poor oral absorption, therefore, if present in breast milk it is unlikely to impact infant development. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and the benefits of treatment to the mother.
Incobotulinumtoxin	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Indapamide	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Infliximab	Human Data Suggest Low Risk (Contraindicated if Combined with Methotrexate)	Compatible
Influenza Vaccine	Compatible	Compatible
Insulin Aspart	Limited Human Data—Probably Compatible	Compatible
Insulin Degludec	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Insulin Detemir	Compatible	Compatible
Insulin Glargine	Compatible	Compatible
Insulin Glulisine	No Human Data—Probably Compatible	Compatible

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Insulin, Isophane	Poorly controlled diabetes during pregnancy can be associated with an increased risk of adverse maternal and fetal outcomes, including diabetic ketoacidosis, preeclampsia, spontaneous abortion, preterm delivery, delivery complications, major birth defects, stillbirth, and macrosomia. To prevent adverse outcomes, prior to conception and throughout pregnancy, maternal blood glucose and HbA1c should be kept as close to target goals as possible but without causing significant hypoglycemia (ADA 2020; Blumer 2013). Due to pregnancy-induced physiologic changes, insulin requirements tend to increase as pregnancy progresses, requiring frequent monitoring and dosage adjustments. Following delivery, insulin requirements decrease rapidly (ACOG 201 2018; ADA 2020). Insulin is the preferred treatment of type 1 and type 2 diabetes mellitus in pregnancy, as well as gestational diabetes mellitus, when pharmacologic therapy is needed (ACOG 190 2018; ACOG 201 2018; ADA 2020). NPH insulin may be used to treat diabetes mellitus in pregnancy (ACOG 190 2018; ACOG 201 2018; Blumer 2013)	Both exogenous and endogenous insulin are present in breast milk (study not conducted with this preparation). According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and the benefits of treatment to the mother. Breastfeeding is encouraged for all females, including those with type 1, type 2, or gestational diabetes mellitus (ACOG 201 2018; ADA 2020; Blumer 2013). A small snack before breastfeeding may help decrease the risk of hypoglycemia in females with pregestational diabetes (ACOG 201 2018; Reader 2004).
Insulin Lispro	Compatible	Compatible
Insulin, Soluble	Compatible	Compatible
Interferon Beta	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible
Intravenous Immunoglobulin	Compatible	No Human Data—Probably Compatible

www.imc.med.sa
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Iobitridol	Use of iobitridol for hysterosalpingography is contraindicated in pregnant women. Fetal dysthyroidism may occur with iobitridol use within 14 weeks of amenorrhea. In general, use of iodinated contrast media should not be withheld if required to obtain diagnostic information that will influence the care of the mother or fetus during pregnancy (ACOG 2016; ACR 2016).	Small amounts of iobitridol are present in breast milk. Because of the low expected excretion of iodinated contrast agents into breast milk and the low absorption from an infant's GI tract, breastfeeding may be continued without interruption after use (ACOG 2016; ACR 2016). Theoretically, the taste of milk could be altered if it contains contrast media. Women who prefer to temporarily withhold breastfeeding can pump and store milk prior to the procedure and abstain from breastfeeding for 12 to 24 hours (ACR 2016). Manufacturers recommend avoiding breast-feeding for 24 hours after administration.
Ipratropium	Human Data Suggest Low Risk	No Human Data—Probably Compatible
Irbesartan	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Irinotecan	Limited Human Data—Animal Data Suggest Risk	Contraindicated
Iron Isomaltoside (Monofer)	Fetal bradycardia has been observed following maternal administration (Woodward 2015). Iron requirements are increased in pregnant women compared to non-pregnant women. Untreated iron deficiency anemia during pregnancy may be associated with an increased risk of adverse pregnancy outcomes (IOM 2001). The manufacturer recommends iron deficiency anemia in the first trimester be treated with oral iron, the injection formulation may be considered for the second and third trimesters. Iron isomaltoside has been evaluated for use following postpartum hemorrhage (Holm 2017a, Holm 2017b).	Iron isomaltoside is present in breast milk. Following maternal administration of a single dose of iron isomaltoside immediately postpartum, the mean breast milk concentrations of iron remained within normal limits (Holm C 2017c). Iron is normally found in breast milk and maternal iron requirements are increased in breastfeeding women. The amount of iron in breast milk is generally not influenced by maternal iron status (IOM 1991).
Isoniazid	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Limited Human Data—Probably Compatible
Isoprenaline	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Isosorbide Dinitrate	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Isotretenoin	Contraindicated	No Human Data—Potential Toxicity
Itraconazole	Human Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Ivabradine	Limited Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Ixekizumab	Ixekizumab is a humanized monoclonal antibody (IgG4). Placental transfer of human IgG is dependent upon the IgG	It is not known if ixekizumab is present in breast milk.

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	subclass, maternal serum concentrations, birth weight, and gestational age, generally increasing as pregnancy progresses. The lowest exposure would be expected during the period of organogenesis (Palmeira 2012; Pentsuk 2009).	According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Ketamine	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Ketoconazole	Limited Human Data—Animal Data Suggest Risk (Oral) No Human Data—Probably Compatible (Topical)	Limited Human Data—Probably Compatible
Labetalol	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Lacosamide	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Potential Toxicity
Lactulose	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Lamivudine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Contraindicated (HIV) Compatible (Hepatitis B)
Lamotrigine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Limited Human Data—Potential Toxicity
Lanreotide	Limited Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible
Lansoprazole	Human Data Suggest Low Risk	No Human Data—Potential Toxicity
Lapatinib	Contraindicated	Contraindicated
Latanoprost, Ophthalmic	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Ledipasvir	No Human Data—Animal Data Suggest Low Risk (Contraindicated if combined with Ribavirin)	No Human Data—Probable Compatible (Potential toxicity if combined with Ribavirin)
Leflunomide	Contraindicated	No Human Data—Potential Toxicity
Lenvatinib	Contraindicated	Contraindicated
Lercanidipine	Use is contraindicated in women who are pregnant or may become pregnant (unless effective contraception is used). If treatment for hypertension during pregnancy is needed, other agents are preferred (Mancia 2013).	Use is contraindicated in breastfeeding women. It is not known if lercanidipine is present in breast milk. According to the manufacturer, distribution into milk may be expected due to the high lipophilicity of lercanidipine.
Letrozole	Contraindicated	Contraindicated
Levetiracetam	Limited Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible
Levocabastine, Nasal	Adverse events were observed in some animal reproduction studies when using oral doses much larger than the equivalent maximum human nasal dose.	Following intranasal application, minute amounts of levocabastine have been detected in human breast milk (Simons 1999). The manufacturer recommends that caution be exercised when administering levocabastine to nursing women.
Levocetirizine	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible

www.imc.med.sa
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Levodopa	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Levofloxacin	Contraindicated (Use only if no other alternatives)	Limited Human Data—Probably Compatible
Levonorgestrel (IUD)	Use during pregnancy or a suspected pregnancy is contraindicated.	Levonorgestrel is present in breast milk.
Levothyroxine	Compatible	Compatible
Lidocaine	Compatible	Limited Human Data—Probably Compatible
Linaclotide	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Linagliptin	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Linezolid	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Limited Human Data—Probably Compatible
Liothyronine	Compatible	Compatible
Liraglutide	No Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible
Lisinopril	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Lithium	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Lixisenatide	Poorly controlled diabetes during pregnancy can be associated with an increased risk of adverse maternal and fetal outcomes, including diabetic ketoacidosis, preeclampsia, spontaneous abortion, preterm delivery, delivery complications, major birth defects, stillbirth, and macrosomia (ACOG 201 2018). To prevent adverse outcomes, prior to conception and throughout pregnancy, maternal blood glucose and HbA1c should be kept as close to target goals as possible but without causing significant hypoglycemia (ADA 2019; Blumer 2013). Agents other than lixisenatide are currently recommended to treat diabetes mellitus in pregnancy (ADA 2019).	It is not known if lixisenatide is present in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.

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Lonsurf (Trifluridine/Tipiracil)	Based on the mechanism of action and data from animal reproduction studies, in utero exposure to trifluridine/tipiracil may cause fetal harm. Verify pregnancy status in females of reproductive potential prior to therapy initiation. Females of reproductive potential should use effective contraception during therapy and for at least 6 months after the final trifluridine and tipiracil dose. Males who have female partners of reproductive potential should use condoms during therapy and for at least 3 months following the final dose.	It is not known if trifluridine or tipiracil are present in breast milk. Due to the potential for serious adverse reactions in the breastfed infant, breastfeeding is not recommended by the manufacturer during therapy and for one day following the last dose.
Loperamide	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Loratadine	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Lorazepam	Human Data Suggest Risk in 1st and 3rd Trimesters	Limited Human Data—Probably Compatible, but potential toxicity if combined with other CNS depressants
Lornoxicam	Some manufacturers contraindicate lornoxicam use in all trimesters of pregnancy; some contraindicate use in the 3rd trimester (consult local product labeling). Birth defects have been observed following in utero NSAID exposure in some studies; however, data is conflicting (Bloor 2013). Nonteratogenic effects, including prenatal constriction of the ductus arteriosus, persistent pulmonary hypertension of the newborn, oligohydramnios, necrotizing enterocolitis, renal dysfunction or failure, and intracranial hemorrhage have been observed in the fetus/neonate following in utero NSAID exposure. In addition, non-closure of the ductus arteriosus postnatally may occur and be resistant to medical management (Bermas 2014; Bloor 2013). The chronic use of NSAIDs in women of reproductive age may be associated with infertility that is reversible upon discontinuation of the medication. Consider discontinuing use in women having difficulty conceiving or those undergoing investigation of fertility. The use of NSAIDs close to conception may be associated with an increased risk of miscarriage (Bermas 2014; Bloor 2013).	It is not known if lornoxicam is present in breast milk. Breastfeeding is not recommended by the manufacturers

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Losartan	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Loxoprofen	Medication should be administered to women who are or are possibly pregnant only when the anticipated therapeutic benefits are considered to outweigh any potential risk. (The safety of this ROXONIN in these populations has not been established). It should not be used in women in the late stages of pregnancy	Administration of this medication to nursing mothers should be avoided. If administration of this drug is judged to be essential, nursing should be discontinued.
Lutropin alfa	Use is contraindicated in women who are pregnant or those who have medical conditions which are incompatible with a normal pregnancy. Ectopic pregnancy, miscarriage, spontaneous abortion, and multiple births have been reported. The incidence of congenital abnormality may be slightly higher after assisted reproductive techniques than with spontaneous conception; higher incidence may be related to parenteral characteristics (maternal age, sperm characteristics).	Use in breastfeeding women is contraindicated per the manufacturer labeling. It is not known if lutropin alfa is present into breast milk.
Magnesium Citrate	Magnesium crosses the placenta; serum concentrations in the fetus are similar to those in the mother (Idama 1998; Osada 2002). The American Gastroenterological Association considers the use of magnesium citrate as a laxative to be low risk in pregnancy, but long term use should be avoided (not the preferred treatment of chronic constipation) (Mahadevan 2006).	Magnesium is found in breast milk; concentrations remain constant during the first year of lactation and are not influenced by dietary intake under normal conditions
Magnesium Oxide	Magnesium crosses the placenta; serum concentrations in the fetus are similar to those in the mother (Idama 1998; Osada 2002)	Magnesium is found in breast milk; concentrations remain constant during the first year of lactation and are not influenced by dietary intake under normal conditions. Magnesium requirements are the same in lactating and nonlactating females (IOM,1997).
Magnesium Sulphate	Compatible	Compatible
Mannitol	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Measles Vaccine	Contraindicated	No Human Data—Probably Compatible

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P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001

Mebendazole	Compatible (2nd & 3rd Trimesters)	Limited Human Data—Probably Compatible
Mebeverine	The manufacturer recommends avoiding use during pregnancy (limited data available).	It is not known if mebeverine or its metabolites are present in breast milk. Breastfeeding is not recommended by the manufacturer.
Meclizine	Compatible	No Human Data—Probably Compatible
Mecobalamin	Methylcobalamin (or mecobalamin) is a biologically active form of vitamin B12. Vitamin B12 and its active coenzymes cross the placenta (Craft 1971). Vitamin B12 requirements may be increased in pregnant women compared to nonpregnant women (IOM 1998).	Methylcobalamin (or mecobalamin) is a biologically active form of vitamin B12. Vitamin B12 and its active coenzymes can be detected in breast milk (Craft 1971). Vitamin B12 requirements may be increased in nursing women compared to non-nursing women (IOM 1998).
Medroxyprogesterone	Contraindicated	Compatible
Mefenamic Acid	Human Data Suggest Risk in 1st and 3rd Trimesters	Limited Human Data—Probably Compatible
Mefloquine	Compatible	Limited Human Data—Probably Compatible
Megestrol Acetate	Use is contraindicated for the treatment of anorexia or cachexia in pregnant females with HIV infection. Megestrol may cause fetal harm if administered during pregnancy. Evaluate pregnancy status prior to treatment in females of reproductive potential. Effective contraception should be used when treating anorexia or cachexia in females with HIV infection. In clinical studies, megestrol was shown to cause breakthrough vaginal bleeding in women.	Megestrol is present in breast milk. Information is available from 5 breastfeeding women, 8 weeks postpartum, who were administered megestrol 4 mg in combination with ethinyl estradiol 50 mcg daily for contraception. Maternal serum and milk samples were obtained over 5 days, beginning 10 days after therapy began. The highest concentrations of megestrol were found at the samples taken 3 hours after the maternal dose. Mean concentrations of megestrol were 6.5 ng/mL (maternal serum; range: 3.7 to 10.8 ng/mL), 4.6 ng/mL (foremilk; range: 1.1 to 12.7 ng/mL), and 5.6 ng/mL (hindmilk; range: 1.2 to 18.5 ng/mL) (Nilsson 1977). Due to the potential for adverse reaction in the breastfed newborn, the manufacturer recommends discontinuing breastfeeding while receiving megestrol for the treatment of cancer. Due to the potential for HIV transmission, breastfeeding is not recommended when treating females for anorexia or cachexia associated with HIV infection.
Meloxicam	Human Data Suggest Risk in 1st and 3rd Trimesters	No Human Data—Probably Compatible

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Memantine	Adverse events have been observed in animal reproduction studies.	It is not known if memantine is present in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Meningococcal Vaccine ACYW-135	Compatible	No Human Data—Probably Compatible
Menotropin (hMG)	Ectopic pregnancy, congenital abnormalities, spontaneous abortion, and multi-fetal gestations/births have been reported. The incidence of congenital abnormality may be slightly higher after assisted reproductive technology (ART) than with spontaneous conception; higher incidence may be related to parenteral characteristics (maternal age, genetics, and sperm characteristics). Menotropins are used for the induction of ovulation and with ART; use is contraindicated in women who are already pregnant. Pregnancy should be excluded prior to treatment.	It is not known if menotropins is present in breast milk. Due to the potential for serious adverse reactions in the breastfed infant, the manufacturer recommends a decision be made to discontinue breastfeeding or to discontinue the drug, considering the importance of treatment to the mother.
Mepolizumab	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Meropenem	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Mesalazine	Compatible	Limited Human Data—Potential Toxicity
Mesna	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Contraindicated
Metformin	Human Data Suggest Low Risk	Compatible
Methotrexate	Contraindicated	Contraindicated
Methoxy-PEG Epoetin Beta	Adverse events were observed in some animal reproduction studies. Information related to the use of methoxy polyethylene glycol-epoetin beta during pregnancy is limited.	It is not known if methoxy polyethylene glycol-epoetin beta is present in breast milk; however, endogenous erythropoietin is found in breast milk. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.

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Methyldopa	Compatible	Limited Human Data—Probably Compatible
Methylene blue	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Methylergometrine	Contraindicated	Compatible
Methylphenidate	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Potential Toxicity
Methylprednisolone	Methylprednisolone crosses the placenta (Anderson 1981). Some studies have shown an association between first trimester systemic corticosteroid use and oral clefts or decreased birth weight; however, information is conflicting and may be influenced by maternal dose/indication for use (Lunghi 2010; Park-Wyllie 2000; Pradat 2003). Hypoadrenalism may occur in newborns following maternal use of corticosteroids in pregnancy; monitor. When systemic corticosteroids are needed in pregnancy for rheumatic disorders, it is generally recommended to use the lowest effective dose for the shortest duration of time, avoiding high doses during the first trimester (Götestam Skorpen 2016; Makol 2011; Østensen 2009).	Methylprednisolone is present in breast milk (Cooper 2015; Strijbos 2015), the manufacturer notes that when used systemically, maternal use of corticosteroids have the potential to cause adverse events in a breastfeeding infant (eg, growth suppression, interfere with endogenous corticosteroid production) and therefore recommends a decision be made whether to discontinue breastfeeding or to discontinue the drug, taking into account the importance of treatment to the mother.
Metoclopramide	Compatible	Compatible
Metolazone	No Human Data—Probably Compatible	Limited Human Data—Probably Compatible
Metoprolol	Human Data Suggest Risk in 2nd and 3rd Trimesters	Limited Human Data—Potential Toxicity
Metronidazole	Human Data Suggest Low Risk	Hold Breastfeeding (Single Dose) Limited Human Data—Potential Toxicity (Divided Dose)
Miconazole	Compatible (Topical)	No Human Data—Probably Compatible
Midazolam	Limited Human Data—Animal Data Suggest Low Risk	Compatible* *Potential Toxicity If Combined With Other CNS Depressants
Midodrine	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity
Milrinone	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Minoxidil	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible
Mirabegron	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Mirtazapine	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Potential Toxicity
Misoprostol	Contraindicated (Oral)	No Human Data—Potential Toxicity

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Mitomycin	No Human Data—Animal Data Suggest High Risk	Hold Breastfeeding
Mitoxantron	Contraindicated—1st Trimester	Contraindicated
Modafinil	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity
Mometasone, Topical	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Montelukast	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Morphine	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Moxifloxacin	Contraindicated (Use only if no other alternatives)	No Human Data—Probably Compatible
Moxonidine	Adverse events have been reported in animal reproduction studies in doses associated with maternal toxicity; the manufacturer recommends avoiding use during pregnancy unless clearly necessary.	Moxonidine is present in breast milk in concentrations 50% to 100% greater than those in the maternal serum (Kirsten 1998). Breastfeeding is not recommended by the manufacturer.
Mumps Vaccine	Contraindicated	No Human Data—Probably Compatible
Mupirocin	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Mycophenolate	Human and Animal Data Suggest Risk	Contraindicated
N-acetylcysteine	Compatible—Maternal Benefits >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Naloxone	Compatible	No Human Data—Probably Compatible
Naphazolin, Ophthalmic	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Naproxen	Human Data Suggest Risk in 1st and 3rd Trimesters	Limited Human Data—Probably Compatible
Natalizumab	Contraindicated	No Human Data—Probably Compatible
Nebivolol	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Potential Toxicity
Neostigmine	Limited Human Data—No Relevant Animal Data	Limited Human Data—Probably Compatible
Nicorandil	Use is not recommended	Use is not recommended in breastfeeding women
Nifedipine	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Nimodipine	Limited Human Data—Animal Data Suggest Risk	Limited Human Data—Probably Compatible
Nintedanib	No Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Nitrofurantoin	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Probably Compatible
Nitroglycerin	Human Data Suggest Low Risk	No Human Data—Probably Compatible
Nivolumab	Contraindicated	No Human Data—Potential Toxicity
Nizatidine	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Noradrenaline	Human and Animal Data Suggest Risk	No Human Data—Potential Toxicity

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Norethisterone	Contraindicated	Limited Human Data—Probably Compatible
Norfloxacin	Adverse events have been observed in some animal reproduction studies. Norfloxacin crosses the placenta, distributing to cord blood and amniotic fluid (Wise 1984). Based on available data, an increased risk of teratogenic effects has not been observed following norfloxacin use during pregnancy (Bar-Oz 2009; Padberg 2014).	Norfloxacin was not detected in the milk of nursing mothers administered an oral 200 mg dose. It is not known if concentrations would be detectable after a higher dose or multiple doses. Due to the potential for serious adverse reactions in the nursing infant, the manufacturer recommends a decision be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of treatment to the mother.
Nystatin	Compatible	Compatible
Obinutuzumab	No Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible
Ocrelizumab	Information related to the use of ocrelizumab in pregnancy is limited (Fragoso 2018; Juanatey 2018). Transient peripheral B-cell depletion and lymphocytopenia have been observed in infants born to mothers who received similar agents; immune response to live or live-attenuated vaccines may be decreased in infants exposed to ocrelizumab in utero. Evaluate immune response by measuring CD19+B-cells in exposed infants prior to the administration of live or live-attenuated vaccines. In general, disease-modifying therapies for multiple sclerosis (MS) are stopped prior to a planned pregnancy, and not initiated during pregnancy, except in females at high risk of MS activity (AAN [Rae-Grant 2018]). Consider use of agents other than ocrelizumab for females at high risk of disease reactivation who are planning a pregnancy. Delaying pregnancy is recommended for females with persistent high disease activity; when disease-modifying therapy is needed in these patients, other agents are preferred (ECTRIMS/EAN [Montalban 2018]). Females of reproductive potential should use effective contraception during therapy and for 6 months after the last ocrelizumab infusion.	It is not known if ocrelizumab is present in breast milk. The potential for B-cell depletion in a breastfed infant following maternal use of ocrelizumab is not known. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother. Other sources do not recommend breastfeeding during therapy (Dobson 2019; Fragoso 2018).
Octereotide	Compatible	No Human Data—Probably Compatible
Ofloxacin	Contraindicated (Use only if no other alternatives)	Limited Human Data—Probably Compatible

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Olanzapine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Limited Human Data—Potential Toxicity
Olaparib	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity
Olmesartan	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Olopatadine, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Omalizumab	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Omega-3 Fatty Acid Supplements	Compatible	Compatible
Omeprazole	Human Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Ondansetron	Human Data Suggest Risk	No Human Data—Probably Compatible
Oral Contraceptives	Contraindicated	Compatible
Orlistat	Contraindicated	No Human Data—Potential Toxicity
Oseltamivir	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Compatible
Osimertinib	Based on data from animal reproduction studies and the mechanism of action, use during pregnancy is expected to cause fetal harm. Verify pregnancy status in females of reproductive potential prior to initiating osimertinib. Females of reproductive potential should use effective contraception during therapy and for 6 weeks after the last osimertinib dose. Males with female partners of reproductive potential should also use effective contraception during therapy and for 4 months after the last osimertinib dose.	It is not known if osimertinib (or its active metabolites) are present in breast milk. Because of the potential for serious adverse reactions in the breastfed infant, breastfeeding is not recommended by the manufacturer during therapy and for 2 weeks after the last osimertinib dose.
Oxaliplatin	Contraindicated (1st Trimester)	Contraindicated
Oxcarbazepine	Limited Human Data—Animal Data Suggest Risk	Limited Human Data—Probably Compatible
Oxycodone	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Oxytocin	[US Boxed Warning]: To be used for medical rather than elective induction of labor. Small amounts of exogenous oxytocin are expected to reach the fetal circulation. When used as indicated, teratogenic effects would not be expected. Nonteratogenic adverse reactions are reported in the neonate as well as the mother.	Endogenous oxytocin mediates milk ejection. Administration of exogenous oxytocin may disrupt the initiation of breastfeeding (Buckley 2015). Skin-to-skin contact between mother and baby facilitates the release of endogenous oxytocin and the establishment of the milk ejection reflex (ABM 2011).

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Paclitaxel	Limited Human Data—Animal Data Suggest Risk	Contraindicated
Palbociclib	Contraindicated	Contraindicated
Palivizumab	No Human Data—No Relevant Animal Data	No Human Data—Probably Compatible
Palonosetron	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Panitumumab	No Human Data—Animal Data Suggest Risk	Contraindicated
Pantoprazole	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Papaverine	Teratogenic effects have not been observed in animal reproduction studies.	It is not known if papaverine is excreted in breast milk. The manufacturer recommends that caution be exercised when administering papaverine to nursing women.
Paracetamol	Human Data Suggest Low Risk	Compatible
Parecoxib	Parecoxib is contraindicated for use in the third trimester of pregnancy. Birth defects have been observed following in utero NSAID exposure in some studies, however data is conflicting (Bloor 2013). Nonteratogenic effects, including prenatal constriction of the ductus arteriosus, persistent pulmonary hypertension of the newborn, oligohydramnios, necrotizing enterocolitis, renal dysfunction or failure, and intracranial hemorrhage have been observed in the fetus/neonate following in utero NSAID exposure. In addition, non-closure of the ductus arteriosus postnatally may occur and be resistant to medical management (Bermas 2014; Bloor 2013).	Parecoxib use is contraindicated with breastfeeding. Small amounts of parecoxib are present in breast milk.
Paricalcitol	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Paroxetine	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Patiromer	Patiromer is not absorbed systemically following oral administration. Use during pregnancy is not expected to result in significant exposure to the fetus.	Patiromer is not absorbed systemically following oral administration. Breastfeeding is not expected to result in significant exposure to a breastfed child.
Pazopanib	Contraindicated	Contraindicated
Pegfilgrastim	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Peginterferon Alfa 2A	Limited Human Data—Probably Compatible	Limited Human Data—Probably Compatible
Peginterferon Beta-1a	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Compatible
Pembrolizumab	Contraindicated	No Human Data—Potential Toxicity

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Pemetrexed	Contraindicated—1st Trimester Contraindicated (if Combined with Cisplatin)	Hold Breastfeeding Contraindicated (if Combined with Cisplatin)
Penicillin G, Benzathine	Compatible	Compatible
Pentoxifylline	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible
Perflutern Protein –Type A (Optison)	Due to the very short half-life, administration during pregnancy is not expected to result in clinically relevant fetal exposure.	It is not known if perflutren lipid microspheres is present in breast milk.
Perindopril	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Permethrine	Compatible	Compatible
Permpanel	No Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Pertuzumab	Contraindicated	Contraindicated
Pethidine	Human Data Suggest Risk	Compatible
Phenobarbital	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Phentermine	Contraindicated	Contraindicated
Phentolamine Mesylate	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Potential Toxicity
Phenylephrine, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Phenytoin	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Compatible
Phytomenadione	Compatible	Compatible
Pilocarpine, Ophthalmic	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Pimecrolimus	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Pinaverium Bromide	Animal reproduction studies are insufficient and information from human pregnancies is not available. The presence of bromine in the formulation poses a theoretical risk of causing neurologic effects (sedation, hypotony) to newborns if pinaverium is used late in pregnancy, though no such cases have been reported.	Manufacturer advises against administration in breast-feeding women.
Pioglitazone	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Pipracillin	Compatible	Compatible

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Piracetam	Adverse events have not been observed in animal reproduction studies. Piracetam crosses placental barrier with neonatal levels ~70% to 90% of maternal levels. In general, higher risk of teratogenic effects may be associated with anticonvulsant polytherapy compared to monotherapy (Morrow, 2006).	Piracetam is excreted in breast milk. Breast-feeding is not recommended by the manufacturer.
Pirfenidone	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Piribedil	Information related to the use of piribedil in pregnant women has not been located. If treatment for Parkinson disease in pregnancy is needed, agents other than piribedil may be preferred (Kranick 2010).	It is not known if piribedil is excreted in breast milk. Piribedil has been shown to inhibit lactation (Alagna 1979). Use in breast-feeding women is not recommended by the manufacturer.
Piroxicam	Human Data Suggest Risk in 1st and 3rd Trimesters	Compatible
Pizotifen	Adverse events were not observed in animal reproduction studies. If possible, drug therapy for migraine prophylaxis should be avoided during pregnancy. If therapy is needed, other agents are preferred	The concentration of pizotifen measured in the milk of nursing mothers is unlikely to affect a nursing infant; however, the manufacturer does not recommend use in nursing mothers. If possible, drug therapy for migraine prophylaxis should be avoided in nursing women. If therapy is needed, other agents are preferred
Pneumococcal 10-valent Conjugate Vaccine	Animal reproduction studies have not shown adverse fetal effects. Inactivated vaccines have not been shown to cause increased risks to the fetus (ACIP [Kroger 2017]).	It is not known if this vaccine is excreted into breast milk. The manufacturer recommends that caution be exercised when administering this vaccine to breastfeeding women. Administration does not affect the safety of breastfeeding for the mother or the infant. Breastfeeding infants should be vaccinated according to the recommended schedules (ACIP [Kroger 2017]).
Policresulen	Manufacturers advise against use of policresulen in pregnancy. Adverse events were not observed in animal reproduction studies. Swabbing the endocervix should be avoided in pregnant women. Cauterization of the cervix should be avoided as it may induce labor.	Manufacturers advise against use of policresulen with breastfeeding. It is not known if policresulen is present in breast milk.
Polidocanol	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible

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Poliovirus Vaccine	Adverse effects of bOPV have not been documented in pregnant women. Pregnant women at increased risk for infection with wild polioviruses may be administered the vaccine (WHO 2016). Females of child-bearing potential should use contraception for 3 months following vaccination.	The effects of administering bOPV to breastfeeding mothers on breast-fed infants is unknown. Infants receiving vaccine may be breast fed; however, administration should be separated by 2 hours before or after vaccination to avoid contact with antibodies present in breast milk.
Polyethylene Glycol	compatible	No Human Data—Probably Compatible
Potassium Acetate	Animal reproduction studies have not been conducted. Potassium requirements are the same in pregnant and nonpregnant women. Adverse events have not been observed following use of potassium supplements in healthy women with normal pregnancies. Use caution in pregnant women with other medical conditions (eg, pre-eclampsia; may be more likely to develop hyperkalemia) (IOM 2004).	Potassium is excreted into breast milk (IOM 2004).
Potassium Chloride	Compatible	Compatible
Potassium Phosphate	Animal reproduction studies have not been conducted. Phosphorus requirements are the same in pregnant and nonpregnant women (IOM 1997). Although this product is not used for potassium supplementation, adverse events have not been observed following use of potassium supplements in healthy women with normal pregnancies. Use caution in pregnant women with other medical conditions (eg, preeclampsia; may be more likely to develop hyperkalemia) (IOM 2004).	Potassium is excreted into breast milk (IOM 2004). Phosphorus, sodium, and potassium are normal constituents of human milk.
Pralidoxime	Compatible—Maternal Benefit >> Embryo/Fetal Risk	Hold Breastfeeding
Pramipexole	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Prasugrel	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Prednisolone	Human Data Suggest Risk	Compatible
Pregabalin	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity
Primidone	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Procainamide	Limited Human Data—No Relevant Animal Data	Limited Human Data—Probably Compatible

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Prochlorperazine	Compatible	No Human Data—Potential Toxicity
Progesterone	The oral capsules are contraindicated for use during pregnancy. Adverse events following maternal use in pregnancy (eg, hypospadias, congenital heart disease, cleft lip/palate) have been noted in post marketing data; however, a causal relationship has not been clearly established. Use of vaginal progesterone may be considered to decrease the risk of recurrent spontaneous preterm birth in women with a singleton pregnancy and prior spontaneous preterm singleton birth (therapy may begin at 16 to 24 weeks, regardless of cervical length). It may also be used to prevent spontaneous preterm birth in women with a singleton pregnancy who have a cervix <20 mm before or at 24 weeks' gestation. Use is not recommended as an intervention for women with multiple gestations (ACOG 2012). The vaginal gel and insert are indicated for use in ART.	Progesterone is present in breast milk. The manufacturer recommends that caution be used if progesterone is administered to a breastfeeding female.
Propofol	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Propranolol	Human Data Suggest Risk in 2nd and 3rd Trimesters	Limited Human Data—Potential Toxicity
Propylthiouracil	Compatible—Maternal Benefit >> Embryo/Fetal Risk	Compatible
Protamine Sulfate	Compatible—Maternal Benefit >> Embryo/Fetal Risk	No Human Data—Probably Compatible
Pseudoephedrine	Human Data Suggest Risk	Limited Human Data—Probably Compatible
Pyrazinamide	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Limited Human Data—Probably Compatible
Pyridostigmine	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Pyridoxine	Compatible	Compatible
Quetiapine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Limited Human Data—Potential Toxicity
Rabeprazole	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Rabies Vaccine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible
Raloxifene	Contraindicated	Contraindicated
Ramipril	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Ramucirumab	Contraindicated	No Human Data—Potential Toxicity
Ranibizumab	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible

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Ranitidine	Compatible	Limited Human Data—Probably Compatible
Rasburicase	Limited Human Data—Animal Data Suggest Moderate Risk	Contraindicated
Regorafenib	Contraindicated	Contraindicated
Remifentanil	Human Data Suggest Risk in 3rd Trimester	No Human Data—Probably Compatible
Repaglinide	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity
Ribavirin	Contraindicated	No Human Data—Potential Toxicity
Ribociclip	Based on the mechanism of action and data from animal reproduction studies, ribociclib may be expected to cause fetal harm if used during pregnancy. Women of reproductive potential should have a pregnancy test prior to treatment and use effective contraception during treatment and for at least 3 weeks after the last ribociclib dose.	It is not known if ribociclib is present in breast milk. Due to the potential for adverse events in the breastfed infant, the manufacturer does not recommend breastfeeding during therapy or for at least 3 weeks after the last ribociclib dose.
Rifampicin	Compatible	Compatible
Rifaximin	No Human Data—Animal Data Suggest Risk	No Human Data—Probably Compatible
Rimexolone, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Risperidone	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Limited Human Data—Potential Toxicity
Ritonavir	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Contraindicated
Rituximab	Human Data Suggest Low Risk	No Human Data—Potential Toxicity
Rivaroxaban	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity
Rivastigmine	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Rocuronium	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Romiplostim	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Romsozumab	Romosozumab is not indicated for use in females of reproductive potential.	It is not known if romosozumab is present in breast milk.
Rosuvastatin	Contraindicated 1st Trimester	Contraindicated

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Rotigotine	Information related to the use of rotigotine in pregnancy is limited (Dostal 2013). Available guidelines note there is insufficient evidence to recommend rotigotine for use in pregnant females with restless leg syndrome (Picchietti 2015) or Parkinson disease (Seier 2017)	It is not known if rotigotine is present in breast milk. Rotigotine decreases prolactin secretion and lactation may be inhibited. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Rubella Vaccine	Contraindicated	Compatible
Ruxolitinib	Contraindicated	Contraindicated
Salbutamol	Compatible	No Human Data—Probably Compatible
Salmetrol	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Secukinumab	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Selegiline	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Semaglutide	Poorly controlled diabetes during pregnancy can be associated with an increased risk of adverse maternal and fetal outcomes, including diabetic ketoacidosis, preeclampsia, spontaneous abortion, preterm delivery, delivery complications, major birth defects, stillbirth, and macrosomia (ACOG 201 2018). To prevent adverse outcomes, prior to conception and throughout pregnancy, maternal blood glucose and HbA1c should be kept as close to target goals as possible but without causing significant hypoglycemia (ADA 2020; Blumer 2013). Agents other than semaglutide are currently recommended to treat diabetes mellitus in pregnancy (ADA 2020). In females of reproductive potential, semaglutide should be discontinued for ≥2 months prior to a planned pregnancy.	It is not known if semaglutide is present in breast milk. The oral formulation also contains salcaprozate sodium (SNAC); it is not known if SNAC is present in breast milk. According to the manufacturer, the decision to breastfeed during therapy with injectable semaglutide should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Senna	Compatible	Compatible
Sertraline	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Sevelamer	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Sildenafil	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Simethicone	Compatible	No Human Data—Compatible
Simvastatin	Contraindicated 1st Trimester	Contraindicated

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Siponimod	It may cause fetal harm. Disease modifying therapies are generally not initiated during pregnancy	It is not known if siponimod is present in breast milk.
Sitagliptin	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Sodium Acetate	Animal reproduction studies have not been conducted. Sodium requirements do not change during pregnancy (IOM, 2004).	Sodium is found in breast milk. Sodium requirements do not change during lactation (IOM, 2004).
Sodium Alginate + Potassium Bicarbonate (GAVISCON)	Most aluminum-containing antacids are considered low risk during pregnancy; however, use of antacids containing magnesium trisilicate should be avoided (Mahadevan 2006).	Most aluminum-containing antacids are considered low risk in nursing women (Mahadevan 2006).
Sodium Bicarbonate	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Sodium Glycerophosphate	Animal reproduction studies have not been conducted. Phosphorus requirements are similar in pregnant and nonpregnant women	Phosphorus is a normal constituent of human milk (IOM 1997)
Sodium Phosphate	Animal reproduction studies have not been conducted.	Phosphorus, sodium, and potassium are normal constituents of human milk. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Sodium Polystyrene Sulphonate	Animal reproduction studies have not been conducted. Sodium polystyrene sulfonate is not absorbed systemically following oral or rectal administration. Use during pregnancy is not expected to result in significant exposure to the fetus.	Sodium polystyrene sulfonate is not absorbed systemically. Breastfeeding is not expected to result in significant exposure to a breastfed child.
Sodium Potassium Phosphate	Animal reproduction studies have not been conducted with this combination. See individual agents.	It is not known if potassium phosphate and sodium phosphate are excreted in breast milk. The manufacturer recommends that caution be exercised when administering potassium phosphate/sodium phosphate to nursing women.

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Sodium Stibogluconate	Use of sodium stibogluconate in pregnancy has been described; however, the risk of spontaneous abortion may be increased in comparison to use of other agents	Sodium stibogluconate is excreted in breast milk
Sofosbuvir	No Human Data—Animal Data Suggest Low Risk (Contraindicated if combined with Ribavirin)	No Human Data—Probable Compatible (Potential toxicity if combined with Ribavirin)
Solifenacin	No Human Data—Animal Data Suggest Moderate Risk	No Human Data—Probably Compatible
Somatropin	During normal pregnancy, maternal production of endogenous growth hormone decreases as placental growth hormone production increases. Data with somatropin use during pregnancy in women with hypopituitarism is limited; however, adequate replacement prior to conception may improve fertility (Vila 2019). The Endocrine Society guidelines for hormonal replacement in hypopituitarism suggest discontinuation of somatropin during pregnancy (ES [Fleseriu 2016]).	It is not known if somatropin is present in breast milk. Endogenous growth hormone is involved in the establishment of lactogenesis and use of recombinant growth hormone has been evaluated as a galactogogue. Although use may be considered in some patients, somatropin is not currently used in most countries; nonpharmacologic measures should be used prior to the start of medications (ABM [Brodribb 2018]). Adverse events have not been reported in breastfed infants following maternal use (limited data). According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Sorafenib	Contraindicated	Contraindicated
Sotalol	Human Data Suggest Risk in 2nd and 3rd Trimesters	Limited Human Data—Potential Toxicity
Spironolactone	Limited Human Data—Animal Data Suggest Risk	Limited Human Data—Probably Compatible
Sucralfate	Compatible	No Human Data—Probably Compatible
Sugammadex	Adverse events have been observed in some animal reproduction studies. Limited information is available related to the use of sugammadex for the reversal of rocuronium-induced neuromuscular blockade after cesarean section (Pühringer 2010; Stourac 2013). The effects of hormonal contraception may be decreased following sugammadex administration. An additional nonhormonal contraceptive (eg, condom, spermicide) should be used for 7 days after a dose of sugammadex in women using oral or nonoral hormonal contraception.	It is not known if sugammadex is excreted into breast milk. According to the manufacturer, the decision to continue or discontinue breast-feeding during therapy should take into account the risk of infant exposure, the benefits of breast-feeding to the infant, and the benefits of treatment to the mother.

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Sulbactam	Compatible	Compatible
Sulfasalazine	Human Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Sulphonamides	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Sulpiride	Sulpiride crosses the placenta. Antipsychotic use during the third trimester of pregnancy has a risk for abnormal muscle movements (extrapyramidal symptoms [EPS]) and/or withdrawal symptoms in newborns following delivery. Symptoms in the newborn may include agitation, feeding disorder, hypertonia, hypotonia, respiratory distress, somnolence, and tremor; these effects may be self-limiting or require hospitalization. Sulpiride has been shown to cause hyperprolactinemia which may interfere with reproductive function. Use is not recommended in females of childbearing potential who are not using effective contraception.	Sulpiride is present in breast milk. Due to prolactin-stimulating effects, off-label use as a potential galactogogue has been reported (Zuppa 2010). A review article notes the estimated exposure to a nursing infant to be 2% to 18% of the weight adjusted maternal dose (Fortinguerra 2009). Breastfeeding is not recommended by the manufacturer.
Sumatriptan	Limited Human Data—Animal Data Suggest Moderate Risk	Limited Human Data—Probably Compatible
Sunitinib	Contraindicated	Contraindicated
Suxamethonium	Compatible	No Human Data—Probably Compatible
Tacrolimus	Human Data Suggest Low Risk	Limited Human Data—Probably Compatible
Tadalafil	Tadalafil likely crosses the placenta (Sakamoto 2016). Women with pulmonary arterial hypertension are encouraged to avoid pregnancy (McLaughlin 2009; Taichman 2014). Less than 0.0005% is found in the semen of healthy males.	It is not known if tadalafil is present in breast milk. The manufacturer recommends that caution be exercised when administering tadalafil to breastfeeding women.
Tamoxifen	Contraindicated	Contraindicated
Tamsulosin	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Tazobactam	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Teicoplanin	Adverse events have been observed in animal reproduction studies. The manufacturer recommends avoiding use during pregnancy unless clearly necessary	It is not known if teicoplanin is present in breast milk. According to the manufacturer, the decision to continue or discontinue breast-feeding during therapy should take into account the risk of exposure to the infant and the benefits of treatment to the mother.

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Telmisartan	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Temozolomide	Limited Human Data—Animal Data Suggest Risk	Contraindicated
Temsirolimus	Contraindicated	Contraindicated
Tenofovir Disoproxil	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Contraindicated
Terbinafine	No Human Data—Animal Data Suggest Low Risk	Limited Human Data—Potential Toxicity
Teriflunomide	Contraindicated	No Human Data—Potential Toxicity
Teriparatide	Adverse events were observed in animal reproduction studies; consider discontinuing treatment once pregnancy is recognized.	It is not known if teriparatide is present in breast milk. Because of the potential for osteosarcoma observed in animal studies, breastfeeding is not recommended by the manufacturer.
Testosterone	Contraindicated	Contraindicated
Tetanus Toxoid	Animal studies have not been conducted. Inactivated bacterial vaccines have not been shown to cause increased risks to the fetus (CDC, 2011). The ACIP recommends vaccination in previously unvaccinated women or in women with an incomplete vaccination series, whose child may be born in unhygienic conditions. Tetanus immune globulin and a tetanus toxoid-containing vaccine are recommended by the ACIP as part of the standard wound management to prevent tetanus in pregnant women. Vaccination using Td is preferred.	Inactivated vaccines do not affect the safety of breast-feeding for the mother or the infant. Breast-feeding infants should be vaccinated according to the recommended schedules (CDC, 2011).
Tetracosactide	Limited Human Data—No Relevant Animal Data	No Human Data—Probably Compatible

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Tetracycline	Tetracycline crosses the placenta. Tetracyclines accumulate in developing teeth and long tubular bones.Permanent discoloration of teeth (yellow, gray, brown) can occur. The pharmacokinetics of tetracycline are not altered in pregnant patients with normal renal function. Hepatic toxicity during pregnancy, potentially associated with tetracycline use, has been reported. Pregnant women with renal disease may be more likely to develop hepatic failure with tetracycline use. As a class, tetracyclines are generally considered second-line antibiotics in pregnant women and their use should be avoided. Many guidelines consider use of tetracycline to be contraindicated during pregnancy, or to be a relative contraindication in pregnant women if other agents are available and appropriate for use (CDC 2020). When systemic antibiotics are needed for acne or dermatologic conditions in pregnant women, other agents are preferred.	Tetracycline is excreted into breast milk. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should consider the risk of exposure to the infant and the benefits of treatment to the mother. The calcium in the maternal milk is expected to decrease the amount of tetracycline absorbed by the breast-feeding infant. As a class, tetracyclines have generally been avoided in nursing women due to theoretical concerns that they may permanently stain the teeth of the breastfeeding infant. Some sources note that breastfeeding can continue during tetracycline therapy, but recommend use of alternative medications when possible. Breastfeeding is not recommended when tetracycline is being used for maternal treatment of acne. In general, antibiotics that are present in breast milk may cause non dose-related modification of bowel flora. Monitor infants for GI disturbances.
Tetrastarch	Adverse events have been observed in animal reproduction studies.	It is not known if tetrastarch is excreted in breast milk. The manufacturer recommends that caution be exercised when administering tetrastarch to nursing women.
Theophylline	Compatible	Compatible
Thiamine	Compatible	Compatible
Thyrotropin	Compatible	Compatible
Ticagrelor	No Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Tigecycline	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Potential Toxicity
Timolol, Ophthalmic	Human Data Suggest Risk in 2nd and 3rd Trimesters	Limited Human Data—Probably Compatible
Tiotropium	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Tiotropium and Olodaterol	Animal reproduction studies have not been conducted with this combination. Beta-agonists have the potential to affect uterine contractility if administered during labor.	It is not known if olodaterol or tiotropium are present in breast milk. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into

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		account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Tinidazole	Limited Human Data—Animal Data Suggest Moderate Risk	Hold Breastfeeding (Single Dose) Limited Human Data—Potential Toxicity (Divided Dose)
Tinzaparin	Use is contraindicated in conditions involving increased risks of hemorrhage, including women with imminent abortion. Tinzaparin does not cross the human placenta; increased risks of fetal bleeding or teratogenic effects have not been reported (Bates 2012). Low molecular weight heparin (LMWH) is recommended over unfractionated heparin for the treatment of acute venous thromboembolism (VTE) in pregnant women. LMWH is also recommended over unfractionated heparin for VTE prophylaxis in pregnant women with certain risk factors. LMWH should be discontinued prior to induction of labor or a planned cesarean delivery. For women undergoing cesarean section and who have additional risk factors for developing VTE, the prophylactic use of LMWH may be considered (Bates 2012). When choosing therapy, fetal outcomes (ie, pregnancy loss, malformations), maternal outcomes (ie, VTE, hemorrhage), burden of therapy, and maternal preference should be considered	Small amounts of LMWH have been detected in breast milk; however, because it has a low oral bioavailability, it is unlikely to cause adverse events in a breastfeeding infant. Use of LMWH may be continued in breastfeeding women
Tiotropium	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Tirofiban	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Hold Breastfeeding
Tizanidine	No Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Tobramycin, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Tobramycin, systemic	Human Data Suggest Low Risk	Compatible
Tocilizumab	Limited Human Data—Probably Compatible	No Human Data—Probably Compatible
Tofacitinib	No Human Data—Animal Data Suggest Low Risk (Contraindicated if Combined with Methotrexate)	No Human Data—Potential Toxicity (Contraindicated if Combined with Methotrexate)
Tolterodine	No Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Topiramate	Human and Animal Data Suggest Risk	Limited Human Data—Potential Toxicity
Topotecan	No Human Data—Animal Data Suggest Risk	Contraindicated

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Tramadol	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Tranexamic Acid	Limited Human Data—Animal Data Suggest Low Risk	Limited Human Data—Probably Compatible
Trastuzumab	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Potential Toxicity
Travoprost, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Tretinoin, Topical	Human Data Suggest Low Risk	No Human Data—Probably Compatible
Triamcinolone	Compatible (Inhaled)	No Human Data—Probably Compatible
Tribenoside and Lidocaine	Animal reproduction studies were not conducted with this combination. Systemic absorption occurs. Avoid use during first 3 months of pregnancy and do not exceed the recommended dose	According to the manufacturer, this combination may be used during breast-feeding. Do not exceed recommended dose. Also see lidocaine monograph
Trihexphenidyl	Limited Human Data—No Relevant Animal Data	Limited Human Data—Probably Compatible
Trimetazidine	Adverse events were not observed in animal reproduction studies. The manufacturer recommends avoiding use during pregnancy.	It is not known if trimetazidine is excreted into breast milk. Breast-feeding is not recommended by the manufacturer.
Trimethoprim	Human and Animal Data Suggest Risk	Compatible
Triptorelin	Based on the mechanism of action and data from animal reproduction studies, in utero exposure to triptorelin may cause fetal harm.	Due to the potential for adverse reactions in the breastfed infant, the manufacturer recommends that a decision be made to discontinue breastfeeding or to discontinue the drug, taking into account the importance of treatment to the mother.
Tropicamide, Ophthalmic	No Human Data—Probably Compatible	No Human Data—Probably Compatible
Trospium	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Trypan Blue	Adverse events were observed in animal reproduction studies.	It is not known if trypan blue is excreted in breast milk. The manufacturer recommends that caution be exercised when administering trypan blue to nursing women.
Tuberculin Test	Animal reproduction studies have not been conducted. Pregnancy is not a contraindication to testing.	It is not known if tuberculin purified protein derivative (PPD) is excreted in breast milk. The manufacturer recommends that caution be exercised when administering tuberculin tests to nursing women.
Typhoid Vaccine	Compatible—Maternal Benefit >> Embryo–Fetal Risk	No Human Data—Probably Compatible

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Umeclidinium and Vilanterol	Animal reproduction studies have not been conducted with this combination. Beta-agonists have the potential to affect uterine contractility if administered during labor.	It is not known if sufficient quantities of umeclidinium or vilanterol are absorbed following inhalation to produce detectable amounts in breast milk. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.
Upadacitinib	Based on data from animal reproduction studies, in utero exposure to upadacitinib may cause fetal harm.	It is not known if upadacitinib is present in breast milk. Due to the potential for serious adverse reactions in the breastfed infant, breastfeeding is not recommended by the manufacturer during treatment and for 6 days following the last dose of upadacitinib.
Urofollitropin	Ectopic pregnancy, congenital abnormalities, spontaneous abortion, and multi-fetal gestations/births have been reported. The incidence of congenital abnormality may be slightly higher after ART than with spontaneous conception	It is not known if urofollitropin is excreted in breast milk. Due to the potential for serious adverse reactions in the nursing infant, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of treatment to the mother.
Ursodiol	No Human Data—Probably Compatible	Compatible
Ustekinumab	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Valacyclovir	Compatible	Compatible
Valarian	Limited Human Data—No Relevant Animal Data	No Human Data—Potential Toxicity
Valganciclovir	Compatible—Maternal Benefit >> Embryo–Fetal Risk	Contraindicated
Valproic acid	Human Data Suggest Risk	Limited Human Data—Potential Toxicity
Valsartan	Human Data Suggest Risk in 2nd and 3rd Trimesters	No Human Data—Probably Compatible
Vancomycin	Compatible	Limited Human Data—Probably Compatible
Varenicline	Limited Human Data—Animal Data Suggest Low Risk	No Human Data—Potential Toxicity
Varicella Zoster Vaccine	Contraindicated	Compatible
Vasopressin	Compatible	Compatible
Vedolizumab	No Human Data—Animal Data Suggest Low Risk	No Human Data—Probably Compatible
Venlafaxine	Human Data Suggest Risk in 3rd Trimester	Limited Human Data—Potential Toxicity
Verapamil	Compatible	Limited Human Data—Probably Compatible

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Vigabatrin	Limited Human Data—Animal Data Suggest Risk	Limited Human Data—Probably Compatible
Vildagliptin	Adverse events were observed in some animal reproduction studies. In women with diabetes, maternal hyperglycemia can be associated with congenital malformations as well as adverse effects in the fetus, neonate, and the mother (ACOG 201 2018; ADA 2019; Kitzmiller 2008; Metzger 2007)	It is not known if vildagliptin is present in breast milk; breastfeeding is not recommended by the manufacturer.
Vinblastine	Limited Human Data—Animal Data Suggest High Risk	Contraindicated
Vincristine	Limited Human Data—Animal Data Suggest High Risk	Contraindicated
Vinorelbine	Limited Human Data—Animal Data Suggest Risk	Contraindicated
Vitamin C	Compatible	Compatible
Vitamin E	Compatible	Compatible
Voriconazole	Limited Human Data—Animal Data Suggest Risk	No Human Data—Potential Toxicity
Vortioxetine	Nonteratogenic effects in the newborn following SSRI/SNRI exposure late in the third trimester include respiratory distress, cyanosis, apnea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycemia, hypo- or hypertonia, hyper-reflexia, jitteriness, irritability, constant crying, and tremor. Symptoms may be due to the toxicity of the SSRIs/SNRIs or a discontinuation syndrome and may be consistent with serotonin syndrome associated with SSRI treatment. Persistent pulmonary hypertension of the newborn (PPHN) has also been reported with SSRI exposure. The ACOG recommends that therapy with SSRIs or SNRIs during pregnancy be individualized; treatment of depression during pregnancy should incorporate the clinical expertise of the mental health clinician, obstetrician, primary health care provider, and pediatrician (ACOG 2008). According to the American Psychiatric Association (APA), the risks of medication treatment should be weighed against other treatment options and untreated depression. For women who discontinue antidepressant medications during pregnancy and who may be at high risk for postpartum depression, the medications can be restarted following delivery	It is not known if vortioxetine is present in breast milk. According to the manufacturer, the decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother

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Warfarin	Contraindicated—1st Trimester	Compatible
Xylometazoline	According to the manufacturer, use during pregnancy is not recommended	It is not known if xylometazoline is excreted in breast milk.The manufacturer recommends that caution be exercised when administering xylometazoline to nursing women.
Zavicefta (Ceftazidime/Avibactam)	Adverse events have not been observed in animal reproduction studies conducted with ceftazidime; adverse events have been observed in some animal reproduction studies conducted with avibactam	Ceftazidime is excreted in breast milk. It is not known if avibactam is excreted in breast milk.
Zinc Sulphate	Zinc crosses the placenta and can be measured in the cord blood and placenta	Zinc is found in breast milk; concentrations decrease over the first 6 months of lactation
Zoledronic Acid	Limited Human Data—Animal Data Suggest Moderate Risk	No Human Data—Potential Toxicity
Zolpidem	Human Data Suggest Risk	Limited Human Data—Probably Compatible
Zoster Vaccine, Recombinant (Shingrex)	Based on the lack of data in pregnant women, the ACIP recommends that consideration be given to delaying vaccination with zoster vaccine (recombinant) during pregnancy	It is not known if components of this vaccine are present in breast milk. In general, administration of recombinant vaccines does not affect the safety of breastfeeding for the mother or the infant (ACIP [Kroger 2021]). However, based on the lack of data in lactating women, the ACIP recommends that consideration be given to delaying vaccination with zoster vaccine (recombinant) to breastfeeding mothers (CDC/ACIP [Dooling 2018]). According to the manufacturer, the decision to breastfeed following immunization should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits to the mother.

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ص.ب ٢١٧٢ جدة ٢١٤٥١ المملكة العربية السعودية، هاتف: ٩٢٠٠٢٧٧٧٨ ٩٦٦+ فاكس: ٦٥٠ ٩٨٠١ ١٢ ٩٦٦+
P.O. Box 2172 Jeddah 21451 Saudi Arabia, Tel.:+966 920027778, Fax: +966 12 6509001