



## Journal Articles

[Management issues for women with epilepsy-Obstetrical complications and change in seizure frequency](#)

Harden CL et al. 2009 Epilepsia. May;50(5):1229-36.

[Management issues for women with epilepsy-- Vitamin K, folic acid, blood levels, and breast-feeding](#)

Harden CL et al. 2009 Epilepsia May; 50(5):1247-55.

[Systematic review of hydroxychloroquine use in pregnant patients with autoimmune diseases.](#)

Sperber K et al. 2009 Pediatr Rheumatol Online J. 2009 May 13;7:9.

[No relation between in-utero exposure to HAART and intrauterine growth retardation.](#)

Briand N et al. 2009 AIDS Jun 19; 23(10):1235-43.

[Cognitive function at 3 years of age after fetal exposure to antiepileptic drugs.](#)

Meador KJ et al. 2009 N Engl J Med. Apr 16;360(16):1597-605.

[Vitamin D Supplementation and Reduced Risk of Preeclampsia in Nulliparous Women.](#)

Haugen M et al. 2009 Epidemiology May 15. [Epub ahead of print]

[Tetrada of the possible mycophenolate mofetil embryopathy: a review.](#)

Merlob P et al. 2009 Reprod Toxicol Jul;28(1):105-8. Epub 2009 Feb 25.

### CTIS Pregnancy Risk Information Line Newsletter vol 1.2

**The California Teratogen Information Service (CTIS)** has been providing pregnancy risk counseling via a confidential and no-cost Pregnancy Risk Information Line for the past 27 years.

CTIS fields questions (in both English and Spanish) about exposure concerns to help women and their health care providers assess risk factors associated with potentially harmful exposures before, during and after pregnancy.

**We are excited to bring you a periodic newsletter** that will keep you up to date on CTIS activities, provide links to articles of interest, and summaries of recent research in the field of Teratology.

**If you have not already signed up to receive our upcoming editions:**  
[Sign up here!](#)

#### Want to refer your patient to CTIS?

Our services are COST-FREE and confidential. You and your patients can [call, email or chat](#) with a counselor. Or, you can simplify it for your patients and let CTIS make the call! Just fill-out the [FAX-referral form](#) located on our website and fax it to CTIS.

## Research Review Article

#### Antihistamines in Pregnancy

First developed in the 1930s, antihistamines are currently the most commonly used drugs for seasonal allergies. They have been used clinically in the general population and are available over-the-counter or through prescription. In pregnancy, antihistamines are also sometimes used to treat nausea and vomiting of pregnancy. The prevalence of antihistamine use, anytime during pregnancy, ranges from 8 – 15%. First-generation antihistamines include clemastine fumarate, dimenhydrinate, diphenhydramine, doxylamine, hydroxyzine, meclizine, pheniramine, promethazine, and

[A case of coloboma in a newborn to a woman taking mycophenolate mofetil in pregnancy after kidney transplantation.](#)

Dei Malatesta MF et al. 2009 Transplant Proc. May;41(4):1407-9.

[NTP-CERHR expert panel report on the reproductive and developmental toxicity of bisphenol A.](#)

Chapin RE et al. 2008 Birth Defects Res B Dev Reprod Toxicol Jun;83(3):157-395.

[Safety of Metoclopramide use in the first trimester of pregnancy.](#)

Matok I et al. 2009 N Eng J Med 360:2528-35.

triprolidine. Whereas, second-generation antihistamines include cetirizine, fexofenadine, and loratadine. When used as suggested or prescribed, these medications can minimize symptoms of allergy by blocking the histamine reaction to allergens, thereby preventing other potential complications from untreated allergies. But how safe are antihistamines during pregnancy?

For the past 50 years, the data on the use of antihistamines during pregnancy has been limited. There are some studies suggesting an elevation of risk in the first trimester and there are others that do not. For example, one study found a possible association with loratadine and hypospadias. Subsequently, other studies found no association with loratadine and hypospadias. Overall, there has been no compelling evidence that antihistamines increase the risk for any adverse pregnancy outcomes.

More recently, Gilboa et al, published *Use of Antihistamine Medications during Early Pregnancy and Isolated Major Malformations*, using data from the National Birth Defects Prevention Study (NBDPS) (Birth Defects Res A Clin Mol Teratol. 2009 Feb;85(2):137-50). NBDPS is an ongoing, multi-state, population based case-control study of environmental and genetic risk factors for major birth defects. [Read more...](#)

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