Prescribing in Pregnancy, 4th Edition

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Since the thalidomide disaster in the early 1960s, which brought about changes to the regulation of medicines in the United States and the UK, there remains anxiety about prescribing drugs in pregnancy. These anxieties exist for the prescriber as well as for the expectant mother, despite the fact that only 2–3% of congenital malformations are attributed to drug exposure during pregnancy. Given that relatively few drugs are absolutely contraindicated in pregnancy and that failing to treat some conditions can in itself lead to poorer outcomes for both the mother and fetus, the decision to prescribe in pregnancy needs to be a balanced one, with the relative benefits and risks explained to the patient. In order to do this, the prescriber needs to have a degree of knowledge of the evidence on which prescribing practice is based. In the absence of randomized controlled trials to show safety and efficacy in pregnancy, the prescriber needs to rely on anecdotal reports, retrospective series and information extrapolated from animal studies. This book provides a comprehensive review of such available evidence and safety/harm associated with prescribing drugs that are commonly used in pregnancy.

By way of introduction, the book outlines the types of congenital malformations associated with drug exposure and how these can be detected. There follow individual chapters, written by experts, taking the reader through the treatment of

common minor ailments, the treatment of common specific disease entities, the specific problems with drugs of misuse, prescribing for the pregnant traveller and finally a chapter on drugs in breastfeeding. Although the style is not completely consistent for each of the chapters, and understandably some of the information is not completely up to date, each chapter gives a comprehensive overview of the subject matter.

Although the outer sleeve of the book suggests that 'it is a practical and authoritative guide for all doctors who prescribe for pregnant women', the book would benefit from a clearer introduction as to who the book is intended for and how it should be used. Part of this introduction is hidden at the start of the chapter on identifying fetal abnormalities. A clearer introduction could also have covered historical aspects of drug use in pregnancy and the reasons why the evidence is not as robust for this patient group to set the scene for the narrative that is to follow. An additional minor criticism is that there are also some notable omissions, e.g. statin therapy is not covered in the cardiovascular disease chapter.

However, these criticisms should not detract from the value of the book. Rather than being a 'practical' guide for use in the clinical setting, the book should be considered to be an 'authoritative' narrative that would be useful background reading for anyone planning a career that involves prescribing for pregnant women.

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