Treating for Two: A National Strategy for Safer Medication Use in Pregnancy

Medication use during pregnancy is common and increasing. Almost all pregnant women face decisions about whether or not it is safe to take a medication during pregnancy. Should Elizabeth continue taking her allergy medicine while pregnant? Should Clara take a medication to alleviate her nausea and vomiting? Marie just found out that she’s pregnant; should she switch her antidepressant to a safer one? Women and healthcare providers don’t have enough information to answer these questions. Treating for Two is CDC’s prescription for this problem.

Medication use in pregnancy is common, but safety information is lacking

- Many women need to take medication during pregnancy to appropriately manage their health conditions. In some cases, avoiding or stopping medication use during pregnancy may be more harmful than taking a medication.
- At the same time, taking certain medications in pregnancy, like isotretinoin (also known as Accutane®), is known to cause serious birth defects or poor pregnancy outcomes.
- However, fewer than 10% of medications have enough information to determine their safety for use in pregnancy.

Treating for Two is CDC’s prescription for this problem

CDC’s Treating for Two Initiative aims to improve the health of women and babies by working to identify the safest treatment options for the management of common conditions before and during pregnancy. The initiative aligns with three key drivers of safer medication use in pregnancy: better research, reliable guidance, and informed decisions.

Better research: We will expand and accelerate research on medication use and pregnancy outcomes.

Reliable guidance: We will establish an ongoing process to evaluate current evidence and translate this evidence into summary clinical guidance.

Informed decisions: We will provide credible and reliable information to help prescribers, pharmacists, and consumers make treatment decisions.
**CDC is translating data into action**

The information gaps are large, but we are taking important steps toward achieving the goals of Treating for Two. Here are a few examples of our efforts to address issues around safer medication use in pregnancy:

**Understanding knowledge, attitudes, and behaviors around medication use in pregnancy**

In collaboration with the March of Dimes, we launched a research project to better understand women’s knowledge and use of medications during pregnancy. This effort will help us provide appropriate guidance to women in the future. In a parallel study we are looking at how healthcare providers and pharmacists counsel women on the risks of medication use during pregnancy.

**Building the evidence base around safety and risks of medications in pregnancy**

Through Treating for Two, we strive to quantify the problem and understand safety and risks of certain medications used during pregnancy. Since launching the initiative, we have identified the medications most commonly used by women during the first trimester of pregnancy, found that there is limited information on the safety or risks of medications listed as “safe” on many web sites used by women, and confirmed a previous finding that women who used opioid prescription painkillers in early pregnancy had an increased risk of having a baby with spina bifida, a serious birth defect of the spine.

**Increasing accessibility of information**

We launched a new Treating for Two website to provide valuable resources to women, families, and healthcare professionals.

**Partnerships are key to Treating for Two’s success**

Partners are essential every step of the way to promote and advance our initiative and reach our target audiences. A coordinated effort between federal agencies and non-federal partners will advance and sustain this national public health-healthcare strategy. A large and growing interagency workgroup is dedicated to Treating for Two activities, driving forward the science, communication, and policy efforts. In addition, we’ve engaged several academic and professional organizations and continue to expand our partnership network. Through these collaborations, we can turn information into action that improves the health of women and babies.

For more information on Treating for Two, visit [www.cdc.gov/treatingfortwo](http://www.cdc.gov/treatingfortwo).

**Certain medications have been linked to...**

- Birth defects
- Pregnancy loss
- Prematurity
- Infant death
- Developmental disabilities
- Unknown?

**BIRTH DEFECTS AND PREMATURITY ALONE COST THE US $29 BILLION ANNUALLY**

CDC's National Center on Birth Defects and Developmental Disabilities strives to advance the health and well-being of our nation's most vulnerable populations. Together with states, academic centers, healthcare providers, and other partners, we are working towards a day when all babies are born with the best health possible and every child thrives.