

Unborn children still exposed to NSAIDs

A study based on data from France's mandatory health insurance system estimates that about 5000 to 6000fiwomen per year in France are prescribed nonsteroidal anti-in ammatory drugs from the 6th month of pregnancy, excluding self-medication.

The Clermont-Ferrand Regional Pharmacovigilance Centre and Centre for Evaluation and Information on Drug Dependence studied the analgesics prescribed for pregnant womenfl (1). They used the "General Sample of Health Insurance Beneficiaries" (EGB), a database that contains data on prescription drugs dispensed in community pharmacies and then submitted for reimbursement to the French National Health Insurance Fund for Salaried Workers (CNAMTS). They selected women who had given birth to a live baby between 1 January 2011 and 30flDecember 2013fl(1).

The study population consisted of 22fl002flwomen with an average age of about 30flyearsfl(1). About two-thirds (13fl535) of these women had received at least one reimbursementflfor an analgesic during their pregnancy: about 60% for *paracetamol*; 5.6% for a nonsteroidal anti-in ammatory drug (NSAID); 3.8% for a *paracetamol* + *codeine* fixed-dose combination, *tramadol* or *paracetamol* + *tramadol*, or *paracetamol* + *caffeine* + *opium*; 0.4% for a triptan and 0.06% for a strong opioidfl(1).

Women who received reimbursement for *aspirin* at the dose used for an antiplatelet effect, an antidepressant or an antiepileptic were excludedfl(1).

5000 to 6000 pregnant women per year in France exposed to a prescribed NSAID from the 6thfimonth of pregnancy. During the 3 months before pregnancy, 24% of the women had claimed reimbursement for at least one prescription of *paracetamol*, 4.8% for a weak opioid such as *codeine* or *tramadol*, and 16.5% for an NSAIDfl(1).

0.8% of the pregnant women studied received reimbursement for an NSAID from the 6th month of pregnancy. This corresponds to about 5000 to 6000flwomen per year in France. This is undoubtedly an underestimate of the true levels of exposure, because it excludes self-medication with over-the-counter and sometimes off-the-shelf NSAIDs, such as *ibuprofen* for oral or cutaneous administration, or *urbiprofen* lozengesfl (1,2). About 4% of the women studied claimed reimbursement for an NSAID during the first trimester of pregnancy.

Given their pharmacological properties, NSAIDs may increase the risk of spontaneous abortion during the first trimester of pregnancy. There are also concerns over a link with congenital heart defects. In the second and third trimesters of pregnancy, NSAIDs, including *aspirin* at anti-in ammatory doses, can provoke sometimes irre-

versible fetal renal failure, premature closure of the ductus arteriosus and persistent pulmonary hypertension of the newborn, even with topical use or brief oral exposure. Cases of necrotising enterocolitis and intracranial and gastrointestinal haemorrhage have been reported in children exposed in utero to certain NSAIDs. NSAIDs can also cause bleeding in the pregnant woman and the unborn child (3-5).

In practicefi This study shows that about 5% of unborn children in France are exposed to prescribed NSAIDs, including about 1% from the 6th month of pregnancy.

These percentages could probably be reduced if health authorities communicated and repeated the simpler, much stronger message: "NEVER USE NSAIDs DURING PREGNANCY".

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Selected references from Prescrire's literature search

- **1-** Delorme J et al. "Analgesic drug dispensation patterns before and during pregnancy: a retrospective cohort study in France" 37th Pharmacovigilance Meeting [conference], Nancy: 19-21 April 2016. *Fundam Clin Pharmacol* 2016; 30 (suppl.1): 30 (abstract PM1-025) (full version 1fipage).
- 2-fiANSM "RCP-Strefen" 26 June 2016: 6fipages.
- **3-** Prescrire Rédaction "À écarter en cas de grossesse: les antiin ammatoires non stéroïdiens (AINS)" *Rev Prescrire* 2013; **33** (358): 604-605.
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- **5-** Prescrire Editorial Staff "Six tablets of an NSAID: closure of the ductus arteriosus and emergency caesarean section" *Prescrire Int* 2016; **25** (174): 214.