

Piedmont Women's Healthcare A Division of Atlanta Women's Healthcare Specialists 275 Collier Road, N.W., Suite 100-B Atlanta, GA 30309

404-352-3656 (Phone) | 404-350-5820 (Fax)

www.piedmontwomenshealthcare.com

### OVER THE COUNTER MEDICATIONS ALLOWED DURING PREGNANCY AND LACTATION

## **ANTIHISTAMINES:**

- Actifed
- Benadryl
- Claritin
- Claritin-D
- Chlor-Trimeton-D
- Chlor-Trimeton-DM
- Doxylamine Succinate
- Sudafed\*
- Zyrtec and Zyrtec-D
- \* Georgia law now requires that Sudafed be requested from the pharmacist, even though it is not a prescription medication.
- \*\* Any antihistamine with decongestant should be used sparingly. Opt for regular antihistamine only.

#### COUGH:

- Robitussin
- Robitussin DM
- Robitussin PE\*
- \* **DO NOT** use if taking Sudafed or Brethine/Terbutaline. You may take any cough drop.

## **CALCIUM SUPPLEMENT:**

- Tums EX Two tablets twice daily
- Viativ

## **CONSTIPATION:**

- Colace
- Fibercon
- Konsyl
- Metamucil
- Milk of Magnesia
- Perdiem
- \* Increase dietary roughage, bran, dark green leafy vegetables and fruits. Drink eight to ten glasses of water daily.

# **DECONGESTANTS:**

- Actifed
- Sudafed
- Sudafed Sinus
- Sudafed Non-Drying
- Tylenol Sinus
- \* Avoid use of decongestants, use sparingly if needed

### **DRY SKIN:**

- Cocoas Butter
- Eucerin Lotion
- Vitamin E Lotion

## FEVER:

- Tylenol
- Tylenol Extra Strength (Two tablets every four to six hours)\*
- \* <u>DO NOT</u> take more than twelve tablets in twenty-four

## GAS:

- Mylicon
- Mylanta GAS
- Phazyme
- Mylanta Antacid / Anti-gas

# **HEMORRHOIDS:**

- Preparation H
- Colace
- Anusol Suppoistory / Ointment (with or without Cortisone)

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<sup>\*</sup> Add roughage and increase fluids



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## **HEARTBURN:**

- Gavison
- Maalox
- Mylanta
- Tums
- Pepcid Complete
- Rolaids

# **IRON SUPPLEMENTS:**

- Ferro-Sequels
- Ferancee HP
- Slow Fe
- Slow-Fe with Folic Acid

### ITCH:

- Benadryl Ointment
- Caladryl Lotion
- Hydrocortisone Anti-Itch Ointment
- Cortaid

## **NASAL SPRAY:**

- Ocean and Nasal Mist May use as needed
- Afrin DO NOT use more than THREE days

#### **NAUSEA:**

- Emetrol
- Relief Band
- Sea Bands
- Vitamin B6 (25mg three times daily)
- Unisom (one 12.5mg tablet daily) together with Vitamin B6

### PAIN:

- Tylenol
- Tylenol Extra Strength

## **POISON IVY:**

- Nutech Wash
- Caladryl Lotion\*
- Ivy Dry\*
- Benadryl Lotion or Cream for itching
- \* Clean affected area with soap and then apply medication to prevent the spread of poison ivy

#### **DIARRHEA:**

Immodium AD

## **SORE THROAT:**

- Chloraseptic Oral Strips
- Chloraseptic Spray
- Sucrets or other throat lozenges

# **EXPECTORANTS:**

Mucinex

### **SLEEP:**

- Benadryl 25mg
- Tylenol PM only occasionally\*

#### YEAST:

- Femstat 3
- Gynlotrimin Cream
- Monistat 3 or 7 Cream / Suppository\*

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<sup>\*</sup> Do not use on a daily basis

<sup>\*</sup> Insert applicator halfway only



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## **DENTAL PROCEDURES:**

Your dentist may use Lidocaine injections, but <u>you</u> <u>may not receive nitrous oxide gas.</u> Tell your dentist that you are pregnant prior to any procedures. If you usually take antibiotics prior to any procedures continue to do so. You may take Amoxicillin or Clindamycin or call the office for other meds. You may have dental x-rays with abdominal shield if necessary.

# SUN SCREEN:

• Use SPF or higher

## **INSECT REPELLANT:**

• Ok to use

### TRAVEL:

 You may travel up to 34 weeks of pregnancy as long as your doctor has not put you on any restrictions.
Check with your individual air carrier or cruise line regarding traveling during pregnancy. When traveling empty your bladder frequently and make frequent stops to stretch.

### **MISCELLANEOUS:**

- No studies have been done indicating that the following procedures have an adverse effect on fetal development:
  - Teeth whitening
  - Artificial nails
  - Hair color after First Trimester (12 weeks)

## **ATTENTION:**

- If you are ill or have any questions regarding various medications please call the main office number (404-352-3656). Please have the following information available:
  - o Name
  - Date of Birth
  - o Physician's Name
  - Pharmacy Phone Number
  - Name of Medication (if requesting refills)

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