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Dear Dental Office,

Recently we have received a number of phone calls asking us what drugs are “safe” to use in the pregnant patient. There are very few, if any, medications which have been put through the most thorough studies (randomized, double blind, control trials) with human pregnant patients. The best way to avoid fetal risk of medications is to reduce exposure of the fetus to those medications. That is not always possible or practical for the mother and, therefore, the fetus.

That being said, we use the Food and Drug Administration Risk Categories (A,B,C,D and X) to assess the “safety” of a particular medication. These are easy values to find using any pharmaceutical listings (in computerized or book form). We like to stick to the Category A and B medications, but sometimes medical conditions warrant moving to Category C medications.

We have used the summaries of the categories found in the Tarascon Pocket Pharmacopoeia (2005 edition):

- A= Safety established using human studies
- B= Presumed safety based on animal studies
- C= Uncertain safety; no human studies and animal studies show an adverse effect
- D= Unsafe – evidence of risk that may in certain clinical circumstances be justifiable
- X= Highly unsafe – risk of use outweighs any possible benefit

Below is a list of medications about which we commonly get calls from dental offices and the Drugs in Pregnancy and Lactation (Seventh Edition, 2005 by Briggs, Freeman and Yaffe) categories listed for them. All risk categories that were assigned to drugs from the literature provided by the manufacturer are noted.

Antibiotics:

- Cephalexin – Category B (risk category assigned by manufacturer).
- Penicillin V – Category B (risk category assigned by manufacturer).

Analgesia for procedures:

- Lidocaine – Category B (risk category assigned by manufacturer).

Analgesia:

- Acetaminophen – Category B
- Hydrocodone – Category C. Category D if used for prolonged periods or in high doses at term.
- Oxycodone – Category B (assigned by manufacturer). Category D if used for prolonged periods or in high doses at term.

In regards to dental x-rays, if these are necessary in pregnancy, they can be done with the abdomen shielded. Fillings and extractions are recommended if needed in pregnant patients.

Thank you.

Sincerely,

Carteret Ob Gyn Associates