

Statement on the use of acetaminophen for analgesia and fever in pregnancy

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This statement was reviewed and approved by the SOGC's Maternal Fetal Medicine committee.

A recent review published in the journal *Nature Reviews Endocrinology* calls for caution with the use of acetaminophen in pregnancy based on previously well-known research suggesting that fetal exposure increases the risks of some neurodevelopmental, reproductive and urogenital disorders.¹ The position of the SOGC, and a number of other international societies,²⁻⁴ is that the evidence for causality for this claim is weak and has many fundamental flaws. ***The SOGC recommends the use of acetaminophen as a first-line therapeutic option for fever and pain in pregnancy when medically indicated at recommended doses for the shortest duration required.***

The controversy regarding the association between in utero exposure to acetaminophen and adverse neurological outcomes in the child, including autism spectrum disorder (ASD) and attention deficit-hyperactivity disorder, is not new. Available studies have been critically analyzed previously by regulatory bodies including the Society of Maternal Fetal Medicine⁴ and the U.S. Food and Drug Administration.⁵ These critical reviews concluded that the evidence for causality is weak and ***that these studies should not alter current clinical practice.***

Although the Bauer et al. manuscript is published as a Consensus Statement,¹ it represents only the opinions of the authors and the signatories. Consensus statements are typically endorsed by regulatory authorities or medical specialty organizations. In fact, reputable medical organizations, including ENTIS (European network of teratology information services)² and ACOG (American College of Obstetrics and Gynecology)³, have responded with a firm conclusion that ***clinical practice should not be altered and that acetaminophen should continue to be used for managing fever and/or pain in pregnancy***, when indicated. The SOGC's current opinion, based on the available evidence, is in agreement with this point of view.

The benefits of acetaminophen for fever or pain in pregnancy are well recognized, as is the lack of safer alternatives in pregnancy. Untreated fever has been associated with miscarriage, fetal organ malformations, fetal cardiovascular complications and even ASD. Untreated pain can lead to depression, anxiety, and high blood pressure which also have adverse effects on pregnancy. Access to effective pain management is considered a human right, which women should not be denied just because they are pregnant.⁶ The conclusions of the review by Bauer et al. should not promote unwarranted fear and guilt in pregnant women. Women are encouraged to discuss any concerns regarding therapeutics in pregnancy with their health care provider.

REFERENCES

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