



Journal Articles

[Knowledge and attitudes regarding preconception care in a predominantly low-income Mexican American population.](#)

Coonrod DV et al. 2009. Am J Obstet Gynecol 200(6): 686.

[Peri-conceptual A1C and risk of serious adverse pregnancy outcome in 933 women with type 1 diabetes.](#)

Jensen DM et al. 2009. Diabetes Care 32(6): 1046-1048.

[Maternal residential proximity to waste sites and industrial facilities and conotruncal heart defects in offspring.](#)

Langlois PH et al. 2009. Paediatr Perinat Epidemiol 23(4): 321-331.

[Maternal use of antihypertensive drugs in early pregnancy and delivery outcome, notably the presence of congenital heart defects in the infants.](#)

Lennestal R et al. 2009. Eur J Clin Pharmacol 65(6): 615-625.

[Predicting the outcome of newborns with gastroschisis.](#)

Payne NR et al. 2009. J Pediatr Surg 44(5): 918-923.

[Effects of prenatal multimicronutrient supplementation on pregnancy outcomes: a](#)

**CTIS Pregnancy Risk Information Line
Newsletter vol 1.3**

The California Teratogen Information Service (CTIS) has been providing pregnancy risk counseling via a confidential and no-cost Pregnancy Risk Information Line for the past 27 years.

We are excited to bring you a periodic newsletter that will keep you up to date on CTIS activities, provide links to articles of interest, and summaries of recent research in the field of Teratology.

2009 H1N1 Virus

Do you or your patients have questions about the H1N1 vaccine or antiviral medications during pregnancy? Want to know the latest recommendations for treatment? Call or visit us at ctispregnancy.org to learn more!

CTIS is participating in a national vaccine study. To refer your patients or to learn more about the study call us at **1-800-532-3749**.

Research Review Article

Diabetes and Pregnancy

by Gerald G. Briggs, BPharm, FCCP

Diabetes mellitus is the most common medical complication of pregnancy, occurring in 2%-3% of all pregnancies. Approximately 90% of these represent gestational diabetes mellitus (GDM; type 3) where the onset or recognition of glucose intolerance occurs during pregnancy. Most of these cases represent true GDM in which glucose intolerance disappears after delivery, but a significant number are newly diagnosed type 2 diabetics. The distinction is important because poorly controlled pregestational diabetes can cause all aspects of

[meta-analysis](#). Shah PS et al. 2009. CMAJ 180(12): E99-E108.

Maternal caffeine intake during pregnancy and orofacial clefts. Collier SA et al; National Birth Defects Prevention Study 2009. Birth Defects Res A Clin Mol Teratol. Jul 8. [Epub ahead of print]

Perspectives of primary care clinicians on teratogenic risk counseling. Schwarz EB et al. 2009. Birth Defects Res A Clin Mol Teratol. 2009 Jul 8. [Epub ahead of print]

Prenatal airborne polycyclic aromatic hydrocarbon exposure and child IQ at age 5 years. Perrera et al. 2009. Pediatrics. Aug;124(2):e195-202. Epub 2009 Jul 20.

developmental toxicity (growth alteration, structural anomalies, functional/neurobehavioral defects, and death), whereas true GDM does not cause structural anomalies because its onset is after organogenesis. [Read more...](#)

Medications and Breastfeeding

by Philip O. Anderson, Pharm.D., FASHP, FCSHP

Breastfeeding is acknowledged as the standard against which other methods of infant feeding are judged. No artificial feeding method comes close to providing the benefits of breastfeeding in terms of infant and maternal health. All major national and international healthcare organizations with policy statements on breastfeeding recommend exclusive breastfeeding for 6 months with continued breastfeeding thereafter.

Sometimes nursing mothers need a medication. Almost any medication will reach the breastmilk in some quantity. However, the amount that appears in milk is usually not great enough to harm a nursing infant. [Read more...](#)

Can women take metoclopramide for nausea and vomiting in pregnancy?

During pregnancy, a woman's estrogen level increases. High levels of estrogen have been suspected as one cause of nausea and vomiting during pregnancy (NVP). It has been estimated that as many as 80% of pregnant women develop NVP. [Read more...](#)

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