

### 117. Perception of Teratogenic and Foetotoxic Risk by Health Professionals: a Survey in Midi-Pyrenees Area

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**Background:** Prescribing drugs during pregnancy leads to an unusual and uncomfortable benefit/risk assessment for physicians. Misperception of this risk may induce disadvantageous decisions for the woman and her infant.

**Aim:** The aim of the present study was to assess the teratogenic and/or fetotoxic risk perception of common medications by general practitioners (GPs) and pharmacists from the Midi-Pyrenees area.

**Methods:** 103 general practitioners and 104 community pharmacists were interviewed. For 21 given drugs, a visual-analogue scale was used to evaluate how many mothers would have delivered a child with a malformation if they had taken the drug on the first trimester of pregnancy. For 9 drugs, health professionals had to say if they thought that there was a potential fetotoxic and/or neonatal risk when these drugs are administered on late pregnancy.

**Results:** 97% and 91% of health professionals respectively thought that isotretinoin and thalidomide were teratogenic and more than 80% thought amoxicillin and paracetamol were safe in early pregnancy. However, 19% of the GPs and 33% of the pharmacists answered that there was no teratogenic risk for valproic acid. Around 11% of both GPs and pharmacists said that warfarin was safe during pregnancy. For 22% of GPs and for 13% and 27% of pharmacists respectively, ibuprofen and enalapril were safe in late pregnancy. For each drug, the mean value of the perceived teratogenic risk was higher than the risk described in scientific references (more than 40% of malformations for aspirin, more than 50% with erythromycin, norfloxacin or oral contraceptives.). The perception of teratogenic risk by pharmacists was higher for isotretinoin, thalidomide and metoclopramide.

**Conclusion:** These data show that the potential teratogenic and fetotoxic risks of several commonly used drugs are unknown by health professionals. Conversely, GPs or pharmacists who think that a risk exists, overestimate it. This misperception can lead to inappropriate decisions for pregnancy outcomes.