Prescribing Tip No. 129 Date: 21st July 2016

Dyspepsia treatment in pregnancy

GORD and heartburn are reported by 45% - 85% of women during pregnancy with prevalence increasing with gestational age. Once symptoms develop there is a high likelihood (approximately 50% of each trimester) that they will persist during the pregnancy.

In mild cases, lifestyle and dietary modifications alone may be sufficient to improve symptoms. These include common sense measures such as…
- Eating smaller meals more frequently
- Avoiding alcohol, caffeine, fruit juice, chocolate, fatty food, spicy food
- Raising the head of the bed or mattress (by approximately 6 inches) by placing items under them – DO NOT use additional pillows to achieve this as this may increase abdominal pressure
- Stopping smoking

If drug treatment is indicated Antacids and alginates are recommended first-line

Antacids are often not licensed specifically for use in pregnant women, but most are considered to be safe. Some products should be avoided though.
- Products containing magnesium or aluminium are generally preferred, except for Magnesium trisilicate
- Products containing sodium bicarbonate or magnesium trisilicate are NOT recommended in pregnancy. They can precipitate metabolic alkalosis and fluid overload or cause adverse effects in the fetus.
- GAVISCON ADVANCE is both licensed for use in pregnancy and recommended by NICE

If symptoms persist despite treatment with an antacid or alginate, consider prescribing an acid-suppressing drug. NICE recommends either RANITIDINE or OMEPRAZOLE

- **Ranitidine** - Although not specifically licensed in pregnancy, a meta-analysis suggests that it is safe to use in pregnancy. It is recommended first-line by most experts because it is more established than omeprazole, with more overall confidence of its safety during pregnancy. Evidence for its effectiveness is limited; however, its efficacy can be reasonably extrapolated from studies in the general population.
- **Omeprazole** – Omeprazole is not licensed in pregnancy. There are no controlled trials addressing the safety of omeprazole in pregnancy; however, evidence from a meta-analysis, two large cohort studies, and two case reports suggest omeprazole is safe for use in all stages of pregnancy. There is a substantial body of evidence that shows omeprazole is more effective than H2 receptor antagonists in the general population and this can reasonably be extrapolated to use in pregnancy.

If symptoms do not respond to antacids, alginates, ranitidine or omeprazole consider a non-urgent referral to gastroenterology

References:
1. UKMi Medicines Q&A 112.5 Apr 2014 [https://www.evidence.nhs.uk/search?q=UKMI+Q%26A+proton+pump+inhibitors+pregnancy](https://www.evidence.nhs.uk/search?q=UKMI+Q%26A+proton+pump+inhibitors+pregnancy)

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