

Research and Reviews: Journal of Nursing and Health Sciences

Short report on use of medications During pregnancy and lactation

Neelima K*

Department of human Resources, Andhra university, Visakhapatnam, India

Commentary

Received: 03/06/2015
Revised: 08/06/2015
Accepted: 15/06/2015

*For Correspondence

Department of human
Resources, Andhra university,
Visakhapatnam, India
Email;neelima1108@gmail.com,
Tel No;9885869893

Keywords: Medication errors,
Preparation errors, Observational
study.

ABSTRACT

Pharmacotherapy amid pregnancy may represent a critical danger to the mother and her unborn child. The potential teratogenesis of a few solutions and the physiologic changes which influence drug mien in pregnancy are of awesome concern to clinicians and other wellbeing experts included in the treatment of pregnant ladies.¹ Medications are known not for 1% of the conceivable outside an etiological elements of innate deformities

INTRODUCTION

Pharmacotherapy amid pregnancy may represent a critical danger to the mother and her unborn child. The potential teratogenesis of a few solutions and the physiologic changes which influence drug mien in pregnancy are of awesome concern to clinicians and other wellbeing experts included in the treatment of pregnant ladies ^[1]. Medications are known not for 1% of the conceivable outside an etiological elements of innate deformities. Right and wary utilization of medications in pregnancy is consequently vital for safe pharmacotherapy to both the mother and her unborn infant. Pregnant ladies are for the most part avoided, for moral reasons, from randomized clinical trials in medication advancement^[2-6]. This has left inquiries concerning the security of new prescriptions on the creating hatchling unanswered, upon medication support and promoting. Notwithstanding the unanswered wellbeing inquiries, ladies might purposefully or coincidentally be presented to different remedy and non-physician endorsed solutions before and amid pregnancy.⁶⁻⁹

Around 70% of pregnant ladies experience depressive indications amid their gestation period and the pervasiveness rates of the significant depressive issue amid pregnancy range from 10% to 16% .^{9,10} These suggest that pregnancy can't protect women from depression. The components that expand the depression risk of pregnant ladies incorporate a background marked by misery and premenstrual disorder, parenthood at a youthful age or single parenthood, absence of social bolster, numerous births, couple clash, and irresolute feelings on pregnancy.¹¹⁻¹⁴ At the point when dejection amid pregnancy is not treated, different issues, for example, wholesome lack and rest issue happen. Also, depressive mothers may not agree to medicinal guidelines, and their dangers of smoking/medication habit and of submitting suicide may increment.¹⁴⁻¹⁹ In addition, issues, for example, fetal development hindrance, premature birth, low Apgar scores, low birth weight, mental retardation associated with severe neurological or cognitive function disorders, difficult labor, increase in the death rate may develop. Along these lines, mothers have the essential task of comprehension real depressive disorders amid pregnancy, which cover the fields of obstetrics, internal medicine, and psychiatry.²⁰⁻²²

Pregnant women requiring prescription drugs pose a challenge to physicians to avoid any risk to the mother and to the foetus. Thalidomide crisis in the 1960's and the teratogenic effects of use of diethylstilboestrol in 1971 led the US Food and Drug Administration to demonstrate safety and efficacy of any drug before it is marketed.²³⁻²⁶ Regardless of the limited information on the safety of drugs in pregnancy, drug use in pregnancy is common. It becomes essential to assess the drug utilization pattern in pregnancy to see to what extent there may be scope for improvement in the current prescribing practices.

Pregnancy consideration is one of the considerable difficulties in drug. Drug treatments and conventions may influence the life of moms and children. Infections happening amid pregnancy are significantly more risky, due to the troubles in their treatment strategy.²⁶⁻³² Prevention must be underlined utilizing protected and characteristic medications. Pregnancy administration utilizing meds has been trying to both social insurance suppliers and pregnant ladies, given the apprehension of teratogenic impacts and the potential for fetal damage.³³⁻³⁸ This expanded weight of danger appraisal for suppliers, when treating pregnant ladies, can fundamentally affect restorative choice making. To guide safe medication utilization amid pregnancy, the U.S.A. Sustenance and Drug Administration (FDA) ordered medications into the accompanying real classifications; A, B, C, D, and X with classes D and X demonstrating confirmation of danger in pregnancy.³⁸⁻⁴¹

Complication of Pregnancy

Pregnancy is the state of developing an embryo or an offspring inside the women. The quality of being pregnant can be confirmed by urine test, blood test, X-ray or an ultrasound.⁴²⁻⁵³ More usually women get confirmed by the pregnancy test kit available in the market. The duration of the pregnancy is about nine months. It starts from the month of the last menstrual period obtained by the women.⁵⁴⁻⁵⁹

The signs and symptoms of pregnancy are nausea and vomiting, feeling sick, a missed period, tender breast, prickling or tingling nipples and a home pregnancy test.⁶⁰⁻⁶⁸ Women should be very careful during the time of pregnancy.

The dangers of uncovering the human fetus to medications have turned out to be progressively obvious in the most recent 15 years, amid the time when drug use has consistently expanded.⁶⁹⁻⁷⁵ Despite the fact that an immediate circumstances and end results relationship between certain normally utilized medications and fetal disorders or mutations has been hard to build, the guideline of evasion of everything except fundamental medicines in pregnancy and in the conceivably pregnant has turned out to be progressively vital.^{76,77}

Over late years, early life nourishment has been perceived as a noteworthy donor to long haul wellbeing and infection. Intrauterine development confinement, as a consequence of poor maternal nourishment, is emphatically connected to grown-up cardiovascular infection.⁷⁸⁻⁸³ It is therefore basic to pick up a comprehension of how intrauterine development confinement influences the advancement of the heart and kidneys. Furthermore, with the expanded prevalence of vitamin D insufficiency around the world, it is critical to pick up a comprehension of how maternal vitamin D inadequacy amid pregnancy and lactation influences the advancement of the heart and kidneys in the posterity. Utilizing rat models, we have independently inspected the impacts of maternal protein confinement (which brings about intrauterine development limitation) and vitamin D insufficiency amid pregnancy and lactation on the improvement of the heart and kidneys in the posterity. We have found that at the season of conception, maternal protein limitation prompts a diminished supplement of cardiomyocytes in the heart of offspring, on the other hand, by weaning the quantity of cardiomyocytes is like that of the control. Nephron endowment is essentially decreased in the posterity presented to maternal protein limitation.⁸⁴⁻⁸⁹ Conversely, maternal vitamin D lack amid pregnancy and lactation prompts a noteworthy increment in the quantity of nephrons in the kidneys and to a critical increment in the quantity of cardiomyocytes inside of the heart of posterity, when contrasted with controls. Our discoveries unmistakably demonstrate that maternal diet regimen amid pregnancy and lactation can specifically influence the advancement of the heart and kidneys in the offspring.^{90,91}

Breast-feeding is gainful for maintaining standard health of a mother and her child. Then again, numerous pharmaceuticals can be moved into breast milk creating the danger of feeding to surpass its advantage to the newborn child, mother, or both.⁹²⁻⁹⁸ Although, a study had reported that the greater part of medicine and non-professionally prescribed medications are not found in breast milk after ingestion, there is restricted proof based information with respect to the genuine security of large portions of these drugs, this accordingly calls for alert on pharmaceutical utilization amid lactation.^{99,100}

Prudent utilization of medications, satisfactory learning, positive methodology and mindfulness towards the medication utilization are obligatory essentials for good maternal and child health. Clinicians must consider the results of past studies when they set up a treatment methodology for depression amid pregnancy and lactation.

Since there were no conclusions have been made this study, clinicians must pay consideration on the future study results

REFERENCES

1. Raquel Regina Duarte Moreira et al. Medicinal Plants in Pregnancy and Lactation: Perception of the Health Risk and Practical Educational Group in Araraquara, São Paulo State, Brazil2014. *J Gen Pract* . 2014; 2: 190.
2. Sang Won Jeon and YongKu Kim et al. Therapeutic Approaches for Depression During Pregnancy and Lactation2014. *J Preg Child Health* . 2014
3. Towfida J Siddiqua et al. Vitamin B12 Deficiency in Pregnancy and Lactation: Is there a Need for Pre and Post-natal Supplementation?2014. *J Nutr Disorders Ther* . 2014; 4:142 .
4. Pregnancy and Lactation Related Bilateral Stress Fracture of the Distal Fibula in a Young Woman2014. *J Osteopor Phys Act* . 2014; 2: 115 .
5. Mesfin Tafa and Jemal Haidar et al. Effect of modern family planning methods use on nutritional status of women of reproductive age group at Tena district, Arsi zone, Ethiopia in 2013: A comparative studyMFPM. MFPM
6. RuiAn Wang et al. Role of p21-activated kinase 1 in regulating mammary gland morphogenesis and functional differentiation.
7. Anitha Kilari et al. Antihypertensive effect of herbal medicine gokshur siddha ghrita in a preeclampsia rat modelGSG. GSG
8. Frederick A Coville et al. Skin: The fifth dimension and sixth sense of beauty.
9. Mary Jane Black et al. Maternal diet during pregnancy and lactation affects nephron endowment in the kidneys and the complement of cardiomyocytes in the heart of offspring.
10. Jenny E Murase et al. An evidence-based approach to dermatological medication risk counseling in pregnancy.
11. Lydia M Loacuteppez and Mariacutea Elena Guerra et al. Caries Experience and Periodontal Status during Pregnancy in a Group of Pregnant Women with HIV+ Infections from Puerto Rico2015. *J AIDS Clin Res* . 2015; 6: 434 .
12. Yassin K et al. Epidemiology of Cardiac Disease during Pregnancy in Khartoum Hospital, Sudan2015. *J Women's Health Care* . 2015; 4: 227 .
13. Friederika Fluck et al. Extraskelatal Ewing Sarcoma in a Young Patient During Pregnancy2015. *J Clin Case Rep* . 2015; 5:485 .
14. A Rare Cause of Acute Abdomen in 3rd Trimester of Pregnancy: Isolated Tubal Torsion2014. *J Clin Case Rep* . 2014; 4:472 .
15. Monalisa T Manhanzva et al. The Burden of HIV Associated Drug Resistance Mutations in an Early Infant Diagnosis Program: A Glance through the Paediatric Window of Zimbabwe2015. *J Infect Dis Ther* . 2015; 2:198 .
16. VY Phan et al. Pregnancy after the Calcium Ionophore Activation and Aneuploid Screening Using A-CGH in Globozoospermia Patient2015. *Human Genet Embryol* . 2015
17. Gawish G EH et al. The Prevalence of Inherited Thrombophilic Polymorphisms in Saudi Females with Recurrent Pregnancy Loss Confirmed using Different Screening Protocols of PCR2015. *J Mol Genet Med* . 2015; 9: 156 .
18. Zalina Nusee et al. The Effects of Maternal Serum Lipid on Maternal Blood Pressure and Fetal Birth Weight: A Prospective Cohort Study2015. *Gynecol Obstet* . 2015
19. Mizejewski GJ et al. Alpha-Fetoprotein 2015. 2015
20. Altered Haemostatic Values During Pregnancy in North–West Nigeria: Do Maternal Age and Parity Play Any Role?2015. *J Hematol Thrombo Dis* . 2015; 3:188 .
21. Mehmet Resid Onen et al. Recurrent Lumbar Disc Herniation in Pregnant Patient: A Case Report2015. *J Spine* . 2015; 4: 207 .
22. Mauricio Busatto et al. Polymorphisms of the Apoptotic genes TP53 and MDM2 and Preeclampsia Development2015. *JFIV Reprod Med Genet* . 2015; 3: 135 .

23. Javier GarciacuteaFerreya et al. High Pregnancy and Implantation Rates Can Be Obtained Using Magnetic-Activated Cell Sorting 2015. 2015
24. Elmahaishi Asma and Mohammed Said Elmahaishi et al. Does the Use of Highly Purified Human Menopausal Gonadotrophin 2015. 2015
25. Binny Thomas et al. Medication used in Nausea and Vomiting of Pregnancy - A Review of Safety and Efficacy 2015. Gynecol Obstet . 2015
26. Temesgen Tilahun Bekabil and Urgessa Soressa Geleta et al. Antepartum Hemorrhage as Unusual Presentation of Advanced Abdominal Pregnancy 2015. Gynecol Obstet . 2015
27. Hirobumi Asarkua et al. Serious Influence of Yersinia Enterocolitis on Pregnancy in a Woman Complicated With Chronic Hypertension and Gestational Diabetes Mellitus: A Case Report 2015. J Preg Child Health . 2015
28. Christina Cantin et al. Opportunities to Improve the Role of Family Practice Nurses in Increasing the Uptake of Evidence-Based Smoking Cessation Interventions for Pregnant Women: An Exploratory Survey 2015. Primary Health Care . 2015
29. Josephine Etowa et al. Safe Motherhood Training for Rural Health Care Workers in Odukpani Local Government Area of Cross River State, Nigeria 2015. J Preg Child Health . 2015
30. Manasi Kumar et al. Translation of EPDS Questionnaire into Kiswahili: Understanding the Cross-Cultural and Translation Issues in Mental Health Research 2015. J Preg Child Health . 2015
31. Haftom Gebrehiwot Weldearegay et al. Factors Affecting Choice of Place for Childbirth among Women's in Ahferom Woreda, Tigray, 2013. J Preg Child Health . 2015
32. Lindsey E Hunter and Gurleen K Sharland et al. Maternal Gestational Diabetes and Fetal Congenital Heart Disease: An Observational Study 2015. J Preg Child Health . 2015
33. Cristina Campoy et al. Effects of Prenatal Fish Oil and Folic Acid Supplementation on Infant Psychomotor and Mental Development: Results from NUHEAL Randomized Controlled Trial 2015. J Preg Child Health . 2015
34. Natasha Ng et al. Headache in Pregnancy: An Overview of Differential Diagnoses 2015. J Preg Child Health . 2015
35. Elie Nkwabong et al. The Effect of Primary Cesarean Section on Subsequent Delivery 2015. J Preg Child Health . 2015
36. Andarge Tobe et al. Factors Associated with Modern Contraceptive Service Utilization among Married Reproductive Age Women in Melo Koza Woreda, Southern Ethiopia 2015. J Preg Child Health . 2015
37. Manuel Antonio Diaz de Leon Ponce et al. The Problem of Indirect Causes of Maternal Mortality 2015. J Preg Child Health . 2015
38. Pandian Radha et al. Case Report of Pelvic Actinomyces Presenting as a Complex Pelvic Mass 2015. J Preg Child Health . 2015
39. Zuhir Bodalal et al. Delivery in the Time of War: A Study of Births at the Principal Maternity Ward in Benghazi from 2002 - 2013. J Preg Child Health . 2015
40. Beatriz LS Mandim et al. Anesthesia for Non-Obstetrical Surgery during Pregnancy 2015. General Med . 2015
41. Chandardeep Sharma et al. Pelvic Organ Prolapse during Pregnancy: A Case Series and Review of Literature 2015. General Med . 2015
42. Goglia L et al. Melasma: A Cosmetic Stigma During Pregnancy 2015. Pigmentary Disorders . 2015
43. Adamu Jibril Bamaiyi et al. Effects of Anthropometric and Parity Factors on Blood Pressure 2015. 2015
44. Madhu Jain et al. Maternal Vitamin D Deficiency: A Risk Factor for Gestational Diabetes Mellitus in North India 2015. Gynecol Obstet . 2015
45. Rispoli R et al. Rupture of an Intracranial Arteriovenous Malformation 2015. 2015
46. Saori Morino et al. The Association between Pregnancy-Related Discomforts and Pre-Pregnancy Body Mass Index in Japanese Women 2015. J Women's Health Care . 2015
47. Milena M McLaughlin et al. Use of Raltegravir in HIV-Infected Pregnant Women: A Case Series and Review of the Literature 2014. J AIDS Clin Res . 2014

48. Raquel Regina Duarte Moreira et al. Medicinal Plants in Pregnancy and Lactation: Perception of the Health Risk and Practical Educational Group in Araraquara, São Paulo State, Brazil 2014. *J Gen Pract* . 2014
49. Kaei Nasu et al. Evaluation of Postsurgical Pain in Single- Port versus Three-Port Laparoscopic Surgery for Ectopic Pregnancy: A Preliminary Study 2014. *Gynecol Obstet* . 2014
50. Nkwabong Elie et al. Outcome of Pregnancy Complicated by Asymptomatic Bacteriuria 2014. *Gynecol Obstet* . 2014
51. Nkwabong Elie, Moustapha Etape, Fomulu Joseph Nelson. Outcome of Pregnancy Complicated by Asymptomatic Bacteriuria. *Gynecol Obstet*. 2014 Dec; 4; 259.
52. Kennedy Gonccedilalves Pacheco, Raquel Fortes. Pregnancy after Sclerotherapy and Embolization of Ovarian Varicose Veins in a Patient with Infertility and Deep Endometriosis. *Gynecol Obstet*. 2014 Dec; 4; 258.
53. BS Payghan, Swapna S Kadam, R Mayuri Reddy. A Comparative Study of Nutritional Awareness among Urban-Rural Pregnant Mothers. *Medical and Health Sciences*.
54. Rohini Rao, Rajesh Kumar Verma, Anil Ohri, and Manju Rao, Interstitial Ectopic Pregnancy: A Rare Case. *Medical and Health Sciences*. 2014.
55. Vijaya Balasaheb Chinchawade, Rekha G Daver, and Preeti Lewis, (2014) Maternal Outcome in Heart Disease in Pregnancy. *Medical and Health Sciences*
56. Nfor O Nlinwe. Effects of Malaria on Iron Stores in the Pregnant Women of Buea and Tiko Health District, South West Region, Cameroon. *J Metabolic Syndr*. 2014 Nov;3; 170.
57. Nkwabong Elie. Short Commentary: How We Could Reverse the Ascending Cesarean Section Rate. *J Preg Child Health*. 2014 Nov; 1; e106.
58. Etowa J. Painting the Landscape: Is the Invisibility of Nigerian Nurses in Research and Policy Development Arenas Ailing Healthcare in the Country? *J Preg Child Health*. 2014; 1; e105.
59. Placidi G, Merusi I, Gagliardi L. Rectal, Axillary or Skin Temperature in Newborns? *J Preg Child Health* .2014;1;123.
60. Gustin SLF, Lathi RB, Milki AA, Westphal LM. Frozen Blastocyst Transfer Has Similar Success Rates in Asian and Caucasian Patients. *J Preg Child Health*. 2014; 1; 122.
61. Samuel R Atcherson , Sarah W Kennett. Early, Mid, and Late-Latency Auditory Evoked Potentials During Pregnancy: Two Cases. *J Preg Child Health* 2014.
62. de Magalhaes TS, Brito MB, Grassi MFR, Matos MA. Adolescent Pregnancy Risks in a City of Average Size in Northeastern Brazil. *J Preg Child Health*. 2014; 1; 118.
63. Gebriel TW, Assegid S, Assefa H. Cross-sectional Survey of Goiter Prevalence and Household Salt Iodization Levels in Assosa Town, Beni Shangul-Gumuz Region, West Ethiopia. *J Preg Child Health*. 2014; 1; 119.
64. Sofoudis C. HIV and Pregnancy: A Short Review. *J Clin Case Rep* 2014 Oct; 4; 436 .
65. Surya Cooper, Ira Stanley Frye. Ovarian Torsion in a Patient with One Ovary Resulting in Bilateral Salpingo-Oophorectomy during Pregnancy. *J Clin Case Rep* 2014 Oct; 4; 433.
66. Gumanga K Solomon, Adgar Aburiya, Ayobi A Rahman, Nanguo Vittalis. Term Pregnancy in a Case of Complete Bicornuate Uterus Presenting with Obstructed Labour: A Case Report. *J Clin Case Rep* 2014; 4:431
67. Mohsin Nazir Butt, Aurangzeb Durrani, Jahanzeb Khan. Surgical Excision of Left Atrial Chondrosarcoma and Mitral Valve Repair in a 30 Weeks Pregnant Female. *J Anesth Clin Res*. 2014 Dec; 5; 487.
68. Ouafae Slimani, FzFdili Alaoui, Sofia Jayi, Hekmat Chaara, Hakima Bouguern and M A Malhouf, et. al. Postoperative Pelvic Hematoma an Unusual Case After Surgical Treatment of Ectopic Pregnancy. *J Clin Case Rep* 2014; 4:422
69. de Magalhaes TS, Brito MB, Grassi MFR, Matos MA . Adolescent Pregnancy Risks in a City of Average Size in Northeastern Brazil. *J Preg Child Health* 2014; 1; 118.
70. Boothe A, Belay B, Sharma AJ. Pregnancy and Postpartum Related Weight Counseling Practices of U.S. Obstetrician-Gynecologists: Results from the Doc Styles Survey, 2010. *J Women's Health Care* 2014;3;208.
71. Jonathan Stanley, John Guilfoose, Matthew Simmons, Rocco Lasala P, Kathryn Moffett. Recurrent Fever in a Healthy 30 Year Old Pregnant Female. *J Bacteriol Parasitol* 2014; 5; 200 .

72. Anne Esther Njom Nlend, Cecile Zeudja, Suzie Moyo, Annie Nga Motaze and The Therapeutic Committee of Centre Hospitalier drsquoESSOS Djoungolo. Birth Outcomes in HIV-1-Infected Women Receiving Highly Active Antiretroviral Therapy (HAART) Prior to Conception versus During Pregnancy in Yaounde, Cameroon. *J Antivir Antiretrovir* 2014 Oct; 6; 109.
73. Slobodin O. The Aborted Time: A Temporal View on the Trauma of Pregnancy Loss. *J Depress Anxiety* 2014; 3; 163.
74. Kristin A Moore, Mary A Terzian, Jacinda K Dariotis, Vanessa H Sacks. Teen Birth Rates in the U.S. from 1990 to 2008: The Role of State Policy, Women's Opportunity and Contextual Factors. *J Women's Health Care* 2014; 3; 206.
75. Xuezheng Li, Zhiyong Zhao. MicroRNA Biomarkers for Early Detection of Embryonic Malformations in Pregnancy. *J Biomol Res Ther* 2014; 3;119.
76. Carlo V Bellieni. Pregnancy in a Dead Woman and the Limits of Her Relatives Authority. *J Res Development* 2014Nov; 2; 115.
77. Nilanchali Singh, Perna Kumari. Placenta Accreta: A Mini Review. *J Preg Child Health* 2014.
78. Chen JL, Guo J. Gestational Diabetes and Risk for Childhood Obesity: Mini Review. *J Preg Child Health* 2014; 1; e103.
79. Chakrabarti K. Tuberculosis in Children. *J Preg Child Health*. 2014; 1; e102.
80. Nkwabong E, Fomulu JN. Outcome of Pregnancies among Cameroonian Anemic Women: A Comparative Cohort Study. *J Preg Child Health*. 2014; 1; 117.
81. Rahman K, Bowen A, Muhajarine N. Examining the Factors that Moderate and Mediate the Effects on Depression during Pregnancy and Postpartum. *J Preg Child Health*. 2014; 1; 116.
82. Hayashi C, Yokoyama Y, Murai C . Factors Affecting Maternal Uneasiness With Child-Rearing Comparative Study of Mothers With First-Born Children And Second-Born or Later Children Who Received 3-Month Health Check-Up. *J Preg Child Health*. 2014; 1; 115.
83. Haney B. Childhood Obesity: Solutions to Address a Growing Health Concern. *J Preg Child Health*. 2014 Oct; 1; 114.
84. Elie N, Telesphore ME, John A. A Case Report of a Successful Conservative Management of Placenta Increta. *J Preg Child Health*. 2014 Sep; 1; 113.
85. Kamalendu C. Diary of Deboleena-The Mother. *J Preg Child Health*. 2014; 1; 112.
86. Singh N. Isolated Recto-Vaginal Fistula: A Dreaded Complication of Precipitate Labor Managed Early and Easily! *J Preg Child Health*. 2014; 1; 111.
87. Dutta HK, Baruah M. Iodine Status during Pregnancy among Tea Garden Workers in Assam and its Effect on the Foetus. *J Preg Child Health*. 2014; 1;110.
88. Linda E May and Richard R Suminski. Amount of Physical Activity in Pregnancy and Infant Heart Outcomes. *J Neonatal Biol*. 2014; 3; 160
89. Edward Espinal, Maribel Palomero, Mariacutea Cebollero, Sara LopezTarruella, Yolanda Jerez, et. al. Pitfalls on Screening in Clinical Trials: Positive Pregnancy Test in a Nonpregnant Woman with Metastatic Breast Cancer. *J Clin Trials*. 2014; 4; 187.
90. Mette ViftrupLund, Melina Gade, Finn F Lauszus. Pregnancy in PCOS Women and their History of Diabetes. *J Metabolic Synd* 2014; 3; 163.
91. Abdel Aziem Abd Allah Ali and Eman Osman. Factors Influencing HIV Voluntary Counseling and Testing (Vct) Among Pregnant Women in Kassala, Eastern Sudan. *J Women's Health Care*. 2014;3; 198.
92. Anja WMM Stevens, Peter JJ Goossens, Adriaan W Hoogendoorn, Elise AM Knoppertvan der Klein, Adriaan Honig and Ralph W Kupka, et. al. The Effect of Sleep Disturbance during Pregnancy and Perinatal Period on Postpartum Psychopathology in Women with Bipolar Disorder. *J Women's Health Care*. 2014; 3; 196.
93. Towfida J Siddiqua, Lindsay H Allen, Rubhana Raqib, Tahmeed Ahmed. Vitamin B12 Deficiency in Pregnancy and Lactation: Is there a Need for Pre and Post-natal Supplementation?. *J Nutr Disorders Ther*. 2014; 4; 142.
94. Akgul Ozlem, Abike Faruk, Akgul Cemil. A Spontaneous Quadruplet Pregnancy Following Oral Contraceptive Use: A Case Report. *J Clin Case Rep* 2014; 4; 411.
95. Mridu Paban Nath. Pregnancy with Guillain-Barre Syndrome-Anaesthetic Challenges and Management. *J Clin Case Rep* 2014; 4;397.

96. Cau Van Vo, Carol A Major, Kamini Malhotra. Value of Serial Ultrasounds in Early Diagnosis and Management of Prerupture Ovarian Ectopic Pregnancy: A Case Report. *Gynecol Obstet.* 2014; 4; 251.
97. Siamak Moayedi. Acute Management of Cardiac Complications in Pregnancy. *Gynecol Obstet (Sunnyvale)* 2014; 4; 245
98. Boubakari Ibrahimou, Hamisu M Salihu, Janvier Gasana and Hilda Owus. Risk of Low Birth Weight and Very Low Birth Weight from Exposure to Particulate Matter (PM2.5) Speciation Metals during Pregnancy. *Gynecol Obstet.* 2014; 4; 244.
99. Marcos Andreacuta Schoumlrner, Otto Henrique May Feuershuetten, Mara Cristina Scheffer, Simone Goncedilalves Senna, Maria Luiza Bazzo, Rosemeri Maurici, et. al. Detection of Group B Streptococcus agalactiae from Anorectal and Vaginal Screening Tests. *Clin Microbiol.* 2014; 3; 169.
100. Marcela LoacutepuzHurtado, Fernando M GuerralInfante. Early Neonatal Infection by Chlamydia trachomatis. *J Infect Dis Ther* 2014; 2;158 .