



Revista da ASSOCIAÇÃO MÉDICA BRASILEIRA

www.ramb.org.br



At the bedside

What are the recommendations for pregnant and lactating women undergoing endoscopic procedures?

Quais as recomendações para gestantes e nutris que serão submetidas a procedimentos endoscópicos?

Jarbas Faraco Maldonado^a, Elias Jirjoss Ilias^b

^aService of Endoscopy, Hospital Sírio Libanes, São Paulo, SP, Brazil

^bBrazilian College of Surgeons, São Paulo, SP, Brazil

ARTICLE INFO

Article history:

Received 30 January 2013

Accepted 30 January 2013

The American Society for Gastrointestinal Endoscopy (ASGE) published, in the first issue of its journal in 2012, the recommendations for pregnant and lactating women undergoing endoscopic procedures such as upper endoscopy, colonoscopy, and endoscopic retrograde cholangiopancreatography (ERCP).¹

This guideline intends to be an educational tool to provide information that can help endoscopy physicians to give medical care to these patients. These guidelines are not rules, should not be interpreted as a legal standard of care, and should not encourage or discourage any endoscopic procedure.

Recommendations for pregnant women

- An endoscopy should only be performed during pregnancy when there is strong indication; whenever possible, it should be postponed until the second trimester.
- An obstetrician should monitor the patient, in order to assist in the management of the pregnancy, including the determination of the degree of maternal-fetal monitoring.
- Meperidine should be the agent of choice for endoscopic procedures that involve moderate sedation, followed by smaller doses of midazolam as needed.
- Deep sedation, when necessary, should be performed by an anesthesiologist.
- ERCP is generally safe during pregnancy; however, measures are recommended to minimize exposure of the fetus and pregnant woman to radiation.
- When the use of electrocautery is necessary, the bipolar type should be chosen. If monopolar cautery is used, a grounding pad must be used to minimize the flow of electric current through the amniotic fluid.
- Near the end of pregnancy, the patient should be placed in lateral decubitus before, during, and after the endoscopic procedure.

*Corresponding author at: Rua Prof. Enéas de Siqueira Neto, 340, Jardim Imbuías, Sta. Cecília, São Paulo, SP, 04829-900, Brazil
E-mail: eliasilias@hotmail.com (E.J. Ilias)

- The choice of antibiotics, when necessary, should be consider factors specific to the patient and stage of fetal development. Although many antibiotics can be safely used during pregnancy, some are safe only at certain stages of fetal development. However, others are contraindicated in all stages of gestation (quinolones, streptomycin, tetracycline).
- Quinolones and sulfonamides should be avoided.
- Penicillins, cephalosporins, tetracyclines, and erythromycin are compatible with breastfeeding.

These recommendations are important, as they aim to minimize possible damage to the fetus, to the mother, and to the newborn when an endoscopic procedure is necessary in pregnant or lactating women.

Recommendations for lactating women

- Breastfeeding should be maintained after maternal administration of fentanyl.
- Children should not be breastfed for at least 4 hours after maternal administration of midazolam.
- Breastfeeding should be maintained after maternal administration of propofol, as soon as the mother recovers from sedation.

R E F E R E N C E

-
1. ASGE Standard of Practice Committee, Shergill AK, Ben-Menachem T, Chandrasekhara V, Chathadi K, Decker GA, et al. Guidelines for endoscopy in pregnant and lactating women. *Gastrointest Endosc.* 2012;76(1):18-24.