

Study On Nurses' Knowledge Regarding Some Medications Induce Congenital Malformations During Pregnancy

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Abstract. Many of the medications used to treat psychological illnesses, antibiotics, and other treatments for pregnant women later appear to have negative effects on the fetus during pregnancy or birth, and some of them appear after different age periods. The current study aims to familiarize nurses with these medications because of their major role in preparing and administering medications, drug doses, and medication administration periods. Female and male nurses with different academic levels and years of experience in different hospital departments participated in the questionnaire for a group of medications that cause birth defects. Most Participants have knowledge that induces birth defects or malformation during pregnancy especially medicines that are commonly used, also knowledge may correlate with their academic level or experience

Highlights:

1. Nurses' knowledge of drugs causing birth defects during pregnancy.
2. Awareness varies by academic level and work experience.
3. Emphasizes nurses' role in safe medication administration.

Keywords: Birth defects, Pregnancy medications, Nurse knowledge, Basra hospitals, Congenital malformations

Introduction

The use of some drugs induces some Congenital defects in nearly about 5% of all births, including anatomic alterations, and physiological disorders (such as mental retardation). Genetic abnormalities, physical, viral, or chemical factors can all be causes [1]. Class X drugs are teratogenic [2]. Approximately 1% of congenital abnormalities with a recognized etiology are problems related to medication therapy. This indicates that a practical method of protection for fertile, and particularly pregnant, women is to adopt a cautious mindset and take medications appropriately. There are now about 25 medications having known teratogenic effects, although new pharmaceutical products are always being developed [3]. The inhibitors of the angiotensin-converting enzyme (ACE) ACE inhibitors should not be taken while pregnant, particularly in the second and third trimesters. The administration is linked to delayed intrauterine growth, oligohydramnios, cranial ossification abnormalities, and kidney damage [4, 5].