



# Session IV

## Addressing real and perceived liability concerns: Clinician perspective

### June 16, 2022



Carmen D. Zorrilla, MD  
UPR Medical Sciences Campus  
Professor Obstetrics and Gynecology  
UPR School of Medicine  
Principal Investigator: CEMI, MI-HMHR, SJ ZIP  
Maternal-Infant Studies Center (CEMI)  
[carmen.zorrilla@upr.edu](mailto:carmen.zorrilla@upr.edu)





## Most common perceived sources of risks in pregnancy

- **Drug discontinuation** by patient when pregnancy is diagnosed (drugs have been prescribed for a chronic condition prior to the pregnancy). Patient might have higher risk if not using needed drugs.
- Concerns when **prescribed new drugs** during pregnancy because of lack of knowledge of safety and impact on pregnancy outcomes. Adherence might be affected if patient is not reassured and understands need for treatment.
- Lack of concern/knowledge on the **safety of over the counter (OTC)** drugs or supplements. Patients may not consider them as drugs. May present drug interactions.



# Access issues

- Liability concerns or perceived concerns and cost containment strategies might affect access to indicated or needed drugs during pregnancy.
- One example: access to drugs like insulin, labetalol and others in PR when prescribed by Obstetricians or MFMs (insurance company requires prescription by endocrinologist or cardiologist). This is not occurring in other states.



# Potential issues with databases and drug registries

- Pregnancy Drug Registries are **extremely useful** when completed by providers and when all patient data is prospectively entered. One example is the Antiretroviral Pregnancy Registry (APR) <http://www.apregistry.com/>
- When patients enter data, there might be **biases and misinformation** of available data. An example is the Vaccine Adverse Event Reporting System (VAERS) <https://vaers.hhs.gov/> . A colleague found reports of STIs as adverse effects of COVID-19 vaccines.
- *Nevertheless, we need to expand pregnancy drug registries for approved drugs and active research on new drugs.*



## Need to maintain/expand public awareness campaigns

- Messages about alcohol and cigarettes in pregnancy have been successful in many cases.
- We could improve the messages about pregnancy preparation, pre-pregnancy health, folic acid and evaluation of chronic conditions that need medications.
- In essence, messages about optimization of pre-pregnancy health.

## Treating for Two: Medicine and Pregnancy

[Pregnancy Homepage](#) > [Treating for Two Home](#)



[Treating for Two Home](#)

### Basics

Treatment Guidelines

Research +

Multimedia & Tools +

Key Findings

CDC's Work

# Pregnant or thinking of getting pregnant?

[Spanish](#)

[Medscape Video: Medication & Pregnancy](#)

[Treating for Two Basics in American Sign Language](#)

**Are you pregnant or thinking of getting pregnant? Talk to your healthcare providers before starting or stopping any medicines. Be sure to discuss the following with your healthcare providers:**

1. All medicines you take, including prescriptions, over-the-counter medicines, herbal and dietary supplements, and vitamins
2. Best ways to keep any health conditions you have under control
3. Your personal goals and preferences for the health of you and your baby

[Share our poster with family and friends](#) to encourage conversations about safer medicine use in pregnancy and help prevent birth defects and other health problems.

## What We Know About Medicine Use in Pregnancy

**Pregnant or thinking about pregnancy?  
Talk to your doctor about any  
medications you are taking.**



**Safer Medication Use in Pregnancy**



# Potential Liability solutions

- Develop liability-mitigation strategies.
- Injury compensation programs.
- Improve data on drugs to reassure providers, insurers, patients and community.
- The safety data should be available.

