

NW London Local Maternity System

List of medications that pregnant women can safely purchase over the counter without prescription

**Acid suppressing and Antacids
(Heartburn/indigestion):**

Dose:

Frequency:

<input type="checkbox"/> Omeprazole 10mg capsules/tablets		Once daily
<input type="checkbox"/> Ranitidine 75mg tablets		Max twice daily
<input type="checkbox"/> Sodium alginate with calcium carbonate and sodium bicarbonate oral suspension	Two to four 5ml spoonfuls	Four times a day after meals and at bed time
<input type="checkbox"/> Calcium carbonate and magnesium carbonate based antacids		

Laxatives (constipation):

<input type="checkbox"/> Ispaghula husk sachets	1 Sachet	Twice daily
<input type="checkbox"/> Lactulose		Twice daily

Haemorrhoids (piles):

<input type="checkbox"/> Anusol cream	1 Application	Morning, night and after every evacuation
<input type="checkbox"/> Anusol suppositories		

Vitamins and minerals:

<input type="checkbox"/> Folic Acid 400mcg tablets	1 tablet	Once daily
<input type="checkbox"/> Colecalciferol (Vitamin D) -circle required strength		
10 micrograms [400 units]		
20 micrograms [800 units]		
25 micrograms[1000units]		
<input type="checkbox"/> Cyanocobalamin (Vitamin B12) 50mcg tablets		
<input type="checkbox"/> Calcium carbonate and colecalciferol tablets		

Iron supplements (iron deficiency anaemia):

<input type="checkbox"/> Ferrous Sulphate 200mg tablets		
<input type="checkbox"/> Ferrous Fumarate 210mg tablets		

Analgesia (painkillers):

<input type="checkbox"/> Paracetamol 500mg tablets		
<input type="checkbox"/> Co-codamol (codeine 8mg/paracetamol 500mg)		

Moisturisers and steroids (Dry skin and mild eczema):

<input type="checkbox"/> Emollient cream	1 Application	When needed
<input type="checkbox"/> Clobetasone butyrate 0.05% cream	1 thin application	Once daily/twice daily for 7 days

Topical anti-infectives (thrush, athlete's foot, dandruff, cold sores):

<input type="checkbox"/> Clotrimazole 1% cream	1 thin application	Two / Three times a day
<input type="checkbox"/> Clotrimazole 2% cream	1 thin application	Two / Three times a day
<input type="checkbox"/> Clotrimazole pessary		
100mg		
200mg		
500mg		
<input type="checkbox"/> Ketoconazole 2% shampoo		
<input type="checkbox"/> Terbinafine 1% cream	1 application	Once daily for 7 days
<input type="checkbox"/> Aciclovir 5% cold sore cream	1 application	Every 4 hours (omit night)

Pre-eclampsia (prophylaxis):

<input type="checkbox"/> Aspirin tablets 75mg tablets		
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Turn over this page and sign on the reverse.

<p>INSTRUCTIONS FOR DOCTORS & MIDWIVES</p>	<p>Tick the box(es) for the medication you are recommending and indicate the frequency of use.</p> <p><i>Sign at the bottom of this page.</i></p>
<p>INSTRUCTIONS FOR PATIENTS</p>	<p>You have been advised to take the indicated medication by your maternity team. You are able to purchase this/these over the counter without prescription, at a local pharmacy.</p> <p>Your pharmacist will help you to select an appropriate product and advise you how to take or administer it.</p> <p>Retain the document in case you require further supplies.</p>

Patient's Name:

Hospital Number:

Signed:

Date:

Role: