

Beta-blockers in 1st trimester do not up congenital malformations

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(HealthDay)—Maternal use of β -blockers in the first trimester of

pregnancy is not associated with a large increase in the risk for overall or cardiac congenital malformations, according to a study published online Oct. 16 in the *Annals of Internal Medicine*.

Brian T. Bateman, M.D., from Brigham and Women's Hospital and Harvard Medical School in Boston, and colleagues estimated the risks for major [congenital malformations](#) associated with first-trimester exposure to β -blockers using data from health registries in the five Nordic countries and the U.S. Medicaid database.

The researchers found that the β -blocker-associated pooled adjusted relative risk (RR) and [risk](#) difference per 1,000 persons exposed (RD_{1000}) were 1.07 (95 percent confidence interval, 0.89 to 1.3) and 3 (confidence interval, -6.6 to 12.6) for any major malformation; 1.12 (95 percent confidence interval, 0.83 to 1.51) and 2.1 (confidence interval, -4.3 to 8.4) for any cardiac malformation; and 1.97 (95 percent confidence interval, 0.74 to 5.25) and 1 (confidence interval, -0.9 to 3) for cleft lip or palate. Based on the U.S. cohort data only, the adjusted RR and RD_{1000} were 1.37 (95 percent confidence interval, 0.58 to 3.25) and 1 (confidence interval, -2 to 4) for central nervous system [malformations](#).

"The potential risks to the fetus must be balanced against the risks to the mother associated with untreated hypertension," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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