BGD Tutorial - Applied Embryology and Teratology

1 Introduction
2 Objectives
3 Textbooks
4 Applied Embryology
5 Mothers
6 Babies
7 Unintended Pregnancy
8 Assisted Reproduction Technology
9 Early Development Issues
9.1 Abnormal Implantation
9.2 Hydatidiform Mole
9.3 Twinning
9.3.1 Dizygotic Twinning
9.3.2 Monoygotic Twinning
10 Abnormal Development
10.1 International Classification of Diseases
10.2 Australian Birth Anomalies System
11 NSW Data
11.1 Congenital Conditions Register
11.2 NSW Mothers and Babies Report 2015
11.3 Genetic
12 Teratology
12.1 Prenatal Screening
12.2 Teratogens
12.3 Critical Periods of Development
13 Australian Drug Categories
13.1 Infant Drug Clearance
14 References
15 Links
15.1 Applied Embryology

15.2 Teratology Links
16 Self-Directed Learning
17 External Links
18 Glossary Links

Introduction

This Medicine Phase 2 tutorial introduces the topics of Applied Embryology and Teratology. This one and a half hour presentation uses your existing knowledge of normal human development in an applied clinical manner in relation to our existing knowledge of teratogens. In addition, you should begin considering the variables that will not change and those that will in future medical practice. Due to time limitations, only a brief coverage can be given of any one topic.

Self-Directed Learning boxes on this page will not be discussed within the tutorial. You should also return here and later work through the linked online resources for more detailed descriptions and an understanding of these issues. This current page appears in the lefthand menu under Medicine as **BGD 2 Tutorial**.

Currently updating for 2018. (notice removed when completed)

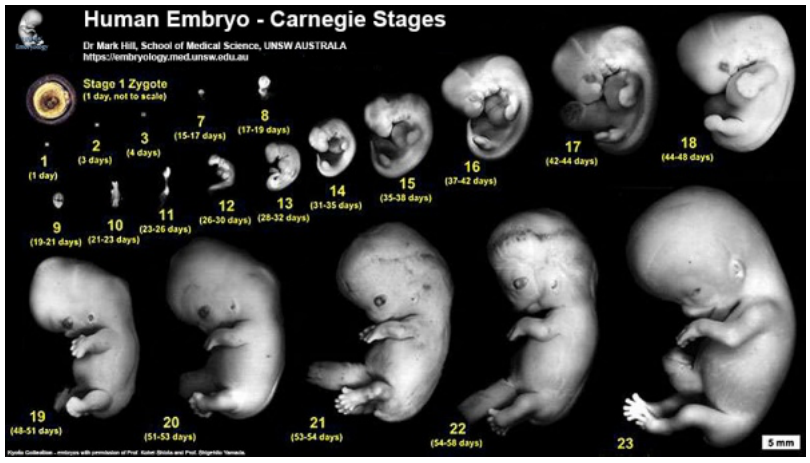
Similar content was covered in the previous online tutorials in 2017 | 2016 | 2015 | 2014 | 2012 | 2015 PDF | 2014 PDF | 2012 PDF | 2011 PDF and 2010.

Whats in the News? [Expand]

Objectives

Applied Embryology: birth statistics, unintended pregnancies, ART, abnormalities statistics, timeline of development, trophoblastic disease, embryonic development, placenta, fetal development, maternal diet, multiple pregnancies.

Teratology: definitions, critical periods, medications, chromosomal abnormalities, environmental factors and infections.

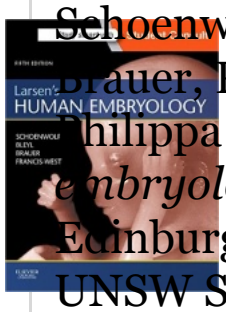


Human Embryonic Development (week 1 to 8)

Textbooks

Moore, K.L., Persaud, T.V.N. & Torchia, M.G. (2015). *The developing human: clinically oriented embryology* (10th ed.). Philadelphia: Saunders. UNSW Students have online access to the current 10th edn. through the UNSW Library subscription.

- Chapter 20 Human Birth Defects
- Chapter 22 Appendix : Discussion of Clinically Oriented Problems



Schoenwolf, G.C., Bleyl, S.B., Brauer, P.R., Francis-West, P.H. & Philippa H. (2015). *Larsen's human embryology* (5th ed.). New York; Edinburgh: Churchill Livingstone. UNSW Students have online access to the current 5th edn. through the UNSW Library subscription.

- Chapter 6 Fetal Development and the Fetus as Patient

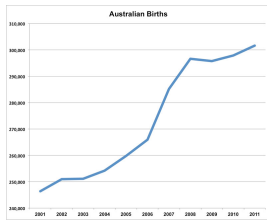
Applied Embryology

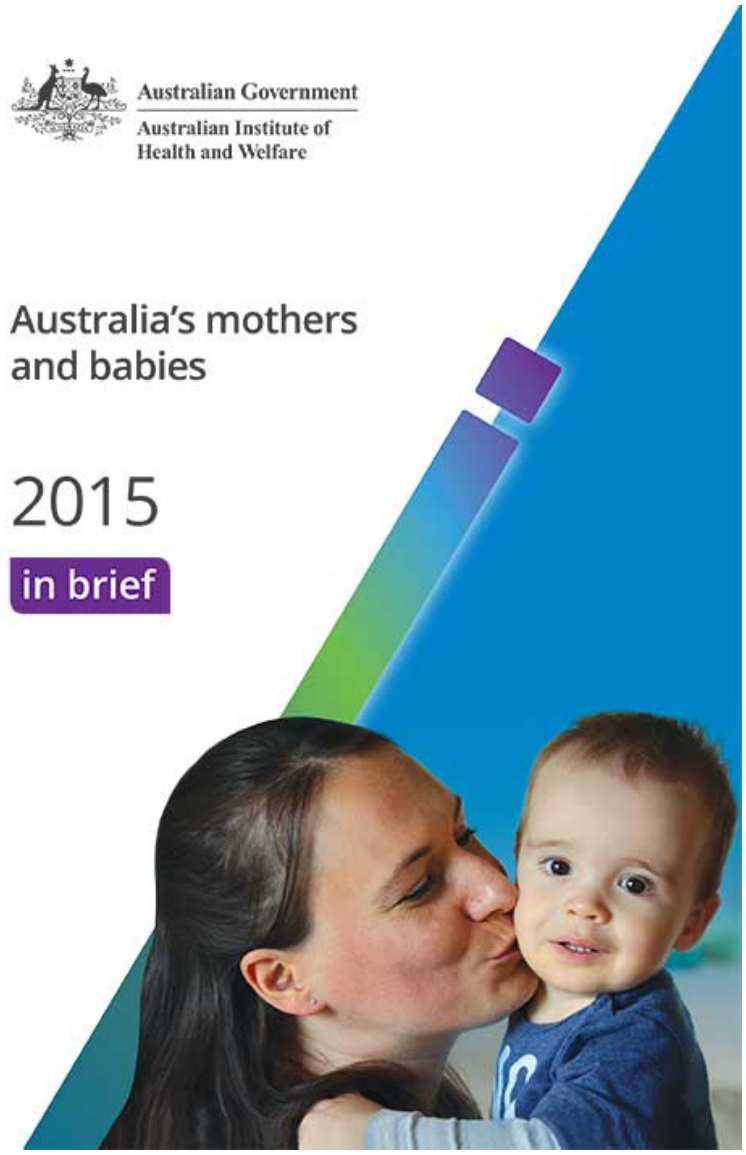
The information is based upon data from the most recent 2017 publication "Australia's mothers and babies 2015 - in brief"[9] and earlier reports.[10][11][12][13][14][15][16]

This data should help you as a clinician and researcher to understand the current trends in reproductive medicine within Australia. Also see recent general population data in Australian Statistics.

- **2015** - 306,725 live births and 2,160 (less than 1%) were stillbirths
- **2014** - 307,844 live births and 2,200
- **2013** - 307,277 live births and 2,191
- **2012** - 312,153 live births and 2,255
- **2011** - 301,810 live births and 2,220
- **2009** - 296,791 live births and 2,341
- **2008** - 294,737 live births and 2,188
- **2007** - 292,027 live births and 2,177

- Congenital abnormalities are the leading cause of perinatal deaths (fetal+neonatal)

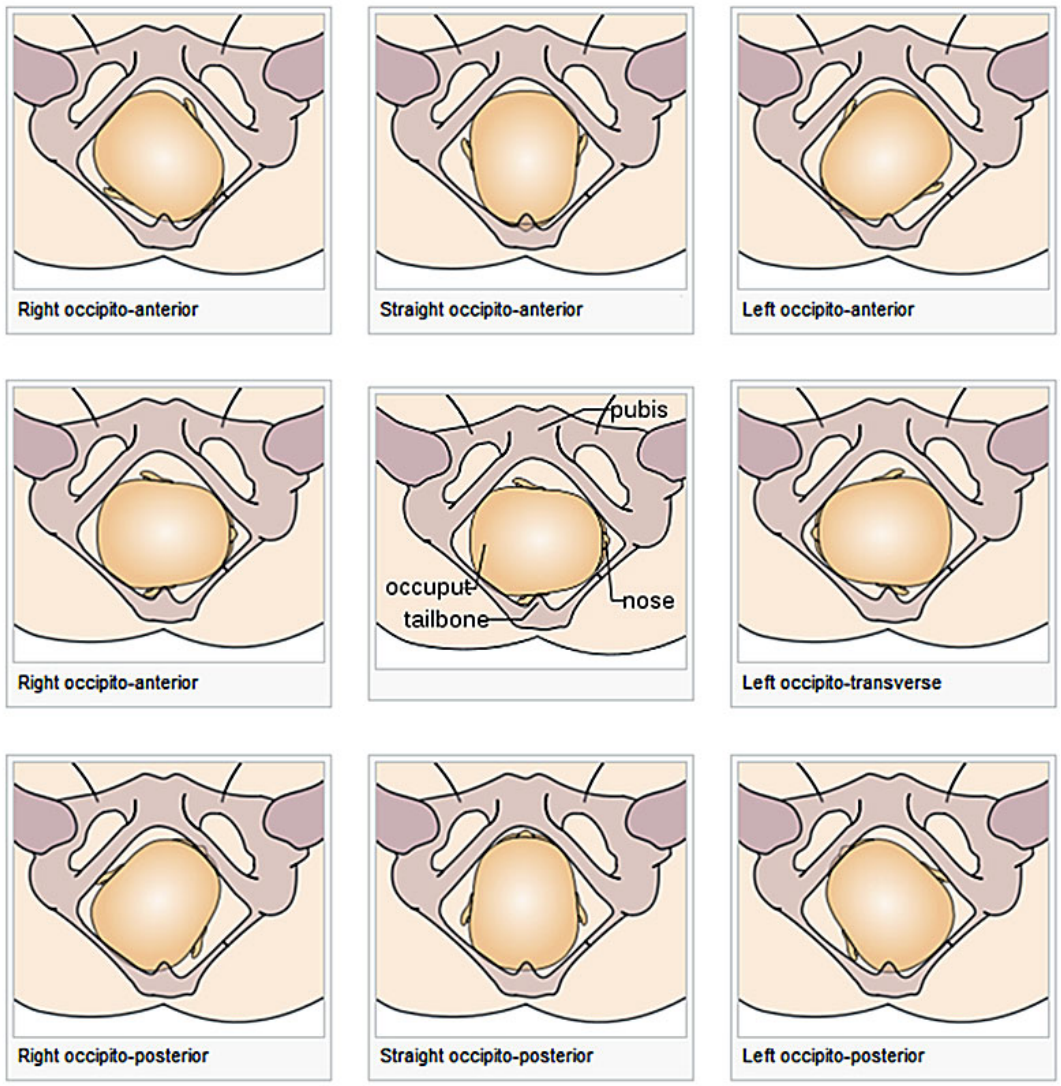




Australia's mothers and babies - in brief 2015 (published 2017).

Mothers

Mothers [Expand]



Birth - cephalic presentations

Babies

Babies [Expand]

2013 National core maternity indicators [Expand]

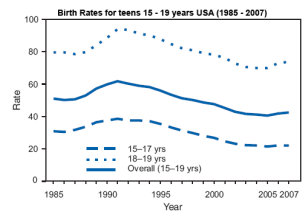
Unintended Pregnancy

Approximately one-half of pregnancies in the United States (2001) were unintended (Finer 2006, Perspectives on Sexual and Reproductive Health).

An earlier 1995 USA National Survey of Family Growth (NSFG) found:

- 49% of pregnancies in the USA (excluding miscarriages)
- 31% of pregnancies resulting in a live birth are unintended

Unintended pregnancy is either mistimed (woman wanted to be pregnant later) or unwanted (did not want to ever be pregnant).

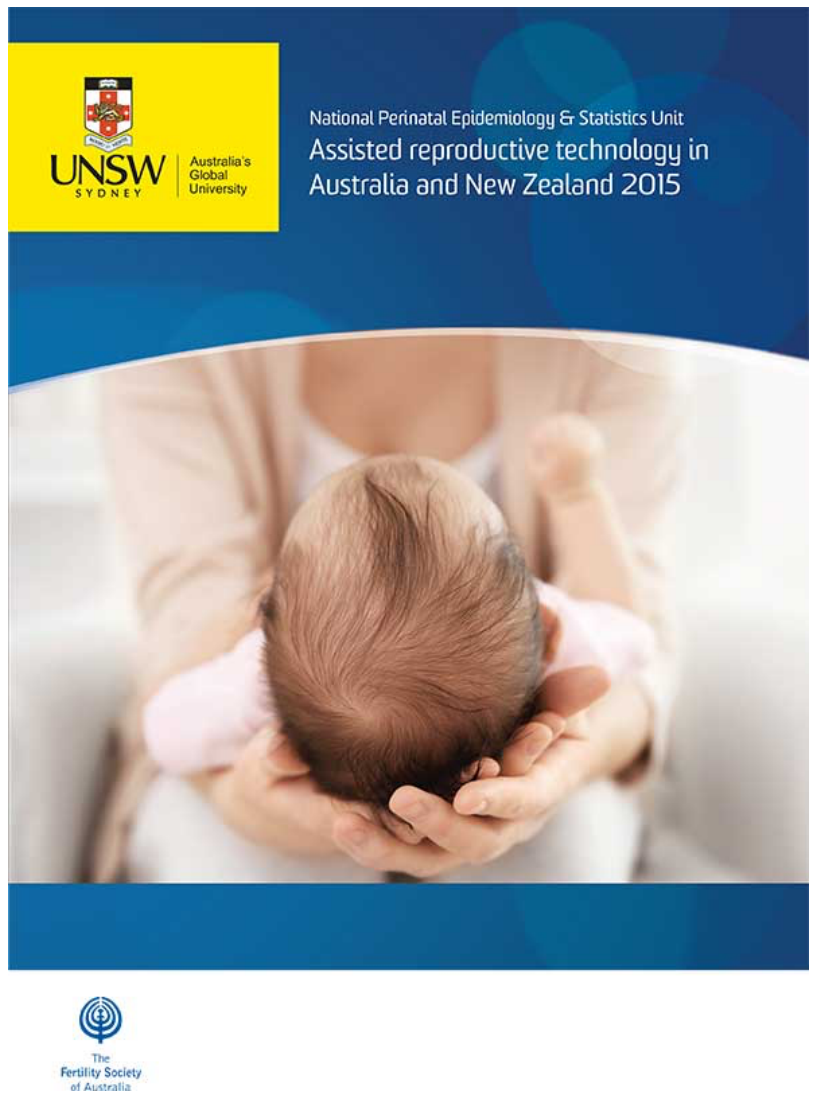


Teen pregnancy (USA)

Teen Pregnancy [Expand]

Links: [CDC Unintended Pregnancy Prevention](#) | [Pregnancy Risk Assessment Monitoring System USA](#) | [The Measurement and Meaning of Unintended Pregnancy](#)

Assisted Reproduction Technology



Assisted reproductive technology in Australia and New Zealand 2015

Assisted Reproduction Technology (ART) is also sometimes also used to identify In vitro fertilization (IVF) but now includes many new techniques. Assisted reproductive technology (ART) is a group of procedures that involve the in vitro (outside of body) handling of human oocytes (eggs) and sperm or embryos for the purposes of establishing a pregnancy. Each ART treatment involves a number of stages and is generally referred to as an ART treatment cycle. The embryos transferred to a women can either originate from the cycle in which they were created (fresh cycle) or be frozen and thawed before transfer (thaw cycle).

Assisted Reproductive Technology in Australia and New Zealand (2015)[19]

- 77,721 ART treatment cycles reported from Australian and New Zealand clinics in 2015 (71,479 and 6,242 respectively)
  - 5.6% increase in Australia and 6.0% increase in New Zealand on 2014.
  - 14.4 cycles per 1,000 women of reproductive age (15–44 years) in Australia
  - 94.5% autologous cycles (own oocytes or embryos)
  - 37.4% autologous frozen and thawed

    - 39,006 women who undertook 73,481 autologous fresh and/or thaw cycles
    - Over the last five years there has been an increasing trend in the proportion of cycles where all oocytes or embryos are cryopreserved for potential future use from (2011) 5.0% (2015) 17.2%

- 35.8 years - average age of women undergoing autologous cycles
    - 40.6 years - average age of women undergoing ART treatment using donor oocytes or embryos
    - 24.8% were aged 40 or older. The average age of the male partner of the women undergoing autologous and recipient cycles was ** 38.1 years - average age of the male partner

- 22.8% (17,726) resulted in a clinical pregnancy
- 18.1% (14,040) in a live delivery
    - higher live delivery rate in younger women.
        - under 30 - live delivery rate per embryo transfer 38.4% for autologous fresh cycles and 32.6% for autologous thaw cycles
        - women aged over 44 - live delivery rate was 0.7% per embryo transfer for autologous fresh and 7.6% thaw cycles.

- 14,791 babies born (including 14,655 liveborn babies)
    - 78.8% were full-term singletons of normal birthweight.

- shift from cleavage stage transfers to blastocyst transfers (from 57.7% in 2011 to 73.5% in 2015)
- increase in vitrification as a cryopreservation method (from 73.0% of thaw blastocyst transfer cycles in 2011 to 86.1% in 2015).
- intracytoplasmic sperm injection (ICSI) has remained stable at around 63% of embryo transfer cycles in 2011-2015.

- 36% decrease in Multiple births from 6.9% in 2011 to 4.4% in 2015.

Australia 2013 Data [Expand]

USA 2013 Data [Expand]

Links: Assisted Reproductive Technology

Early Development Issues

Abnormal Implantation

Ectopic Implantation (Pregnancy)

Abnormal implantation sites or Ectopic Pregnancy occurs if implantation is in uterine tube or outside the uterus.

- sites - external surface of uterus, ovary, bowel, gastrointestinal tract, mesentry, peritoneal wall
- If not spontaneous then, embryo has to be removed surgically

Tubal pregnancy - 94% of ectopic pregnancies

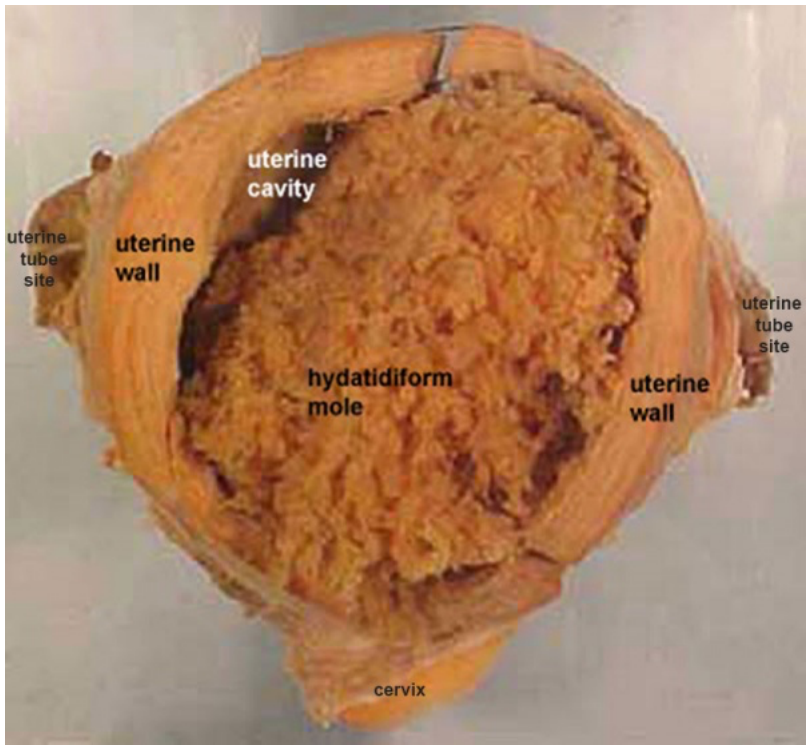
- if uterine epithelium is damaged (scarring, pelvic inflammatory disease)
- if zona pellucida is lost too early, allows premature tubal implantation
- embryo may develop through early stages, can erode through the uterine horn and reattach within the peritoneal cavity

This is also the most common cause of pregnancy-related deaths in the first trimester. A United Kingdom enquiry into maternal deaths[21], identified ectopic pregnancy as the fourth most common cause of maternal death (73% of early pregnancy deaths).

Hydatidiform Mole

Another type of abnormality is when only the conceptus trophoblast layers proliferates and not the embryoblast, no embryo develops, this is called a "hydatidiform mole", which is due to the continuing presence of the trophoblastic layer, this abnormal conceptus can also implant in the

uterus. The trophoblast cells will secrete human chorionic gonadotropin (hCG), as in a normal pregnancy, and may appear maternally and by pregnancy test to be "normal". Prenatal diagnosis by ultrasound analysis demonstrates the absence of a embryo.



There are several forms of hydatidiform mole: partial mole, complete mole and persistent gestational trophoblastic tumor. Many of these tumours arise from a haploid sperm fertilizing an egg without a female pronucleus (the alternative form, an embryo without sperm contribution, is called parthenogenesis). The tumour has a "grape-like" placental appearance without enclosed embryo formation. Following a first molar pregnancy, there is approximately a 1% risk of a second molar pregnancy.

This topic is also covered in Placenta - Abnormalities

Twinning

- **Twin deliveries and place of birth in NSW 2001-2005**[22] "Both infant and maternal morbidity increase from 39 weeks gestation. Delivery of twins before 36 weeks at smaller hospitals (< 500 deliveries per annum) should be avoided. A twin pregnancy where there is a greater or equal to 20% difference in estimated fetal weights should be considered for referral to a tertiary obstetric unit."

Dizygotic Twinning

Dizygotic twins (fraternal, non-identical) arise from separate fertilization events involving two separate oocyte (egg, ova) and spermatozoa (sperm). Dizygotic twinning can be increased by Assisted Reproductive Technologies (ART) that use double embryo transfer techniques.

Monoygotic Twinning

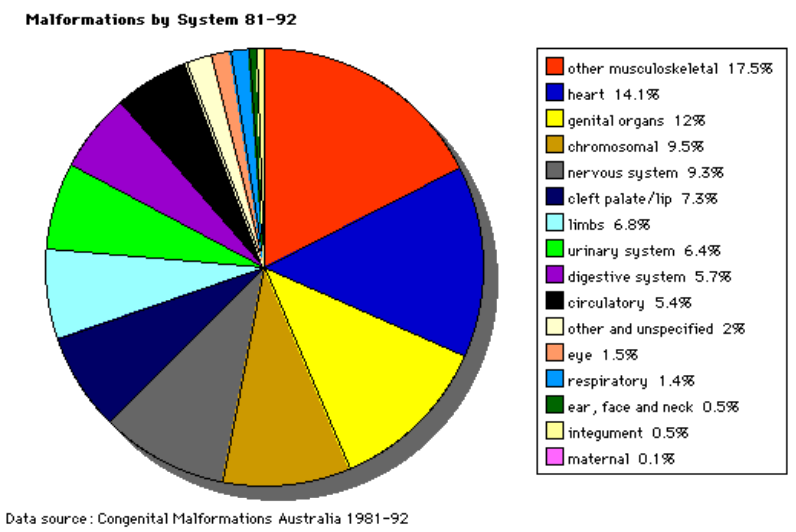
Monoygotic twins (identical) produced from a single fertilization event (one fertilised egg and a single spermatazoa, form a single zygote), these twins therefore share the same genetic makeup. Occurs in approximately 3-5 per 1000 pregnancies, more commonly with aged mothers. The later the twinning event, the less common are initially separate placental membranes and finally resulting in conjoined twins.

Table based upon recent Twinning Review.[23]

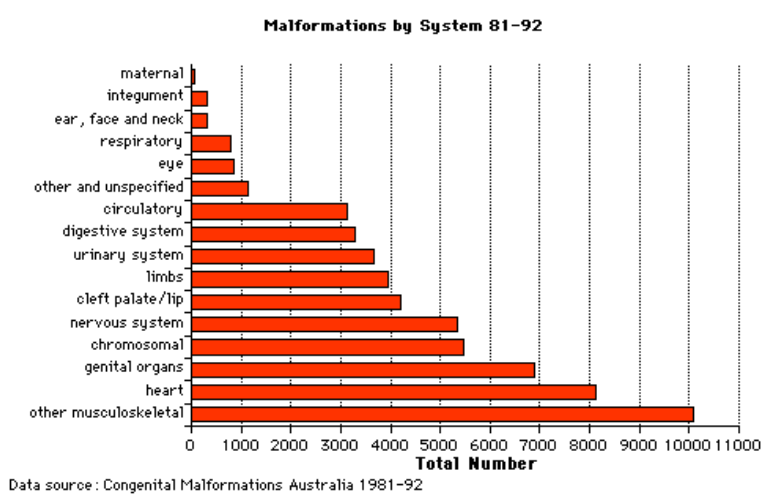
Links: Twinning

Abnormal Development

Embryological development is a robust biological system able to cope with many stresses without long-term consequences. When development does go wrong there are generally 3 major types groups: **Genetic** (inherited), **Environmental** (maternal) derived and **Unknown** (not determined or known) abnormalities. Also often not considered, is that pregnancy itself can also expose abnormalities in the mother (congenital heart disease, diabetes, reproductive disorders) that until the pregnancy had gone undetected.



Australian abnormalities by System



Australian abnormalities by System

Genetic abnormalities in medicine are still mainly about determining a family history and good prenatal/neonatal diagnosis. Realise that there exists in all of us genetic variations and some variations which eventually

expand be expressed as a genetic disorder (CAG expansions).

Abnormality Links [Expand]

Prenatal diagnosis are the clinical tools used to determine both normal and abnormal development. There are a growing number of new diagnostic techniques that are being applied to human embryonic development.

Prenatal Diagnosis Links [Expand]

NIPT - Non-Invasive Prenatal Testing [Expand]

While genetic abnormalities will have well-defined impacts upon development, environmentally derived effects can be harder to define and often variable depending on many different factors (timing, exposure level, and the combination effects with other factors). This combination effect can also be seen between genetic and environmental interacting to give an even broader spectrum of both major and minor abnormalities.

Environmental Links [Expand]

International Classification of Diseases

The International Classification of Diseases (ICD) World Health Organization's classification used worldwide as the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems. Within this classification "congenital malformations, deformations and chromosomal abnormalities" are (Q00-Q99) but excludes "inborn errors of metabolism" (E70-E90).

ICD-10 Links: XVII Congenital Malformations | System Tables | XVI Perinatal Period | XV Pregnancy Childbirth | Abnormal Development | Reports

Australian Birth Anomalies System

"The national collation and reporting of birth anomalies data has

been suspended in recent years due to concerns about data quality and comparability."

- Variability among states and territories in scope of birth anomalies data collections: sources of birth anomalies notifications and definitions and classifications used; method of data collection and available resources.
- Variability among the states and territories in the timing and method of the provision of birth anomalies data to the AIHW National Perinatal Statistics Unit (NPSU) for national collation and reporting.
- New **Australian Birth Anomalies System** should be data for birth anomalies detected up to 1 year of age
    - including data on terminations of pregnancies with birth anomalies and regardless of gestational age (i.e. including less than 20 weeks gestation)
- System will initially be based on data from the states able to detect birth anomalies at least up to 1 year of age (NSW, VIC, WA and SA), further extending the period of detection in the future.
- Congenital anomalies are coded using the British Paediatric Association Classification of Diseases (ICD-9-BPA), based on the International Classification of Diseases, 9th Revision (ICD-9).

  The Australian Congenital Anomalies Monitoring System (ACAMS) supersedes the National Congenital Malformations and Birth Defects Data Collection (NCM&BD).

Congenital Anomalies in Australia 2002-2003 [Expand]

Links: Australian Congenital Anomalies Monitoring System | Congenital Anomalies in Australia 2002-2003

NSW Data

Congenital Conditions Register

Scheduled congenital conditions (section 2) detected during pregnancy or

in infants up to one year of age in NSW are required to be reported under the NSW Public Health Act 1991.

Scheduled congenital conditions include:

1. All structural malformations. Examples include spina bifida, microcephaly, transposition of the great vessels, ventricular septal defects, pulmonary agenesis, polycystic lungs, duodenal atresia, exomphalos, hypospadias, cleft lip/palate, microphthalmia, limb reductions, polydactyly, birthmarks greater than 4 cms diameter, cystic hygroma and multisystem syndromes including at least one structural malformation.
2. Chromosomal abnormalities. Examples include Down syndrome and unbalanced translocations.
3. Four medical conditions: cystic fibrosis, phenylketonuria, congenital hypothyroidism and thalassaemia major.

Congenital conditions that are not notifiable include:

1. Minor anomalies occurring in isolation (Examples of minor anomalies include skin tags, deviated nasal septum, tongue tie, benign heart murmurs, clicky non-dislocating hips, sacral dimples, positional talipes, abnormal palmar creases, dysmorphic features).
2. Birth injuries.
3. Congenital infections which do not result in a structural malformation.
4. Tumours and cysts.
5. Conditions arising from prematurity or asphyxiation.

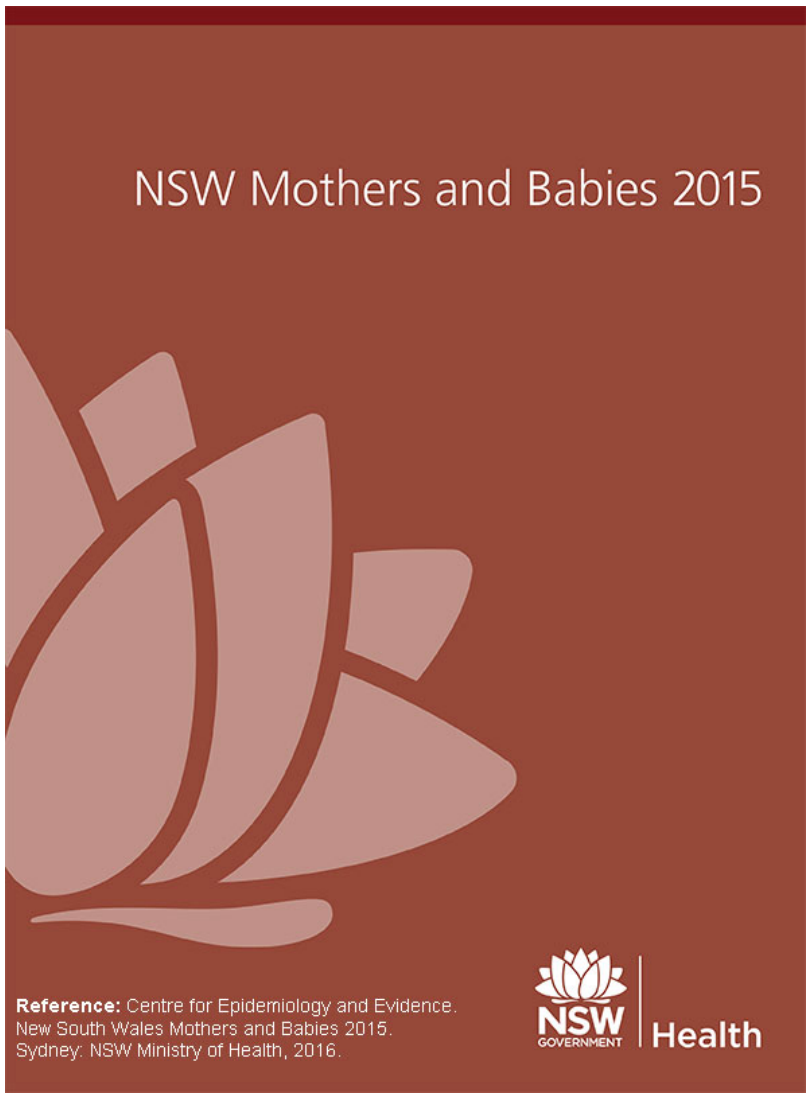
Links: NSW Health - Congenital Conditions Register - Reporting Requirements 2012 | PDF

NSW Mothers and Babies Report 2015

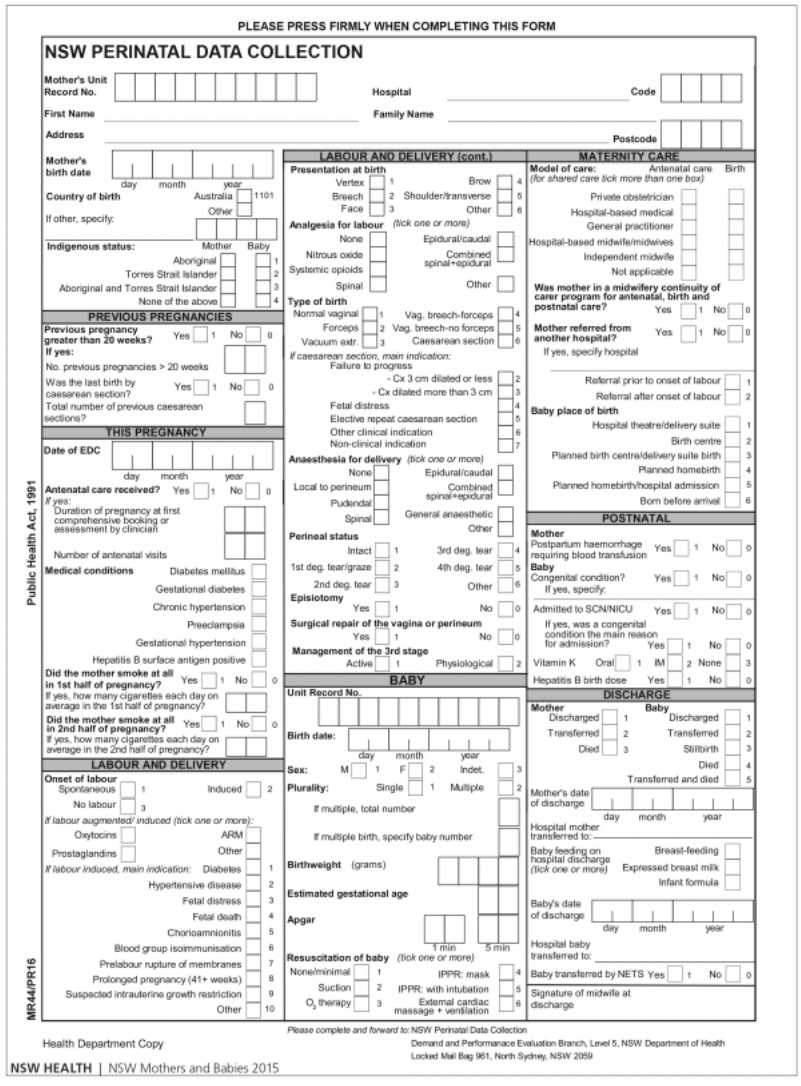
NSW is one of the largest states in Australia by population. The New South Wales Perinatal Data Collection (PDC) is a population-based surveillance system covering all births in NSW public and private hospitals, as well as

home births. It encompasses all live births, and stillbirths of at least 20 weeks gestation or at least 400 grams birth weight.[26]

- Number of births decreased from 97,245 in 2011 to 96,391 in 2015 (decrease of 0.9%).
- Percentage of teenage mothers fell from 3.2% in 2011 to 2.5% in 2015.
- Rate of normal vaginal birth decreased from 56.9% in 2011 to 56.0% in 2015.
- Operative and instrumental births were more common among privately than publicly insured mothers.
- Proportion of smoking mothers during pregnancy declined from 11.1% in 2011 to 8.9% in 2015.
- Majority of mothers planned to give birth in a hospital labour ward
    - 87% per cent of mothers who planned to give birth in a birth centre actually did so.
    - There were 187 homebirths in NSW reported in 2015.
- Premature babies (less than 37 weeks gestation) 7.9% (slight increase from 7.5% in 2011).
- Since 2011, the rate of low birth weight (less than 2,500 grams) has



New South Wales Mothers and Babies 2015



NSW Perinatal Data Collection form

remained stable, ranging from 6.1% to 6.6%.
    - Low birth weight rate was 6.6% in 2015.
- Between 2011 and 2015, the reported number of Aboriginal or Torres Strait Islander mothers giving birth increased from 2,975 to 3,823, an increase from 3.1% to 4.0% of all mothers.
- Aboriginal or Torres Strait Islander
    - teenage mothers fell from 19.0% in 2011 to 15.4% in 2015.
    - 45.0% of Aboriginal or Torres Strait Islander mothers reported smoking during pregnancy.
    - Since 2011, rates of low birth weight and prematurity in Aboriginal or Torres Strait Islander babies has been over 11%. In 2015, 11.3% of Aboriginal or Torres Strait Islander babies were low birth weight and 12.7% were premature.
    - Perinatal mortality rate of 9.6 per 1,000 births in Aboriginal or Torres Strait Islander mothers in 2015 is higher than the rate of 8.1 per 1,000 births experienced among babies born to non-Aboriginal or Torres Strait Islander mothers.

Victoria - 10 most reported birth anomalies [Expand]

USA Statistics [Expand]

European Statistics [Expand]

Genetic

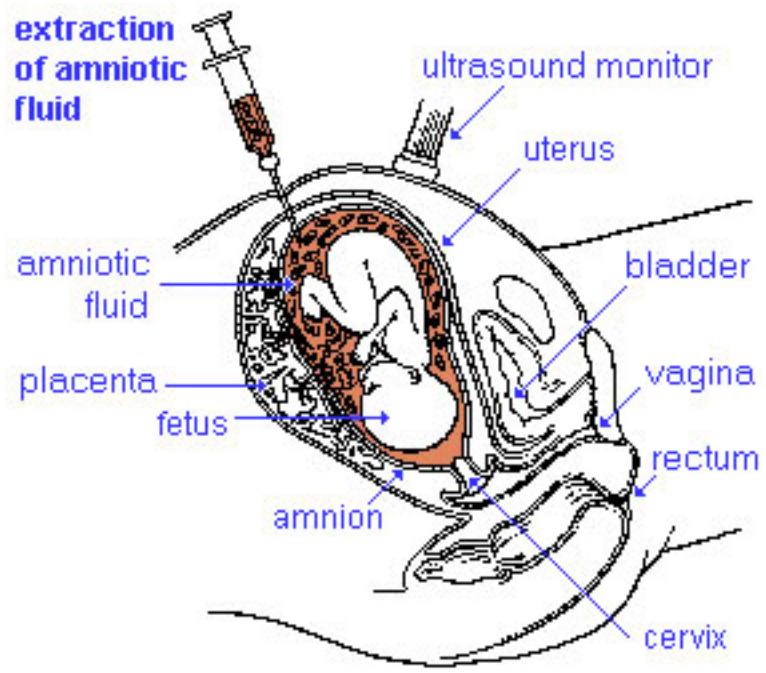
- Chromosome - unbalanced translocation
- Chromosome - balanced translocation
- Chromosome - deletion
- Chromosome - duplication
- Chromosome - inversion
- Chromosome - isochromosomes
- Chromosome dicentric

- Chromosome - ring chromosome

  Links: Abnormal Development - Genetic

Teratology

Prenatal Screening



How and why do things go wrong in development?

These notes cover abnormalities that can occur during development often described as congenital defects or birth defects. There are many different ways that developmental abnormalities can occur the 3 major types are **Genetic** (inherited), **Environmental** (maternal) and **Unknown** (not determined) derived abnormalities. The environmental factors that cause or lead to any of these abnormalities are described as Teratogens.

-
- Chorionic villus sampling
-

Diagnosis Links: Prenatal Diagnosis | Pregnancy Test | Amniocentesis | Chorionic villus sampling | Ultrasound | Alpha-Fetoprotein | Pregnancy-associated plasma protein-A | Fetal Blood Sampling | Magnetic Resonance Imaging | Computed Tomography | Non-Invasive Prenatal Testing | Fetal Cells in Maternal Blood | Preimplantation Genetic Screening | Comparative Genomic Hybridization | Genome Sequencing | Neonatal Diagnosis | Category:Prenatal Diagnosis | Fetal Surgery | Classification of Diseases | Category:Neonatal Diagnosis

Ultrasound [Expand]

Now consider the terms used to describe the different environmental

effects that can occur during pregnancy that may influence outcomes.

- **Teratogen** (Greek, *teraton* = monster) any agent that causes a structural abnormality (congenital abnormalities) following fetal exposure during pregnancy. The overall effect depends on dosage and time of exposure.

- **Absolute risk** the rate of occurrence of an abnormal phenotype among individuals exposed to the agent. (e.g. fetal alcohol syndrome)

- **Relative risk** the ratio of the rate of the condition among the exposed and the nonexposed. (e.g. smokers risk of having a low birth weight baby compared to non-smokers) A high relative risk may indicate a low absolute risk if the condition is rare.

- **Mutagen** a chemical or agent that can cause permanent damage to the deoxyribonucleic acid (DNA) in a cell. DNA damage in the human egg or sperm may lead to reduced fertility, spontaneous abortion (miscarriage), birth defects and heritable diseases.

- **Fetotoxicant** is a chemical that adversely affects the developing fetus, resulting in low birth weight, symptoms of poisoning at birth or stillbirth (fetus dies before it is born).

- **Synergism** when the combined effect of exposure to more than one chemical at one time, or to a chemical in combination with other hazards (heat, radiation, infection) results in effects of such exposure to be greater than the sum of the individual effects of each hazard by itself.

- **Toxicogenomics** the interaction between the genome, chemicals in the environment, and disease. Cells exposed to a stress, drug or toxicant respond by altering the pattern of expression of genes within their chromosomes. Based on new genetic and microarray technologies.

Teratogens

- **Infections**, collectively grouped under the acronym TORCH for Toxoplasmosis, Other organisms (parvovirus, HIV, Epstein-Barr, herpes 6 and 8, varicella, syphilis, enterovirus) , Rubella, Cytomegalovirus and Hepatitis. See also the related topics on **maternal hyperthermia** and bacterial infections. (More? Postnatal Immunisation)

- **Maternal diet** the best characterised is the role of low folic acid and Neural Tube Defects (NTDs) see also abnormal neural development and Neural Tube Defects (NTDs). More recently the focus has been on dietary iodine levels and the role they also play on neural development.

- **Maternal drugs** effects either prescription drugs (therapeutic chemicals/agents, thalidomide limb development), non-prescription drugs (smoking), and illegal drugs (Cannabis/Marijuana, Methamphetamine/Amphetamine, Cocaine, Heroin, Lysergic Acid Diethylamide)

- **Environment** (smoking, chemicals, heavy metals, radiation) and maternal endocrine function (maternal diabetes, thyroid development) and maternal stress.

- **Teratogen synergism**, different environmental effects can act individually or in combination on the same developing system. For example, neural development can be impacted upon by alcohol (fetal alcohol syndrome), viral infection (rubella) and/or inadequate dietry folate intake (neural tube defects). These effects may also not be seen as a direct effect on a system or systems but result in a reduced birth weight and the potential postnatal developmental effects. Consider also this in relation to the increasing support to the **fetal origins hypothesis**.

- Alcohol - In utero alcohol effects on foetal, neonatal and childhood lung disease.[27]

Links:

Abnormality Links: Introduction | Genetic | Environmental | Unknown | Teratogens | Ectopic Implantation | Cardiovascular | Coelomic Cavity | Endocrine | Gastrointestinal Tract | Genital | Head | Integumentary | Musculoskeletal | Limb | Neural | Neural Crest | Renal | Respiratory | Placenta | Sensory | Hearing | Vision | Twinning | Developmental Origins of Health and Disease | ICD-10

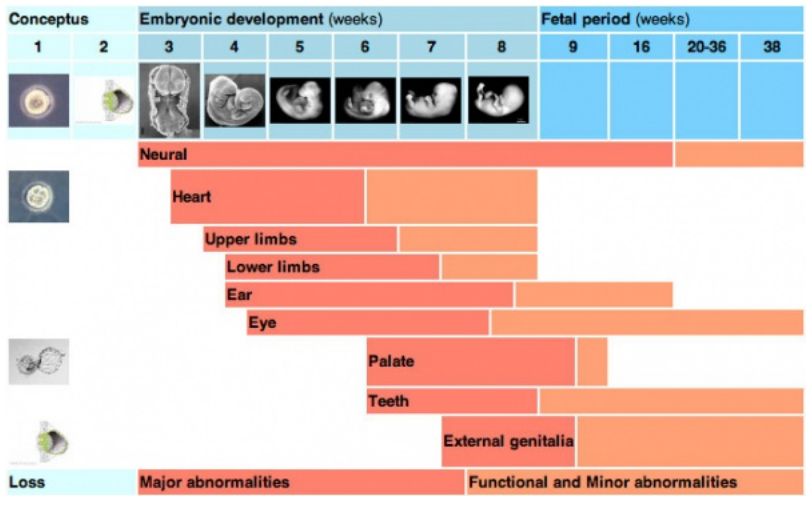
Historic Embryology [Expand]

Environmental Links: Introduction | Low Folic Acid | Iodine Deficiency | Nutrition | Drugs | Australian Drug Categories | USA Drug Categories | Thalidomide | Herbal Drugs | Illegal Drugs | Smoking | Fetal Alcohol Syndrome | TORCH Infections | Viral Infection | Bacterial Infection | Zoonotic Infection | Toxoplasmosis | Malaria | Maternal Diabetes | Maternal Hypertension | Maternal Hyperthermia | Maternal Inflammation | Maternal Obesity | Hypoxia | Biological Toxins | Chemicals | Heavy Metals | Radiation | Prenatal Diagnosis | Neonatal Diagnosis | International Classification of Diseases | Fetal Origins Hypothesis

Genetic Links: Introduction | Genetic risk maternal age | Trisomy 21 | Trisomy 18 | Trisomy 13 | Trisomy X | Monosomy | Fragile X | Williams | Alagille | Philadelphia chromosome | Hydatidiform Mole | Prenatal Diagnosis | Neonatal Diagnosis | International Classification of Diseases | Molecular Development - Genetics

Critical Periods of Development

- Finally, when studying this topic remember the concept of critical periods of development that will affect the overall impact of the above listed factors. This can be extended to the potential differences between prenatal and postnatal effects, for example with infections and outcomes.



Human critical periods of development

Links: Embryonic Development | Timeline human development | Movie -

Human Development annotated cartoon | Human - critical periods

Australian Drug Categories

Legal drugs are classified, usually by each country's appropriate regulatory body, on the safety of drugs during pregnancy. In Australia, the Therapeutic Goods Authority has classes (A, B1, B2, B3, C, D and X) to define their safety. (More? Australian Drug Categories) In the USA, since 2015 drugs are classified by the Food and Drug Administration (FDA) into new classes to define their safety. The Australian categorisation of medicines for use in pregnancy does not follow a hierarchical structure.

- Human data are lacking or inadequate for drugs in the B1, B2 and B3 categories
- Subcategorisation of the B category is based on animal data
- The allocation of a B category does not imply greater safety than a C category
- Medicines in category D are not absolutely contraindicated during pregnancy (e.g.anticonvulsants)

- **Pregnancy Category A** - Have been taken by a large number of pregnant women and women of childbearing age without an increase in the frequency of malformations or other direct or indirect harmful effects on the fetus having been observed.

- **Pregnancy Category B1** - Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed. Studies in animals have not shown evidence of an increased occurrence of fetal damage.

- **Pregnancy Category B2** - Have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

Studies in animals are inadequate or may be lacking, but available data show no evidence of an increased occurrence of fetal damage.

- **Pregnancy Category B3** - Have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed. Studies in animals have shown evidence of an increased occurrence of fetal damage, the significance of which is considered uncertain in humans.

- **Pregnancy Category C** - Have caused or may be suspected of causing, harmful effects on the human fetus or neonate without causing malformations. These effects may be reversible.

- **Pregnancy Category D** - Have caused, are suspected to have caused or may be expected to cause, an increased incidence of human fetal malformations or irreversible damage. These drugs may also have adverse pharmacological effects.

- **Pregnancy Category X** - Have such a high risk of causing permanent damage to the fetus that they should NOT be used in pregnancy or when there is a possibility of pregnancy.

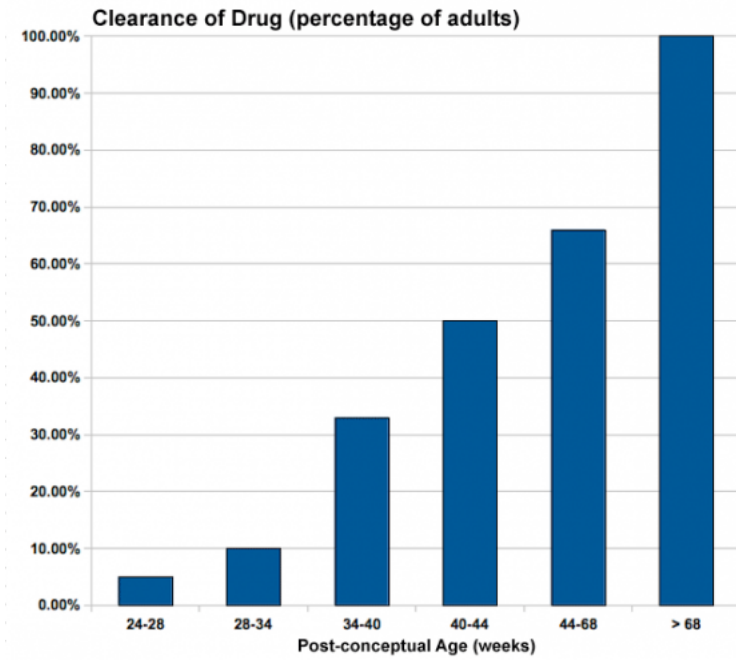
US FDA - 2015 Pregnancy and Lactation Labeling (Drugs) 2015 [Expand]

Infant Drug Clearance

The drug clearance data below are only approximate calculated rates for the fetus and infant from NZ Drug Safety in Lactation

Post-conceptual Age (weeks)	**Clearance of Drug** (percentage of adults)
24-28	5%
28-34	10%
34-40	33%

40-44	50%
44-68	66%
> 68	100%



Links: Abnormal Development - Drugs | Australian Fetal Risk Categories | USA FDA Fetal Risk Categories | Therapeutic Goods Authority | Australian Drug Evaluation Committee (ADEC) | TGA - Medicines Pregnancy Database | Appendix A: Therapeutic goods exempted from pregnancy classification | NSW Poisons Information Centre

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Links

The following are links to relevant notes pages that cover the key embryology concepts in this tutorial. These pages and their links will provide further detailed information.

Applied Embryology

Timeline human development | Fetal Development | Birth | Apgar test | Neonatal Development | Week 2 Abnormalities - Trophoblastic Disease | Placenta Development | Neural Abnormalities | Abnormal Development - Folic Acid and Neural Tube Defects | Week 3 | Cardiovascular Abnormalities | Twinning | Blastocyst | Molecular Development

Teratology Links

Human Abnormal Development | Genetic Abnormalities | Environmental Factors | Drugs | Trisomy 21 (Down Syndrome) | Fetal Alcohol Syndrome | Viral Infection | Rubella Virus | Hyperthermia

Self-Directed Learning

Self-Directed Learning 1 - Australian Statistics
Once you have thought about the Australian statistics, now look at the latest report summary Australia's mothers and babies 2012 and Australian Statistics. • What are the current trends in Australia? • What factors may be contributing to these changes? • Are there any long-term trends in birth statistics? • What does this mean for future health care provision?

Self-Directed Learning 2 - Pregnancy

- What indications would prompt a woman to take a pregnancy test?
- What test are available and where is test information provided?
- How much do these tests cost?
- When does a doctor become involved and what issues should be discussed?

Self-Directed Learning 3 - Assisted Reproductive Technologies

- Why is this more than "in vitro fertilization"?
- How many different Assisted Reproductive Technologies are available in Australia?
- How has the change from DET to SET impacted on reproductive outcomes?
- What other clinical issues should be considered when discussing ART?
- What preimplantation genetic tests are currently available?

Self-Directed Learning 4 - The First Few Weeks

- After fertilization, when does initial implantation occur?
- Which hormone maintains the initial pregnacy, where is it from and how does it act?
- How would an ectopic pregnancy differ at this stage?
- What additional maternal issues should be considered for multiple pregnancies?

Self-Directed Learning 5 - Abnormal Development

- What are the 3 major forms of abnormal development?
- What are the main chromosomal abnormalities and how do they occur?
- How are congenital abnormalities reported and classified within Australia?

Self-Directed Learning 6 - Prenatal Diagnosis

- What maternal lifestyle issues should be considered for a pregnancy?
- What diagnostic techniques are currently available and in

development?
- What can ultrasound normally identify?

Self-Directed Learning 7 - Medications in Pregnancy
• How does drug classification differ between countries? • Do european and asian countries apply the same drug classification system(s)? • How are teratogens identified? • Why does fetal drug clearance differ from maternal clearance?

External Links

External Links Notice *- The dynamic nature of the internet may mean that some of these listed links may no longer function. If the link no longer works search the web with the link text or name. Links to any external commercial sites are provided for* ***information purposes only*** *and should never be considered an endorsement. UNSW Embryology is provided as an educational resource with no clinical information or commercial affiliation.*

- **Department of Health and Ageing** The National Maternity Services Plan 2010 | National Maternity Services Plan: 2010 -2011 Annual Report

- **Australia** AIHW National Perinatal Statistics Unit | Victorian Birth Defects Register (VBDR) | Victorian Birth Defects Register brochure

- **National Perinatal Statistics Unit** Congenital Anomalies Neural tube defects in Australia - An epidemiological report | Congenital Anomalies in Australia 2002-2003 | Congenital Anomalies in Australia 1998-2001 | Congenital Malformations Australia 1981-1997 | Congenital Malformations Australia 1995 and 1996 | Congenital Malformations Australia 1993 and 1994 | Congenital Malformations Australia 1981-1992

- **Neonatal Networks**

- **Australian & New Zealand Neonatal Network** (ANZNN) Neonatal Intensive Care Units
- **Canada** Canadian Neonatal Network
- **European Neonatal Network** EuroNeoNet
- **USA and Other International** Vermont Oxford Network

- **Therapeutic Goods Authority** TGA | Australian Drug Evaluation Committee (ADEC) | Prescribing Medicines in Pregnancy | Appendix A: Therapeutic goods exempted from pregnancy classification

- **NSW Poisons Information Centre** Poisons Information Centre

- **USA** Food and Drug Administration Evaluating the Risks of Drug Exposure in Human Pregnancies | Centers for Disease Control and Prevention (CDC, USA) Pregnancy Risk Assessment Monitoring System (PRAMS) collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- **Other** Motherisk (Canada) Drugs, chemicals, radiation and herbal products in pregnancy | International Society for the Study of Trophoblastic Diseases Trophoblastic Diseases

Glossary Links

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | Numbers | Symbols

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What Links Here?

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