Table 2. Recommendations for use in pregnant patients with COVID-19, drugs regularly administered during pregnancy.

MEDICTION	FDA PREGNANCY CATEGORY	RECOMMENDATIONS
Corticosteroids - Dexamethasone	C	Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.
MgSO4	D	• A new Warning stating that continuous administration of magnesium sulfate injection beyond 5-7 days in pregnancy for the treatment of pre-term labor can cause low calcium levels and bone changes in the baby. • A new Teratogenic Effects section conveying the potential harm to developing babies by changing the Pregnancy Category to D from A. This section also includes the concerns described under the new Warning. • Pregnancy Category D means there is positive evidence of human fetal risk, but the potential benefits from using the drug in pregnant women may be acceptable in certain situations despite its risks. • Pregnancy Category A means that adequate and well-controlled studies have failed to demonstrate a risk to the fetus in the first trimester of pregnancy, and there is no evidence of risk in later trimesters. • A new Labor and Delivery section emphasizing that continuous administration of magnesium sulfate injection to treat pre-term labor is not approved and that the safety and efficacy of use for this indication are not established[25].
Propofol	B	Propofol is ideal for use during procedural sedation due to the quick onset of action, easy titration, and short duration of action. Propofol does cross the placenta and induces vasodilation of isolated vessels, but has not been shown to alter fetal placental vascular resistance. Animal studies demonstrate no evidence of impaired fertility or harm to the fetus with propofol doses equivalent to those used in humans.48 Although human data is limited, there is no evidence that propofol is associated with fetal adverse effects[24].
Human Albumin	C	Animal reproduction studies have not been performed with Albumin (Human) 25%. It is also not known whether Albumin (Human) 25% can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Albumin (Human) 25% should be given to a pregnant woman only if clearly needed[26].
Furosemide	C	Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks[6].
Ceftriaxone	B	Animal reproduction studies have failed to demonstrate a risk to the fetus and there are no adequate and well-controlled studies in pregnant women
omeprazole	C	Omeprazole is currently classified as a category C drug (Animal studies show risk but human studies are inadequate or lacking or no studies in humans or animals). However, since the category rating for omeprazole was established, multiple studies have been published demonstrating that omeprazole is as safe as any other PPI for pregnant women[4].
piperacillin Tazobactam	B	Piperacillin/tazobactam is a bacteriolytic combined antibiotic. The least common reported adverse reactions of piperacillin/tazobactam are haematological reactions (<1%). The use of piperacillin/tazobactam during pregnancy is considered to be moderately safe (pregnancy category B) for the human embryo-foetus[28].