Table 1: Pharmacokinetic changes in pregnancy 6-10

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|  | Pregnancy changes | Examples of clinical implications |
| Absorption | * Nausea and vomiting in pregnancy * Increased alveolar ventilation by 70% by term * Increased gastrointestinal transit time by 30-50% by third trimester * Increased gastric pH | * Nausea and vomiting in pregnancy likely the most significant impact on drug absorption as the other are theoretical and lack clear clinical effects |
| Distribution | * Volume of distribution altered by increase in total body water and fat content during pregnancy * Decreased levels of plasma albumin | * Free fraction of phenytoin and carbamazepine increased in pregnancy as plasma albumin levels decrease |
| Metabolism | * Increased hepatic blood flow * Increased activity of CYP3A4, 2D6, 2C9, 2A6 * Decreased activity of CYP1A2 and 2C19 | * CYP3A4 metabolized nifedipine has a 30% increased clearance in late pregnancy |
| Elimination | * Renal blood flow increased 60-80% during pregnancy and GFR increases 50% by first trimester | * Renal clearance of ampicillin is increased 50% in third trimester |