The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine have long supported the short-term use of magnesium sulfate in obstetric care for appropriate conditions and for appropriate durations of treatment. The U.S. Food and Drug Administration (FDA) advises against use of magnesium sulfate injection for more than 5–7 days to stop preterm labor in pregnant women. Based on this, the drug classification was changed from Category A to Category D, and the labeling was changed to include this new warning information. However, the U.S. Food and Drug Administration’s change in classification addresses an unindicated and non-standard use of magnesium sulfate in obstetric care. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine continue to support the short-term (usually less than 48 hours) use of magnesium sulfate in obstetric care for appropriate conditions and for appropriate durations of treatment, which includes the prevention and treatment of seizures in women with preeclampsia or eclampsia, fetal neuroprotection before anticipated early preterm (less than 32 weeks of gestation) delivery, and short-term prolongation of pregnancy (up to 48 hours) to allow for the administration of antenatal corticosteroids in pregnant women who are at risk of preterm delivery within 7 days.

Magnesium Sulfate Use in Obstetrics

ABSTRACT: The U.S. Food and Drug Administration advises against the use of magnesium sulfate injections for more than 5–7 days to stop preterm labor in pregnant women. Based on this, the drug classification was changed from Category A to Category D, and the labeling was changed to include this new warning information. However, the U.S. Food and Drug Administration’s change in classification addresses an unindicated and non-standard use of magnesium sulfate in obstetric care. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine continue to support the short-term (usually less than 48 hours) use of magnesium sulfate in obstetric care for appropriate conditions and for appropriate durations of treatment, which includes the prevention and treatment of seizures in women with preeclampsia or eclampsia, fetal neuroprotection before anticipated early preterm (less than 32 weeks of gestation) delivery, and short-term prolongation of pregnancy (up to 48 hours) to allow for the administration of antenatal corticosteroids in pregnant women who are at risk of preterm delivery within 7 days.
to allow for the administration of antenatal corticosteroids. Tocolysis is not recommended beyond 34 weeks of gestation, and it is generally not recommended before 24 weeks of gestation but may be considered based on individual circumstances at 23 weeks (13). Practitioners should not stop using magnesium sulfate for these indications based on the FDA reclassification. In all of these conditions, prolonged use of magnesium sulfate is never indicated. Therefore, the FDA’s change in the pregnancy classification of magnesium sulfate addresses an unindicated and nonstandard use of this medication.

Conclusions
The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine continue to support the short-term (usually less than 48 hours) use of magnesium sulfate in obstetric care for appropriate conditions and for appropriate durations of treatment, which include the following:

• Prevention and treatment of seizures in women with preeclampsia or eclampsia.
• Fetal neuroprotection before anticipated early preterm (less than 32 weeks of gestation) delivery.
• Short-term prolongation of pregnancy (up to 48 hours) to allow for the administration of antenatal corticosteroids in pregnant women who are at risk of preterm delivery within 7 days.

References


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ISSN 1074-861X