# Use of sulfonamide-trimethoprim combinations during pregnancy in IMRD-Germany and IMRD-France

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## Administrative details

PURI	
https://redirect.ema.europa.eu/resource/40520	
EU PAS number	
EUPAS40519	
Study ID	
40520	
DARWIN EU® study	
No	
Study countries	
France	

	Germany
1	Cermany

#### **Study description**

The aim of this study was to determine the extent of use of sulfonamide and trimethoprim combination products during pregnancy. Use of sulfonamide and trimethoprim combination products was compared to alternative antibiotics: fosfomycin, plain amoxicillin and amoxicillin in combination with clavulanic acid. The type of infection was classified based on recorded ICD codes.

#### **Study status**

**Finalised** 

## Research institutions and networks

## Institutions

## European Medicines Agency (EMA)

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Institution

## Contact details

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**Study contact** 

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## **Primary lead investigator**

## Karin Hedenmalm

**Primary lead investigator** 

# Study timelines

## Date when funding contract was signed

Planned: 05/11/2019 Actual: 05/11/2019

#### Study start date

Planned: 05/11/2019 Actual: 05/11/2019

#### **Date of final study report**

Planned: 26/11/2019 Actual: 26/11/2019

# Sources of funding

EMA

# Regulatory

Was the study required by a regulatory body?

Yes

#### Is the study required by a Risk Management Plan (RMP)?

Not applicable

# Methodological aspects

# Study type

# Study type list

#### **Study topic:**

Human medicinal product

Disease /health condition

#### **Study type:**

Non-interventional study

#### Scope of the study:

Drug utilisation

#### **Data collection methods:**

Secondary use of data

#### Main study objective:

The aim of this study was to determine the extent of use of sulfonamide and trimethoprim combination products during pregnancy. Use of sulfonamide and trimethoprim combination products was compared to alternative antibiotics: fosfomycin, plain amoxicillin and amoxicillin in combination with clavulanic acid.

## Study Design

#### Non-interventional study design

Cohort

# Study drug and medical condition

#### Study drug International non-proprietary name (INN) or common name

**TRIMETHOPRIM** 

**SULFADIAZINE** 

**SULFAMERAZINE** 

**SULFAMETHOXAZOLE** 

**SULFAMETROLE** 

# Population studied

#### Short description of the study population

Pregnant women who have used sulfonamide and trimethoprim combination products.

#### Age groups

Adolescents (12 to < 18 years)

Adults (18 to < 46 years)

Adults (46 to < 65 years)

#### Special population of interest

Pregnant women

#### **Estimated number of subjects**

1000

# Study design details

#### Data analysis plan

All pregnant women, and all use of 'Co-trimoxazole', products that contain both trimethoprim and a sulfonamide (sulfadiazine, sulfamerazine, sulfamethoxazole or sulfametrole) as well as fosfomycin and amoxicillin with or without clavulanic acid during pregnancy in women were be captured. The maximum time pregnant (i.e. time window for a possible pregnancy) is calculated from the time point of the recorded pregnancy-related event and the maximum time pregnant for the specific event in accordance with Appendix 1. The denominator is any woman with a pregnancy-related event for which the maximum time pregnant includes the time period. The existence of a prescription for 'products that contain both trimethoprim and a sulfonamide (sulfadiazine, sulfamerazine, sulfamethoxazole or sulfametrole)', fosfomycin and amoxicillin during the maximum time pregnant is considered as exposure during pregnancy

## **Documents**

#### Study results

Sulfonamide Trimethoprim in Pregnancy Results for publication.pdf(257.72 KB)

# Data management

## Data sources

## Data sources (types)

Electronic healthcare records (EHR)

# Use of a Common Data Model (CDM)

#### **CDM** mapping

No

# Data quality specifications

#### **Check conformance**

Unknown

## **Check completeness**

Unknown

## **Check stability**

Unknown

## **Check logical consistency**

Unknown

## Data characterisation

#### **Data characterisation conducted**

No