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Safe Fever Management in Pregnancy: Evidence-Based Review and Analysis of the Recent Trump-Related Controversy

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Abstract

Fever during pregnancy is common and can pose significant risks to both the pregnant individual and the developing fetus. Appropriate management with antipyretics is therefore a critical component of prenatal care. Acetaminophen (paracetamol) is widely recommended as the first-line antipyretic due to its safety profile. However, recent public statements from political figures have sparked debate and public concern about the safety of acetaminophen in pregnancy. This review synthesizes current evidence on safe antipyretic use in pregnancy, outlines alternative treatments and their risks, and critically analyzes the scientific accuracy of recent controversial public health statements.

I. Introduction

Fever during pregnancy can result from infections like influenza or COVID-19 and is associated with adverse outcomes including miscarriage, congenital anomalies, and preterm labor. Managing fever early with safe antipyretics is therefore necessary to reduce maternal discomfort and fetal harm. Historically, acetaminophen has been the recommended first-line antipyretic due to its extensive safety data in pregnancy. However, public confusion has arisen after high-profile claims that acetaminophen may be dangerous during pregnancy, necessitating a reassessment of scientific evidence vs. political discourse.

II. Fever in Pregnancy: Risks and Importance of Treatment

Fever is defined as a body temperature exceeding 38 °C (100.4 °F). In pregnancy, prolonged elevated temperature, especially during early organogenesis, is linked with neural tube defects, miscarriage, and neurodevelopmental abnormalities. Studies show that the risk of teratogenesis increases with elevated maternal temperatures, particularly in the first trimester, making prompt and safe management essential. Untreated maternal fever itself is a known risk factor for adverse outcomes, independent of any medication effect.

III. Acetaminophen (Paracetamol): Mechanism and Pregnancy Safety

3.1 Mechanism

Acetaminophen (paracetamol) reduces fever through central inhibition of prostaglandin synthesis in the hypothalamus. It lacks significant anti-inflammatory activity compared to non-steroidal anti-inflammatory drugs (NSAIDs).

3.2 Safety in Pregnancy

Acetaminophen is classified as Pregnancy Category B by medical sources, indicating no evidence of harm in animal studies and insufficient but reassuring human data. Numerous clinical guidelines globally endorse acetaminophen as the *antipyretic of choice* during pregnancy when taken at recommended doses and durations. Studies consistently show no significant association with congenital anomalies when used appropriately.

3.3 Global Medical Endorsements

Professional organizations including the American College of Obstetricians and Gynecologists and international bodies like the Canadian Association of Emergency Physicians have reaffirmed acetaminophen's safety profile, emphasizing that avoiding treatment of fever poses greater risks than acetaminophen itself.

IV. NSAIDs and Other Antipyretics: Risks in Pregnancy

NSAIDs such as ibuprofen and naproxen are generally *not recommended* for routine fever management in pregnancy, especially in the third trimester, because of risks including premature closure of the fetal ductus arteriosus and reduced amniotic fluid volume. Low-dose aspirin is used only

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for specific indications like preeclampsia prophylaxis under medical supervision.

V. The Trump-Related Acetaminophen Controversy

In September 2025, former U.S. President Donald Trump, alongside Robert F. Kennedy Jr. and senior health officials, publicly stated that acetaminophen use during pregnancy was linked to a *substantial increase* in autism risk in children and advised pregnant women to "limit" or avoid acetaminophen use entirely, even suggesting women should "tough it out" without antipyretics.

5.1 Scientific Response
These claims were widely rejected by the global health community. Multiple regulators, including the European Medicines Agency and the World Health Organization, clarified that there is *no conclusive scientific evidence* linking maternal acetaminophen use with autism or other neurodevelopmental disorders.

5.2 Evidence From Recent Studies
A systematic review and meta-analysis published in *The Lancet Obstetrics, Gynaecology and Women's Health* in January 2026, including over one million births and rigorous sibling-comparison studies, found *no causal link* between acetaminophen use in pregnancy and autism, ADHD, or intellectual disability. This comprehensive evidence supports existing clinical recommendations endorsing acetaminophen as safe when used appropriately.

5.3 Misinterpretation of Correlation vs. Causation
Experts emphasized that earlier observational studies showing associations were likely confounded by other factors (e.g., underlying maternal illness or fever) and cannot establish causation. The politicization of scientific uncertainty was widely criticized for creating unwarranted fear among pregnant women.

VI. Implications for Public Health and Clinical Practice

Discouraging acetaminophen without scientific basis could result in higher incidence of untreated maternal fever, exposures to unsafe analgesics, and increased maternal discomfort. Evidence supports continuing current practice: using acetaminophen at recommended doses after consultation with healthcare providers. Public health messaging should prioritize peer-reviewed evidence and professional clinical guidelines over unverified claims.

VII. Conclusion

Appropriate management of fever in pregnancy is critical. Acetaminophen remains the safest and most evidence-based antipyretic choice for pregnant women when used judiciously under medical advice. Non-steroidal alternatives pose higher risks and should be avoided unless specifically directed. Recent high-profile political statements linking acetaminophen to neurodevelopmental disorders are not supported by robust scientific evidence, and leading health authorities continue to advocate for acetaminophen's use when clinically necessary.

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