AWINSA
LIFE SCIENCES
Attitude to WIN with Sapience

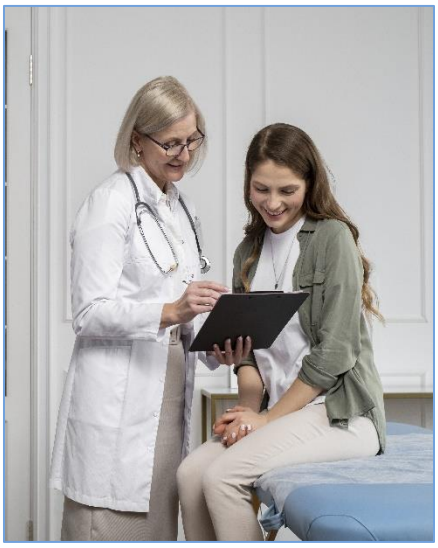
Pregnancy & Lactation Safety Monitoring

Introduction: Regulatory Framework

- Pregnancy & Lactation Labeling Rule (PLLR, 2015): replaced old pregnancy categories (A/B/C/D/X) with narrative risk sections 8.1, 8.2, 8.3
- Pregnancy Exposure Registries: FDA requires labeling to include registry contact info if a scientifically acceptable registry exists
- Postmarketing Requirements (PMRs/PMCs): FDA can mandate studies under FDCA 505(o)(3) when additional pregnancy/lactation safety data are needed
- Lactation Studies Guidance (2019): outlines study designs (milk-only, mother–infant, PK modeling)

PLLR in Focus

- 8.1 Pregnancy: risk summary, clinical considerations, data, and registry details
- 8.2 Lactation: presence in milk, potential infant effects, clinical guidance
- 8.3 Reproductive Potential: contraception, infertility, pregnancy testing
- Labels must be updated with new post-market safety data



Pregnancy Exposure Registries

- Prospective, observational studies of women exposed during pregnancy
- Collect outcomes: live births, miscarriages, congenital anomalies, neonatal outcomes
- Reduce recall bias by enrolling at or near time of exposure
- FDA maintains a public list of registries; sponsors run the studies

When Registries Aren't Enough

FDA encourages complementary data sources:

- Claims & electronic health record databases
- Mother–infant linked datasets
- Sentinel & active surveillance systems
- Useful for rare outcomes and comparative risk assessments

Clinical Lactation Studies

FDA recognizes 3 main study designs:

- Milk-only (drug concentrations in breast milk)
- Mother–infant pair (drug exposure & infant outcomes)
- PK/Modeling to estimate infant dose
- Outcomes inform labeling recommendations under section 8.2 Lactation

Pharmacovigilance Integration

- Collect & follow up on pregnancy exposures (even if no AE reported)
- Submit 15-day expedited reports for serious & unexpected events
- Retain non-ICSR exposures for aggregate evaluation
- Literature, spontaneous reports & registries all feed into PV signal detection

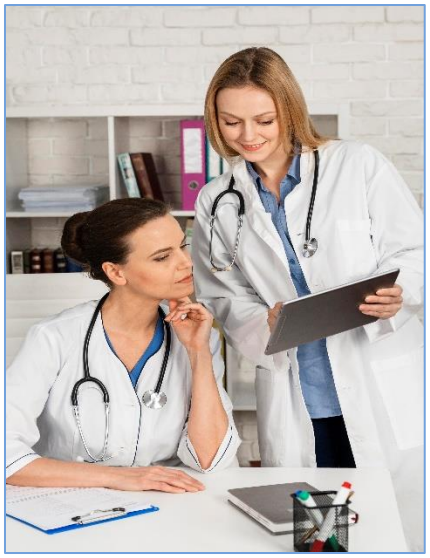
Key Data to Capture

- Timing of exposure (gestational age, trimester)
- Dose, duration, and indication
- Maternal factors: age, comorbidities, concomitant meds
- Pregnancy outcomes: miscarriage, congenital anomalies, birthweight
- Infant outcomes: APGAR, neonatal complications, postnatal follow-up

Study Design Choices

- Registry: high clinical detail, prospective, but slower to recruit
- Claims/EHR database: rapid scale, but risk of bias/misclassification
- Hybrid approach: registry + real-world data = stronger evidence base

Quality & Governance



- Mitigate selection and recall bias through prospective data collection
- Ensure endpoint definitions and protocols are standardized
- Reconcile registry data with PV case safety systems
- Maintain audit trails; meet PMR/PMC reporting obligations

From Evidence to Labeling

- Integrate data from registries, RWD, PV reports, and literature
- Update labeling (sections 8.1/8.2/8.3) with risk summaries & guidance
- Add registry contact info where applicable
- Ensure continuous benefit–risk evaluation for mothers & infants

How AWINSA Supports You

- Design & execution of registries and lactation studies
- PV integration: targeted follow-up, ICSR triage, aggregate assessment
- Data analysis & RWD approaches to strengthen evidence
- Labeling compliance: PLLR updates & submission support
- Audit readiness**:** robust governance & inspection support

AWINSA Life Sciences — Evidence that safeguards mothers, infants & regulators' trust

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