

Naproxen (Aleve®)

This sheet is about exposure to naproxen in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is naproxen?

Naproxen is a medication that has been used to treat pain and fever. It belongs to the class of medicines called non-steroidal anti-inflammatory drugs (NSAIDs). Some brand names for naproxen include Aleve®, Anaprox®, Flanax®, Napralen®, Naprosyn® and Menstridol®.

As of October 2020, the U.S. Food and Drug Administration (FDA) states people who are pregnant should not use NSAIDs after week 20 of pregnancy unless specifically advised to do so by their healthcare provider.

I take naproxen. Can it make it harder for me to get pregnant?

It is not known if taking naproxen can make it harder to get pregnant. Some studies suggest that using naproxen and NSAIDs in general might make it harder to get pregnant. This may be more likely when NSAIDs are used often or over a long period of time.

Does taking naproxen increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Some studies have suggested taking naproxen may increase the chance of miscarriage. As there can be many causes of miscarriage, it is hard to know if a medication, the medical condition, or other factors are the cause of a miscarriage.

Does taking naproxen increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Based on the studies reviewed, it is not known if naproxen increases the chance for birth defects above the background risk. Results from a few large studies on NSAIDs, including naproxen, did not show an increased chance of birth defects. One study looking at 23 pregnancies exposed to naproxen reported no increased chance of birth defects.

A small increased chance for heart defects has been reported in some studies looking at naproxen and other NSAIDs in early pregnancy. An association with cleft lip and palate (an opening in the lip and / or the roof of the mouth) and naproxen use has also been reported but has not been proven. It is not known if naproxen was the cause of the birth defects or if they were due to other factors such as the medical condition being treated.

Does taking naproxen in pregnancy increase the chance of other pregnancy-related problems?

Naproxen is not recommended for use after week 20 of pregnancy. Some reports suggest that NSAID use in the 2nd half of pregnancy might affect the fetal kidneys and the amount of amniotic fluid (fluid that surrounds the fetus in the uterus). If there is not enough amniotic fluid (called oligohydramnios) other pregnancy complications could happen, such as poor lung development and joint contractures (joints become stiff or unable to move). Oligohydramnios can also increase the need for an early delivery through induction of labor or c-section. In some cases, oligohydramnios could cause fetal demise.

Naproxen use later in pregnancy might also cause the early closing of an opening between the two major blood vessels leading from the heart (premature closure of the ductus arteriosus). If the ductus arteriosus closes early, it can cause high blood pressure in the fetal lungs (pulmonary hypertension).

Naproxen should only be used under a healthcare provider's supervision, particularly in the 2nd and 3rd trimesters. Your healthcare providers can closely monitor your pregnancy if you need to use naproxen after week 20.

Does taking naproxen in pregnancy affect future behavior or learning for the child?

One study that found that those who used NSAIDs during pregnancy reported more attention problems in their children at ages 1.5, 3, and 5. However, there was no difference in teacher-reported attention problems at age 6 between children who were exposed to NSAIDs during pregnancy and those who were not.

Breastfeeding while taking naproxen:

Naproxen passes into breast milk in small amounts, and stays in breast milk longer than other NSAIDs. Based on available information, it is not expected that naproxen use would be harmful to a breastfeeding baby. There is one report of blood-related health problems in an infant who was exposed to naproxen and another medication through breastmilk. It is not known if the reported health problems were due to the naproxen, another medication, or other factors. If you suspect the baby has any symptoms (vomiting, diarrhea, bleeding, trouble with feeding, or trouble with weight gain) contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a male takes naproxen, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Based on the studies reviewed, it is not known if naproxen could affect male fertility or increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click [here](#) for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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