Tetracycline

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

What is tetracycline?

Tetracycline is an antibiotic that has been used to treat acne and infections.

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

Studies have not been done to see if taking tetracycline could make it harder to get pregnant.

Does taking tetracycline increase the chance of miscarriage?

Miscarriage can occur in any pregnancy. Studies have not been done to see if tetracycline increases the chance for miscarriage.

Does taking tetracycline 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. Overall, the data on tetracycline has not shown an increased chance for birth defects.

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

It has been suggested that tetracycline be avoided after 4 months of pregnancy unless there is a special reason for your healthcare provider to prescribe the medication.

If tetracycline is taken after the 4th month of pregnancy, there is a chance for discoloration of the “baby” teeth, so that the baby teeth might be gray or yellowish brown. Although this changes the look of the teeth, it does not seem to change the development of the outer covering, the enamel, or the chance of getting cavities. It is not clear how many babies who are exposed in pregnancy will go on to have tooth staining.

Tetracycline appears to affect the calcification (hardening) of the bones and teeth, and it may also reduce the growth of some bones while the developing baby is exposed to the medication. Even though the tooth discoloration is permanent, the bone growth seems to return to normal after tetracycline is stopped.

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

Studies have not been done to see if tetracycline can cause behavior or learning issues for the child.

Breastfeeding while taking tetracycline:

Tetracycline gets into breastmilk in small amounts. The bones and teeth in the baby continue to harden until one year of age. Theoretically, if a baby is exposed to tetracycline in breast milk, it could cause tooth discoloration and delayed bone growth. However, due to low levels in the milk and low absorption by a breastfeeding baby, at this time, there have been no problems reported in babies exposed to tetracycline through breast milk.

The World Health Organization (WHO) Working Group on Human Lactation states that when tetracycline is used for 7-10 days while nursing, the risk to the infant appears to be low. However, other antibiotics may be suggested for use while breastfeeding for long-term or repeated use.

Infants that are born preterm or are younger than one month of age have a stomach and intestines that are less mature than older babies. This might allow more medication to enter their blood stream. If you suspect the baby has any symptoms (diarrhea, thrush, or diaper rash), contact the child’s healthcare provider. Be sure to talk to your

healthcare provider about all of your breastfeeding questions.

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

Studies have not been done to see if tetracycline could affect male fertility or increase the chance of birth defects. In general, exposures that fathers or sperm donors have are unlikely to increase the 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.

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