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

What is chlorpheniramine?

Chlorpheniramine is an antihistamine that has been used to relieve symptoms of allergies, hay fever (allergic rhinitis), and the common cold. These symptoms include sneezing, runny nose, watery eyes, and itchy throat. Chlorpheniramine is sold under different brand names, including Chlor-Trimeton®, Aller-Chlor®, Chlo-Amine®, Polaramine®, Teldrin®.

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 chlorpheniramine. Can it make it harder for me to get pregnant?

It is not known if chlorpheniramine can make it harder to get pregnant.

Does taking chlorpheniramine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Information from studies done on antihistamines including chlorpheniramine have not suggested an increased chance of miscarriage.

Does taking chlorpheniramine 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. Most studies find no overall increased chance of birth defects with the use of chlorpheniramine in pregnancy. While two studies found a small increased chance for different types of birth defects, no specific pattern of birth defects has been reported.

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

Based on the studies reviewed, chlorpheniramine is not expected to increase the chance for pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

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

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

Breastfeeding while taking chlorpheniramine:

Information on the use of chlorpheniramine during breastfeeding is limited. No side effects were reported in 5 infants exposed to chlorpheniramine while nursing. Chlorpheniramine can cause sleepiness in adults and may cause the same effect in infants that are nursing. If you suspect the baby has any symptoms (drowsiness, irritability), contact the child’s healthcare provider. If you need to take an antihistamine regularly while breastfeeding, talk with your healthcare provider about which one would be best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

There are some case reports of low sperm activity and trouble conceiving a pregnancy with long-term antihistamine use in males. These effects went away when the medications were stopped. 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 to view references.