**Ciprofloxacin (Cipro®)**

This sheet is about exposure to ciprofloxacin in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

**What is ciprofloxacin?**

Ciprofloxacin (Cipro®) is an antibiotic used to treat a variety of bacterial infections. It is part of a group of antibiotics called quinolones or fluoroquinolones.

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 ciprofloxacin. Can it make it harder for me to get pregnant?**

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

**Does taking ciprofloxacin increase the chance for miscarriage?**

Miscarriage is common and can occur in any pregnancy for many different reasons. Two studies with over 2,000 pregnancies exposed to ciprofloxacin in the first trimester did not find an increased chance for miscarriage. One of these reports was a prescription record study. Studies based on prescription records cannot tell if a person really took the medication.

**Does taking ciprofloxacin increase the chance of birth defects?**

Every pregnancy starts out with a 3-5% chance of having a baby with a birth defect. This is called the background risk. Most studies have not found an increased chance for birth defects when ciprofloxacin is taken during the first trimester of pregnancy.

Because most of these studies included people taking ciprofloxacin for only 5 to 7 days, the effects of use longer than this in a pregnancy are not well known. However, there was no increased chance for birth defects reported in 7 pregnancies where ciprofloxacin was used for 3 weeks to 3 months at a time.

**Does taking ciprofloxacin increase the chance of other pregnancy-related problems?**

Studies have not been done to see if ciprofloxacin increases 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 ciprofloxacin in pregnancy affect future behavior or learning for the child?**

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

**Breastfeeding while taking ciprofloxacin:**

There are 13 case reports on using ciprofloxacin while breastfeeding. These reports suggest that a nursing infant would get much lower amounts of ciprofloxacin than in a dose given directly to an infant when needed for a treatment. When ciprofloxacin is taken while breastfeeding, the baby should be watched for symptoms such as diarrhea and yeast infection (thrush or diaper rash). If you suspect the baby has any symptoms including diarrhea and/or yeast infection, contact the child’s healthcare provider.

Ciprofloxacin can also be prescribed as an eye or ear drop. In these cases, the amount of medication that gets to the milk is expected to be less than with oral use.

Be sure to talk to your healthcare provider about all your breastfeeding questions.

**If a male takes ciprofloxacin, could it affect fertility or increase the chance of birth defects?**

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Studies have not been done to see if taking ciprofloxacin could affect male fertility (ability to get partner pregnant) 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 to view references.