



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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## Ciprofloxacin

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to ciprofloxacin may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

### ***What is ciprofloxacin?***

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

### ***Is there an increased chance for miscarriage if I take ciprofloxacin during the first trimester?***

Ciprofloxacin is unlikely to increase the chance for miscarriage when taken in the recommended doses.

### ***Is there an increased chance for birth defects or pregnancy problems if I take ciprofloxacin during the first trimester?***

It is unlikely. Most studies did not find an increased chance for birth defects when women took ciprofloxacin or other quinolone antibiotics during the first trimester of pregnancy. Because these studies included women taking ciprofloxacin for only five to seven days, the effects of long-term use are not well known. However, there was not an increased chance for birth defects in a small number of babies exposed to longer periods of use.

### ***Is there an increased chance for harmful effects for the baby if I take ciprofloxacin in the second or third trimester?***

There does not seem to be an increased chance for harmful effects on the baby if ciprofloxacin is taken later in pregnancy.

While not likely to affect a pregnancy, ciprofloxacin has been associated with joint pain and, rarely, tendon rupture in the person taking the medication. Any joint pain due to ciprofloxacin typically goes away after stopping the medication. Tendon rupture is a rare complication that has mostly been reported in patients who are over 50 years of age, and has not been reported in infants after prenatal exposure.

### ***Is ciprofloxacin recommended for use during pregnancy?***

Ciprofloxacin is generally not used in pregnancy except for infections that cannot be treated with other antibiotics. It is unlikely that ciprofloxacin has a harmful effect on children and babies. However, ciprofloxacin and its effect on joint development are still being studied and current studies are not enough to prove that there is no risk. Because other antibiotics have been better studied and used widely in pregnancy, it is recommended to use those other antibiotics when possible. If the infection does not respond to that treatment, then you and your health care provider may decide to use ciprofloxacin.

### ***Can I take ciprofloxacin if I am breastfeeding?***

Probably. There are a small number of studies on using ciprofloxacin while breastfeeding. Information has been reported for 11 mothers taking ciprofloxacin, which suggests that a nursing infant would get only a small amount of the medication from the breast milk (likely less than 1 mg/kg in a day). This amount would be much lower than the dose given directly to an infant when needed for a treatment. Like many other antibiotics, use of ciprofloxacin may cause problems in the infant such as diarrhea and yeast infection (thrush or diaper rash). Be sure to talk to your healthcare provider about your breastfeeding questions.

### ***What if the father of the baby takes ciprofloxacin?***

There are no studies looking at possible risks to a pregnancy when the father takes ciprofloxacin. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

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