Clindamycin

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

**What is clindamycin?**

Clindamycin is an antibiotic used to treat or prevent bacterial infections. It can be taken by mouth (oral), used on the skin (topical), or given by IV (intravenous or by needle into a vein).

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

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

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

Miscarriage can occur in any pregnancy. One study involving 249 women who had a vaginal bacterial infection found that clindamycin treatment reduced the chances of late miscarriage and preterm (early) births.

**Does taking clindamycin 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.

It is unlikely that using clindamycin increases the chance of birth defects. Several human studies as well as animal studies have not shown an increased chance of birth defects.

When clindamycin is used on the skin (topical use), only small amounts pass through skin and get into the bloodstream. This means a pregnancy would be exposed to only a very small amount of the medicine. Since available information about vaginal and oral clindamycin (both higher absorptions compared to topical use) does not find an increased chance of birth defects, it is also unlikely that using topical clindamycin increases the chance of birth defects.

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

Several studies have not found an increased chance of pregnancy complications from clindamycin use in the second or third trimester.

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

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

**Breastfeeding while taking clindamycin:**

Clindamycin gets into breastmilk in small amounts when women are given clindamycin orally (by mouth) or intravenously (IV). In those situations, clindamycin might cause some gastrointestinal (GI) effects in a breastfeeding (e.g. nausea, diarrhea, stomach pain, vomiting, diaper rash, thrush, or rarely bloody stools). Topical application (to the skin) has minimal absorption into your circulation and are unlikely to end up in breast milk in amounts that might cause side effects in your baby. If you notice any symptoms in your child, contact their healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

Studies have not been done to see if clindamycin 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 to view references.