



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

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

For more information about us or to find a service in your area,  
call **(866) 626-6847**. Visit us online at **www.MotherToBaby.org**.

Find us! Facebook.com/MotherToBaby or @MotherToBaby on Twitter

## Clindamycin and Pregnancy

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 -----clindamycin 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 clindamycin?***

Clindamycin is an antibiotic. Antibiotics are used to treat or prevent bacterial infection. It is also used as a topical agent to treat acne or skin infections.

Taking this medicine might cause inflammation of the colon caused by overgrowth of a bacterium called *Clostridium difficile* (C. diff.). Symptoms from inflammation of the colon can include: severe diarrhea, abdominal cramping, fever, mucus or blood in the stool and nausea. These symptoms can occur within days to weeks after stopping clindamycin. You should tell your health care provider if you develop these symptoms. Pregnancy does not appear to increase the chance of developing inflammation of the colon when using clindamycin. The topical form (used on skin) is less likely to cause inflammation of the colon.

### ***Can clindamycin use during the first trimester cause a miscarriage?***

There are no studies that look to see if clindamycin could cause a miscarriage.

### ***I am pregnant, can taking clindamycin in my first trimester cause a birth defect?***

It is unlikely. Two human studies and several animal studies have suggested that taking clindamycin would not increase the chance of birth defects. Most studies on clindamycin have looked at oral or vaginal use during the second or third trimester.

### ***Can taking clindamycin in my 2<sup>nd</sup> or 3<sup>rd</sup> trimester cause other pregnancy complications?***

It is unlikely. Several studies on clindamycin have not found an increased chance for pregnancy complications. In addition, a study on 249 pregnant women with vaginosis (high levels of bacteria in the vagina) who were treated with clindamycin in their second trimester reported that treatment appeared to lower the chance of a late miscarriage (between 14 and 20 weeks) and preterm birth (less than 37 weeks).

### ***What if I am just putting clindamycin on my face for acne treatment?***

When clindamycin is used on the skin (topical), only small amounts pass through skin and get into the blood stream. This means a pregnancy would only be exposed to a very small amount of the medicine used. Since available information with vaginal and oral forms (both higher absorptions compared to topical) do not find increased chances of pregnancy complications, use of topical treatment on the face is also unlikely to increase the chance of pregnancy problems.

### ***I am breastfeeding. Can I take clindamycin?***

Yes. You should not stop taking antibiotics without talking with your health care provider. Based on a small number of women, the amount of clindamycin that is found in breast milk is small. Clindamycin might cause some gastrointestinal (GI) effects in a breastfeeding baby that would be similar to those seen in adults (e.g. nausea, diarrhea, stomach pain, vomiting). Be sure to talk to your health care provider about all your choices for breastfeeding.

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

There are no studies looking at possible risks to a pregnancy when a father uses clindamycin. 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 (<https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>).

#### **Selected References:**

- Mackeen AD, et al. 2015. Antibiotic regimens for postpartum endometritis. *Cochrane Database Syst Rev.*2; 2:CD001067.
- Mann CF. 1980. Clindamycin and breast-feeding. *Pediatrics.*66:1030-1.
- McCormack WM, et al. 1987. Effect on birth weight of erythromycin treatment of pregnant women. *Obstet Gynecol* 69:202-207.
- Mitrano JA, et al. 2009. Excretion of antimicrobials used to treat methicillin-resistant *Staphylococcus aureus* infections during lactation: safety in breastfeeding infants. *Pharmacotherapy.* 29(9):1103-9.
- Nahum GG, et al. 2006. Antibiotic use in pregnancy and lactation: what is and is not known about teratogenic and toxic risks. *Obstet Gynecol.* 107(5):1120-38.
- Onwuchuruba CN, et al. 2014. Transplacental passage of vancomycin from mother to neonate. *Am J Obstet Gynecol.* 210(4):352.e1-4.
- Ou MC, et al. 2001. Antibiotic treatment for threatened abortion during the early first trimester in women with previous spontaneous abortion. *Acta Obstet Gynecol Scand.* 80(8):753-6.
- Smith JA, et al. 1975. Clindamycin in human breast milk. *Can Med Assoc J.*112:806
- Steen B, Rane A. 1982. Clindamycin passage into human milk. *Br J Clin Pharmacol.* 13:661-4.
- Ugwumadu A, et al. 2003. Effect of early oral clindamycin on late miscarriage and preterm delivery in asymptomatic women with abnormal vaginal flora and bacterial vaginosis: a randomised controlled trial. *Lancet* 361:983-88.
- Weinstein AJ et al. 1976. Placental transfer of clindamycin and gentamicin in term pregnancy. *Am J Obstet Gynecol* 124:688-91.

**July, 2015**