Clindamycin

This sheet talks about exposure to clindamycin in a 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).

**I just found out that I am pregnant. Should I stop taking clindamycin?**

It is not recommended that you stop taking this medication before talking with your healthcare provider. It is important to discuss the benefits of treating your medical condition versus stopping the medication.

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

Miscarriage can occur in any pregnancy. Studies have not been done to see if using clindamycin could increase the chance for miscarriage.

**Does using clindamycin in the first trimester increase the chance of birth defects?**

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. It is unlikely that using clindamycin increases the chance of birth defects. Two human studies and several animal studies have not shown an increased chance of birth defects. One study reported a slightly higher chance of birth defects among 380 women who filled prescriptions for clindamycin in their first trimester. However, a limitation of this study is that it cannot confirm if the women actually took the medication once they picked up the prescriptions.

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.

**Could using clindamycin in the second or third trimester cause other pregnancy complications?**

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

**Can I breastfeed while using clindamycin?**

In reports on a small number of women given clindamycin orally (by mouth) or intravenously (IV), the amount of clindamycin found in the breast milk was small. Clindamycin might cause some gastrointestinal (GI) effects in a breastfeeding baby similar to those seen in adults (e.g. nausea, diarrhea, stomach pain, vomiting, diaper rash, thrush). If you notice any symptoms in your child, contact their healthcare provider. Talk to your healthcare provider about all of your breastfeeding questions.

**If a man takes clindamycin, could it affect his fertility (ability to get partner pregnant) or increase the chance of birth defects?**
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 at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf.

Selected References: