Clonidine

This sheet is about exposure to clonidine 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 clonidine?**

Clonidine is a medication that has been used to treat high blood pressure, attention deficit hyperactivity disorder (ADHD), bipolar disorder, and pain. Some brand names include Catapres®, Duraclon® and Kapvay®. Clonidine is sometimes used in combination with other medication for the management of opioid withdrawal.

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

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

*Does taking clonidine increase the chance of miscarriage?*

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if clonidine increases the chance of miscarriage.

*Does taking clonidine 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. The use of clonidine in pregnancy is not expected to increase the chance of birth defects above the background risk.

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

It is not known if clonidine can cause other pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [about 2500 grams] at birth).

One report that suggests that clonidine use might lead to a slower heart rate in the person who is pregnant, leading to lower birth weight in the baby. In the cases where clonidine was being used to treat high blood pressure, the blood pressure issues might have played a role in the reduced weight of the baby.

*I need to take clonidine throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?*

The use of clonidine during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Symptoms might include high / low blood pressure, drowsiness, and irritability. Most of the time the symptoms go away on their own, usually within a few weeks. Not all babies exposed to clonidine will have these symptoms. It is important that your healthcare providers know you are taking clonidine so that if symptoms happen your baby can get the care that is best for them.

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

It is not known if clonidine increases the chance for behavior or learning issues.

**Breastfeeding while taking clonidine:**

Clonidine gets into breastmilk in small amounts. Taking clonidine might lower milk supply. There is a report of one newborn baby who was drowsy, floppy (poor muscle control), and had periods of not breathing and possible seizure activity. These symptoms started soon after delivery and went away when breastfeeding was stopped, days after birth. It is not known if the symptoms were due to pregnancy exposure to clonidine, breastfeeding while taking clonidine, or other reasons. There are 10 other reports of babies who were exposed to clonidine through breast milk that did not have reported side effects. If you suspect the baby has any symptoms (such as being more sleepy than usual, poor
If a male takes clonidine, could it affect fertility or increase the chance of birth defects?

Trouble with getting and keeping an erection (impotence, a form of erectile dysfunction) has been reported in some males with high blood pressure being treated with clonidine. This can affect male fertility (ability to get partner pregnant). 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 for references.