

Dextroamphetamine

This sheet is about exposure to dextroamphetamine in pregnancy and while breastfeeding. This information is based on available research studies. It should not take the place of medical care and advice from your healthcare provider.

What is dextroamphetamine?

Dextroamphetamine or d-amphetamine is a prescription medication that has been used for attention deficit hyperactivity disorder (ADHD) and narcolepsy (extreme daytime sleepiness). It has also been prescribed to treat some mental health conditions. Some brand names are Dexedrine®, Dexedrine Spansules®, Dextrostat®, Liquadd®, ProCentra®, and Zenzedi®.

Lisdexamfetamine (Vyvanse®) is medication that has been used to treat ADHD and binge eating disorder. In the body, lisdexamfetamine breaks down into dextroamphetamine. Information about dextroamphetamine in pregnancy can be used to help understand possible effects of lisdexamfetamine.

Dextroamphetamine can be combined with amphetamine to make Adderall®. For more information on Adderall®, please see our fact sheet at https://mothertobaby.org/fact-sheets/dextroamphetamine-amphetamine-adderall/.

Sometimes when women 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 your 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 dextroamphetamine. Can it make it harder for me to get pregnant?

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

Does taking dextroamphetamine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if dextroamphetamine can increase the chance of miscarriage.

Does taking dextroamphetamine increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like dextroamphetamine, might increase the chance of birth defects in a pregnancy. Using dextroamphetamine as prescribed for medical reasons does not appear to increase the chance of birth defects.

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

There is some information to suggest an increased chance of lower birth weight in infants exposed to dextroamphetamine during pregnancy. One study found no difference in birth weight with dextroamphetamine use during pregnancy. In that study, exposed infants had birth outcomes similar to those whose exposure had stopped during pregnancy and to those who were never exposed.

Research shows that misuse of amphetamines (using more than prescribed or use without a prescription) might increase the chance for poor growth (babies born small and/or with small head size), low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth), and preterm delivery (birth before week 37). Pregnancies in these studies might have had other risk factors for these issues, such as exposure to alcohol and cigarettes, or not having prenatal care.

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

Misuse of other amphetamines (such as methamphetamine) during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. They can include jitteriness, sleepiness, and trouble breathing at the time of birth. These symptoms have not been reported in the newborns of



women who are taking dextroamphetamine as prescribed by their healthcare providers.

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

Studies have not been done to see if dextroamphetamine can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking dextroamphetamine:

When dextroamphetamine is taken as directed, it passes into breast milk in small amounts. Children can be monitored for any symptoms related to dextroamphetamine exposure through breast milk. A small study of 4 infants who were breastfed by women who were taking dextroamphetamine for ADHD found no problems in the health and growth of those infants up to 6 to 10 months of age. If you suspect the baby has any symptoms (such as decreased appetite, sleeplessness, or irritability), contact the child's healthcare provider.

The product labels for some dextroamphetamine products recommend women who are breastfeeding not use these medications. But the benefits of using dextroamphetamine and the benefits of breastfeeding your child may outweigh the possible risks. Your healthcare providers can talk with you about using dextroamphetamine and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding guestions.

If a man takes dextroamphetamine, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if dextroamphetamine could affect men's fertility (ability to get a woman pregnant) or increase the chance of birth defects. In general, exposures that men 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.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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