



# Erythromycin

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This sheet is about exposure to erythromycin during 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 erythromycin?**

Erythromycin is an antibiotic. It can be taken by mouth (orally) to treat infections, particularly those of the skin, upper respiratory tract, and pelvis. It can also be used in topical forms (on the skin) for treatment of skin conditions and eye infections. Some brand names for erythromycin include Eryc®, Emgel®, Erygel®, and E-mycin®.

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

Studies have not been done to see if taking erythromycin can make it harder to get pregnant.

## **Does taking erythromycin increase the chance for miscarriage?**

Miscarriage is common and can occur in any pregnancy. It is not known if erythromycin increases the chance for miscarriage. However, studies that have looked at erythromycin and the chance for birth defects have not reported a higher rate of miscarriage.

## **Does taking erythromycin 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. Most studies have not found an increased chance of birth defects with the use of erythromycin. There are a few studies that have suggested that using erythromycin in the first trimester might be associated with a small increased chance of heart defects and pyloric stenosis (a narrowing of the opening from the stomach to the small intestines). These results were not confirmed in other studies. Based on current studies, including a study that combined and analyzed the data from all the smaller studies, it is considered unlikely that using erythromycin significantly increases the chance for birth defects, such as heart defects or pyloric stenosis.

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

It is not known if erythromycin 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 [2500 grams] at birth). Most studies have not shown an increased chance for other pregnancy-related problems when erythromycin is used later in pregnancy. Depending on the condition being treated, use of erythromycin might improve pregnancy outcomes such as gestational age at delivery and birth weight.

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

It is not known if erythromycin increases the chance for behavior or learning issues for the child. One study followed children up to age 11 years who were exposed to erythromycin during pregnancy. The study reported that being exposed to erythromycin during pregnancy did not make the children more likely to need special assistance in school.

## **Breastfeeding while taking erythromycin:**

Erythromycin gets into breastmilk in small amounts and has also been given directly to infants when needed. Therefore, short-term use of erythromycin is generally considered compatible with breastfeeding.

In one study, a higher chance of pyloric stenosis was seen in infants of women who were prescribed erythromycin at the time of delivery or within 90 days after delivery. While it was reported that the women who were breastfeeding



were prescribed the medication, it is not known if they actually took the medication. Other available studies did not find an association between using erythromycin while breastfeeding and a higher chance for pyloric stenosis in the infant.

As with any antibiotic, if you suspect the baby has any symptoms such as diarrhea, diaper rash, or thrush (yeast infection in mouth) contact the baby's healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

Studies have not been done to see if erythromycin could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects above the background risk. In general, exposures that men 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](#) for references.**

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**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://MotherToBaby.org).**

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