

# Erythromycin

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This sheet is about exposure to erythromycin during pregnancy or while breastfeeding. This information 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 as an ointment for eye infections. Some brand names for erythromycin include Eryc®, Emgel®, Erygel®, and E-mycin®.

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 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 can occur in any pregnancy. Based on the studies reviewed, 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 birth defects, including 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 the studies reviewed, it is considered unlikely that using erythromycin increases the chance for birth defects above the background risk.

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

Based on the studies reviewed, 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?***

Based on the studies reviewed, it is not known if erythromycin increases the chance for behavior or learning issues for the child. One study followed children that were exposed to erythromycin during pregnancy up to age 11 years. 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. In one study, a higher chance of pyloric stenosis was seen in infants of people who were prescribed erythromycin at the time of delivery or within ninety days after delivery. While it was

reported that the people who were breastfeeding were prescribed the medication, it is not known if they actually took it. An analysis of other available studies on this topic did not find an association between using erythromycin while breastfeeding and a higher chance for pyloric stenosis in the infant.

Short-term use of erythromycin is generally considered compatible with breastfeeding. 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 male takes erythromycin, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?***

Studies have not been done to see if erythromycin could affect male fertility or increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors 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.**

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

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