This sheet talks about exposure to finasteride in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is finasteride?**

Finasteride is a medication used for the treatment and prevention of male pattern baldness (hair loss in men). It blocks a chemical in the body called 5-alpha-reductase. Finasteride has also been approved for treatment of benign prostatic hyperplasia (BPH), which is noncancerous enlargement of the prostate gland. Finasteride is not approved at this time for use in women. Finasteride is marketed under the brand names Propecia® and Proscar®.

**My partner is taking finasteride but is wondering if he should stop before I become pregnant. Is this necessary, and if so, how long does it stay in the body?**

Your partner should discuss the benefits of taking the medication and any possible harmful effects from not taking it with his healthcare provider before deciding to stop treatment. There is no known reason for him to stop taking this medication while planning a family. If he does decide to stop using finasteride, it takes an average of two days for almost all of the drug to be gone from the body after the last dose.

**If my partner decides to continue taking finasteride, will it be more difficult for me to become pregnant?**

There is no evidence that if your partner is taking this medication it will make it harder for you to become pregnant. Some small differences have been seen in the semen of males taking finasteride, such as low sperm counts. For most men, their sperm levels returned to their normal levels when they stopped taking the medication. There are no reports linking this medication to infertility in humans or the inability to become pregnant.

**Is there an increased risk for birth defects if the baby’s father is taking finasteride when I become pregnant?**

There are no studies in humans. A study in rats did not show an increased risk for birth defects after the male rats were given finasteride. It is not likely that a man taking finasteride at the time of conception would have an increased risk of fathering a baby with a birth defect. There was a concern for birth defects of a male baby’s sex organs if the couple had unprotected sex during the time in pregnancy when the sex organs are developing (8 to 12 weeks since last menstrual period). However, the amount of the drug found in semen is so small it is not thought to be enough to cause a problem with vaginal sex. 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 at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

**Is there an increased risk for birth defects if I take finasteride during pregnancy?**

In every pregnancy, a woman starts off with a 3-5% chance of having a baby with a birth defect. This is called her background risk. Finasteride is not approved for use in women, but has been used “off-label” among women. Pregnant monkeys who were given large doses of finasteride by mouth had male offspring with abnormalities of the sex organs. Pregnant rats given finasteride had increased risk of preterm birth and impaired cognitive functioning in the newborns. To date there are no reports of adverse pregnancy outcomes in women exposed to finasteride. However, because of the possible risk of genital defects in male babies, women should not take this medication during pregnancy.

**If I touch or handle finasteride tablets during pregnancy, does the baby have an increased risk for birth defects?**

Women are told not to handle finasteride tablets that are crushed or broken during pregnancy as a precaution. However, it is highly unlikely that enough of the medication would get through the skin during the course of normal handling to be a problem.

**Is it a problem if my husband uses finasteride while I am breastfeeding?**

Having sexual intercourse with your partner while he is taking finasteride will not result in high enough amounts of the medication entering your body to affect your breast milk. Be sure to talk to your healthcare provider about all your
choices for breastfeeding.

References: