Formoterol (Eformoterol)

This sheet talks about using formoterol (eformoterol) in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is formoterol?**

Formoterol (also called eformoterol) is a medication that has been used to treat asthma and chronic obstructive pulmonary disease (COPD). It is in a class of medications called long-acting beta2-agonists (LABAs). LABAs are bronchodilators. Bronchodilators help open the airways in the lungs. Formoterol is taken by inhalation (breathing it in). It has been used in combination with an inhaled corticosteroid for asthma treatment. For information about inhaled corticosteroids, see the MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/inhaled-corticosteroids-icss-pregnancy/. Some brand names of formoterol are Foradil®, Perforomist®, and Brovana®. Formoterol can also be found in some combination medications such as Symbicort® and Dulera®.

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. Asthma that is not well-controlled can increase risks to a pregnancy. For more information, see our fact sheet on asthma here https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/.

**I take formoterol. Can it make it harder for me to get pregnant?**

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

**Does taking formoterol 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 formoterol increases the chance for miscarriage.

**Does taking formoterol 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.

There is limited data on the use of formoterol during pregnancy. Available information from animal studies and human case reports does not suggest an increased chance of birth defects when formoterol is used in pregnancy.

A study on the use of LABAs as a group reported an increased chance for heart defects when used in the first trimester. However, it is not known if the medication, the condition being treated, or other factors caused the reported birth defects.

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

One report of 33 people who used formoterol during pregnancy described 5 cases of preterm delivery (birth before week 37). Another study compared 162 formoterol-exposed pregnancies to another LABA and did not find a difference in birth weight, gestational age, or chance of preterm delivery.

Asthma that is not well-controlled during pregnancy is associated with higher rates of pregnancy complications such as preterm delivery, low birth weight, and other complications.

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

Based on the studies reviewed, it is not known if formoterol increases the chance for behavior or learning issues.

**Breastfeeding while taking formoterol:**

There are no studies on the use of formoterol while breastfeeding. Information on related medications suggests that use of a formoterol inhaler would be unlikely to result in high enough levels in the bloodstream to pass into breast milk.
in large amounts. Inhaled bronchodilators are generally considered acceptable for use during breastfeeding. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**If a male takes formoterol, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?**

Studies have not been done to see if formoterol 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/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

MotherToBaby is currently conducting a study looking at asthma and the medications used to treat asthma in pregnancy. If you would like to learn more, please call 1-877-311-8972 or visit [https://mothertobaby.org/join-study](https://mothertobaby.org/join-study).

Please click here for references.