**Ibuprofen**

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

*What is ibuprofen?*

Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID) commonly used to treat arthritis, headaches, muscle aches, fever, and menstrual cramps. Other names for ibuprofen include Motrin®, Advil®, and Nuprin®. Ibuprofen is also an ingredient in many over-the-counter combination products.

In October 2020, the U.S. Food and Drug Administration (FDA) made a recommendation to avoid the use of NSAIDs after week 20 of pregnancy, unless your healthcare provider feels it is necessary.

*I take ibuprofen regularly at high doses for my medical condition. Can this make it more difficult for me to become pregnant?*

Possibly. A few small studies have suggested an increased chance with the use of NSAIDs such as ibuprofen for one type of temporary female infertility called unruptured follicle syndrome. This occurs when the follicle (organ where the egg grows) fails to release an egg at the time of ovulation, even with an otherwise normal cycle. This syndrome seems to be more likely to occur with ongoing daily NSAID use. More research is needed to answer the question if ibuprofen can make it more difficult for you to get pregnant. As always, you should not stop taking a medication without first talking with your health care provider.

*Is it true that taking ibuprofen early in pregnancy can increase the chance of miscarriage?*

Miscarriage can occur in any pregnancy. It is not known if taking ibuprofen early in pregnancy increases the chance for miscarriage. Some studies show a higher chance for miscarriage compared to women who do not take NSAIDs but other studies do not. The reason why a woman is taking ibuprofen (such as a medical condition or viral infection) may have an effect on her chance of having a miscarriage.

*I just found out I am pregnant, and I used ibuprofen last week for a headache. Can this cause a birth defect in my baby?*

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. Ibuprofen taken during the first trimester has not been associated with an overall increased chance for birth defects. However, a few studies have suggested a possible association with the use of NSAIDs in early pregnancy and a low chance for certain birth defects.

A few studies have suggested a small increased chance for gastroschisis (a defect in which an infant’s intestines stick out of a hole in the abdominal wall) with the use of ibuprofen in the first-trimester. These studies suggest that ibuprofen use in the first-trimester raises the chance of having a baby with gastroschisis from 1 in 10,000 to between 1.6 and 4 in 10,000. However, other studies looking at gastroschisis cases have not supported this association. Since gastroschisis is a relatively rare birth defect, the potential increased chance is very low.

A small increased chance for heart defects has been reported in a few studies looking at NSAID prescriptions in early pregnancy. However, the reason the NSAID was prescribed was not available in most of the pregnancy data. This information is important because some illnesses, like viral infections, have been associated with heart defects.

At this time, there is not enough evidence to know whether ibuprofen increases the chance for heart defects or gastroschisis. However, ibuprofen is generally not the pain reliever of choice during pregnancy because there are concerns with the use of ibuprofen during the third trimester. As with any medication in pregnancy, it should only be taken as needed and with the approval of your health care provider.

*Could taking ibuprofen cause other pregnancy complications?*

Ibuprofen is not recommended for use after week 20 of the pregnancy.

There have been some reports that NSAID use in the 2nd half of pregnancy might affect the kidney of the developing...
The baby's kidney starts to make amniotic fluid (the fluid that surrounds the baby) around week 20 of pregnancy. If there is not enough amniotic fluid (called oligohydramnios) other pregnancy complications, such as poor lung development and skeletal problems such as joint contractures (joints can become stiff or unable to move), could happen. Oligohydramnios can also increase the chance for the need for early delivery through induction of labor or c-section. In some cases, oligohydramnios could cause fetal demise.

Ibuprofen use later in pregnancy might also cause premature closure of the ductus arteriosus (a vessel that runs from the pulmonary artery to the aorta). Premature closure of this blood vessel can cause high blood pressure in the lungs of the developing baby (called pulmonary hypertension).

The use of ibuprofen later in pregnancy might also stop or slow down labor.

Therefore, ibuprofen should only be used under a healthcare provider’s supervision, particularly in the 2nd and 3rd trimesters. Talk with your healthcare provider about the benefits and risks of these medicines during pregnancy before using them. If your healthcare provider feels that ibuprofen use is needed, they will likely discuss using the lowest dose needed for the shortest time needed to treat your medical condition. Your healthcare providers can closely monitor your pregnancy if you need to use ibuprofen after week 20.

**Can I breastfeed while taking ibuprofen?**

Ibuprofen is found in low levels in breastmilk; however, no adverse effects have been reported in exposed newborns. When needed, it is given to infants at higher doses. Ibuprofen use by the mother is not a reason to stop breastfeeding. Be sure to talk to your healthcare provider about your breastfeeding questions.

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

There are no studies looking at the chance for birth defects when the father takes ibuprofen. 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 and Pregnancy](http://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

Please click [here](http://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/) for references.