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. This sheet talks about whether exposure to ibuprofen may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care 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.

**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 risk 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?**

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?**

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 risk 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.
**I am 7 months pregnant. Can I take ibuprofen?**

Ibuprofen is not recommended for use in the third trimester. Ibuprofen later in pregnancy might cause premature closure of the ductus arteriosus (a vessel that runs from the pulmonary artery to the aorta), which can lead to high blood pressure in the fetal lungs (pulmonary hypertension). The use of ibuprofen later in pregnancy might also stop or slow down labor, or cause lower amounts of amniotic fluid around the baby (called oligohydramnios). Therefore, ibuprofen should only be used under a health care provider’s supervision during the third trimester of pregnancy.

**I need to continue taking ibuprofen regularly throughout my pregnancy because of a medical condition. What can I expect from its use?**

Most studies have not found an overall increased chance for birth defects, low birth weight, or preterm labor with the use of NSAIDs in the first and second trimester of pregnancy. The concerns regarding use in the third trimester warrant close monitoring, and your health care provider may follow the status of your baby’s heart and amniotic fluid volume in the third trimester by ultrasound. You should be on the lowest dose needed to treat your condition.

**Can I take ibuprofen while I breastfeed?**

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 or interrupt breastfeeding. Be sure to talk to your health care provider about all your breastfeeding questions.

**My baby’s father was taking ibuprofen regularly for backaches when I became pregnant. Will this affect my pregnancy?**

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 at [https://mothertobaby.org/fact-sheets/ibuprofen-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/ibuprofen-pregnancy/pdf/).

**References Available By Request**