

# Laxatives

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

## **What are laxatives?**

Laxatives are medications used to treat constipation. Laxatives come in different forms. This sheet discusses over-the-counter (OTC) laxatives such as osmotics, fiber or bulk, stool softeners, stimulants and lubricants. For information about the prescription laxative prucalopride (Motegrity®), please see the MotherToBaby Fact Sheet: <https://mothertobaby.org/fact-sheets/prucalopride-motegrity/pdf/>.

Osmotics are laxatives that work by pulling water into the intestines. Examples of osmotics include salts, such as magnesium hydroxide (Milk of Magnesia®) and sodium bisphosphate (OsmoPrep®), and sugars, such as lactulose and polyethylene glycol (Miralax®). Osmotic medications are not well absorbed by the intestine, so very little is likely to get into the bloodstream of the person taking the osmotic laxative. This means exposure to the pregnancy is expected to be small.

Fiber or bulk laxatives include psyllium (Metamucil®) and methylcellulose (Citrucel®). Since these ingredients generally do not get into the bloodstream, pregnancy exposure is unlikely.

Stool softeners include docusate sodium (Colace®) and glycerin. For more information on docusate sodium, please see the MotherToBaby Fact Sheet: <https://mothertobaby.org/fact-sheets/docusate-sodium-pregnancy/pdf/>.

Stimulants include senna (Senokot®), bisacodyl (Correctol®), and castor oil (made from the seeds of castor beans).

Mineral oil is a lubricant. These products enter the bloodstream in small amounts, so there may be small exposure to the pregnancy.

Stimulants and lubricants may cause stomach cramps, which can be severe.

## ***I just found out I am pregnant. Should I stop taking laxatives?***

Talk with your healthcare provider before starting a medication or making any changes in your medication. It is important to consider the benefits of treating constipation during pregnancy.

Constipation may cause pain and other health problems in pregnancy such as cramps, hemorrhoids, and breakdown of the anal tissue. Treating constipation might help reduce the risk of these problems. While occasional constipation is common in pregnancy, talk with your healthcare provider if constipation becomes an ongoing problem. Your healthcare provider may want to confirm the diagnosis of constipation and see how dietary and exercise changes can help before discussing medical treatment. Dietary changes such as increasing fluids and eating high fiber foods such as whole grains and fresh fruits and vegetables might help prevent constipation. Regular exercise might also help.

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

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

## ***Does taking laxatives increase the chance for miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. As there can be many causes of miscarriage, it is hard to know if a medication, the medical condition, or other factors are the cause of a miscarriage. Studies have not been done to see if laxatives increase the chance for miscarriage.

## ***Does taking laxatives in the first trimester 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. Only a few studies have looked at laxative use during pregnancy. However, the available studies show that when used in recommended doses, over-the-counter laxatives are not expected to increase the chance of birth defects. Talk with your healthcare provider or contact a MotherToBaby specialist to discuss information on your specific laxative medication.

***Could taking laxatives cause other pregnancy complications?***

When laxatives are used more than recommended, they can increase the chance of complications. Laxatives can make food go through the intestines faster than usual, which can reduce the amount of nutrients that are absorbed into the body. For this reason, using laxatives too much or too often can increase the chance of nutritional problems. Using laxatives can also affect the way the body absorbs other medications you might be taking.

Using more than the recommended amounts of laxatives can also lower the levels of needed salts in the blood, such as magnesium. A reported case of low magnesium levels in a newborn was linked to the mother using too much docusate sodium during pregnancy. The baby's main symptom was jitteriness, which went away by the second day of life.

Castor oil has been used at the end of pregnancy to try to bring on labor. Castor oil can cause severe diarrhea and cramping of the bowel and uterus, but these contractions are unlikely to bring on labor if the lower part of the uterus (cervix) is not ready for labor. If you are at the end of your pregnancy, your health care provider can discuss other ways to begin labor.

***Does using laxatives in pregnancy cause long-term problems in behavior or learning for the baby?***

Using laxatives as directed in pregnancy is not expected to have long-term effects on a baby's learning or behavior.

***Can I use laxatives while breastfeeding?***

The medications in some laxatives might get into the mother's bloodstream, but the amount that passes into breast milk is usually low. Mineral oil can get into the bloodstream and breast milk in greater amounts, so it should be used carefully.

There are occasional reports of loose stools in infants exposed to laxatives from breastfeeding. Contact a MotherToBaby specialist to discuss information on your specific laxative medication. Talk to your healthcare provider about all of your breastfeeding questions.

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

There are no studies looking at possible effects on fertility or risks to a pregnancy when the father takes laxatives. In general, exposures that men 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/>.

*MotherToBaby is currently conducting a study looking at functional constipation and the medications used to treat it in pregnancy. If you are interested in learning more about this study, please call 1-877-311-8972 or visit <https://mothertobaby.org/join-study>.*

**Please click [here](#) for references.**

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

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