Laxatives

This sheet talks about using laxatives in a 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. For information about the prescription laxative prucalopride (Motegrity®), please see the MotherToBaby Fact Sheet: [https://mothertobaby.org/fact-sheets/prucalopride-motegrity/pdf/](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 gets into the bloodstream. This means exposure to the pregnancy is 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/](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 making any changes in your medications. 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 will help reduce the risk of these problems.

Dietary changes such as increasing fluids and eating high fiber foods such as whole grains and fresh fruits and vegetables can help prevent constipation. Regular exercise can also help. Although 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.

**Does taking laxatives in the first trimester increase the chance of birth defects?**

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. Few studies have looked at the possible risks from using laxatives during pregnancy. However, the available studies show that when used in recommended doses, laxatives are not expected to increase the chance of birth defects. Talk with your healthcare provider or contact a MotherToBaby specialist to discuss your specific laxative medication.

**Could taking laxatives cause other pregnancy complications?**
Yes, when laxatives are used more than recommended. 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 any 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 will not 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. Contact a MotherToBaby specialist to discuss your specific laxative medication.

There are occasional reports of loose stools in infants when the mother uses laxatives. There have not been reports of other problems in breastfeeding babies when the mother uses recommended doses of laxatives. Talk to your healthcare provider about all of your breastfeeding questions.

**If a man uses laxatives, could it affect his fertility (ability to get partner 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 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/paternal-exposures-pregnancy/pdf/.

Please click here for references.