

Loratadine (Claritin®)

This sheet is about exposure to loratadine in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is loratadine?

Loratadine is an over-the-counter antihistamine. It has been used to treat symptoms of allergic reactions and colds, such as sneezing, runny nose, watery eyes, itchy throat, and hives. Some brand names for loratadine are Claritin® and Alavert®. In the body, loratadine breaks down into another drug called desloratadine. Desloratadine is also sold as a prescription antihistamine under the brand name Clarinex®.

Sometimes when women 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 your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

It is not known if loratadine can make it harder to get pregnant. One animal study did not report problems with fertility (ability to get pregnant).

Does taking loratadine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. A study of 161 women taking loratadine during the first trimester of pregnancy did not show an increased chance of miscarriage.

Does taking loratadine 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. Taking loratadine is not expected to increase the chance of birth defects above the background risk. One early study raised concern about a possible link between loratadine use in pregnancy and hypospadias (a birth defect where the opening of the penis is shifted toward the underside rather than the tip). However, after later studies did not find the same link, the researchers decided that the cases of hypospadias in their original study were most likely due to chance or other factors instead of exposure to loratadine.

Other studies of loratadine use during pregnancy have not found an increased chance of any kind of birth defect, including hypospadias. Also, studies have not found that infants with hypospadias were more often exposed to loratadine during pregnancy than infants without hypospadias.

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

Loratadine is not expected to increase the chance of pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

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

Studies have not been done to see if loratadine can cause behavior or learning issues for the child.

Breastfeeding while taking loratadine:

Loratadine gets into breast milk in small amounts. The amount of loratadine in breastmilk is too low to cause problems for most babies. Loratadine is one of the preferred antihistamines for use during breastfeeding because it is less likely to cause drowsiness (sleepiness) for the woman who is breastfeeding or the baby than some other antihistamines. If you suspect the baby has any symptoms (such as being too sleepy), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes loratadine, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if loratadine could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects above the background risk. 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/>.

Please click [here](#) for references.

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

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