Loratadine (Claritin®)

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 loratadine 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 loratadine?**

Loratadine is an over-the-counter medication that is part of a group of medications called antihistamines (medications used to lessen the effects of histamine production in allergic reactions and colds). Loratadine is used to relieve symptoms of allergies, including sneezing, runny nose, watery eyes, an itchy throat, and an itchy rash or hives. Some trade names for loratadine are Claritin® and Alavert®. In the body, loratadine breaks down into another compound called desloratadine (Clarinex®).

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

One animal study did not report fertility issues in females exposed to loratadine. There are no other studies available.

**I just found out that I am pregnant. Should I stop taking loratadine?**

You should always speak with your healthcare provider before making any changes in your medication. It is important to consider the benefits of treating allergy symptoms during pregnancy. Treating allergy symptoms may help reduce asthma symptoms and sinus problems. This can prevent the need for extra medications. Allergy treatment may also lead to better sleep and emotional well-being.

**Does taking loratadine during my pregnancy increase the chance of miscarriage?**

Probably not. A study of 161 women taking loratadine during the first trimester did not show any differences in the rates of miscarriage.

**Can taking loratadine during pregnancy cause birth defects?**

It is unlikely that loratadine would cause an increased chance for birth defects. One study with several limitations suggested a small risk for hypospadias (a condition where the opening of the penis is on the underside of the penis instead of at the tip). After collecting more data, this study author published another paper that admitted the increased risk originally seen may have been due to study limitation. In addition, additional studies of pregnant women taking loratadine have not supported an increased risk of any type of birth defect, including hypospadias. Also, studies involving infants with hypospadias did not find that their mothers used loratadine more frequently during pregnancy.

**Can taking loratadine cause other pregnancy problems?**

Loratadine is not expected to cause other pregnancy problems. A study of 161 women taking loratadine during the first trimester did not show any differences in the rates of delivery age, or birthweight compared to women who did not take loratadine.

**Can I take loratadine while I am breastfeeding?**

Yes. Studies estimate that a breastfeeding baby whose mother is taking loratadine would get less than 1% of the mother’s dose. This dose of loratadine is thought to be too low to cause problems for the baby. Compared to some other antihistamines, loratadine has less chance of causing drowsiness for the mother or the baby. This, along with the low levels in milk, makes loratadine one of the preferred antihistamines for use during breastfeeding. Be sure to talk to your
healthcare provider about all of your breastfeeding questions.

**What if the father of the baby takes loratadine?**

There are currently no data to suggest that use of loratadine by the father would increase the chance for pregnancy complications. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

**Selected References:**