

Loratadine (Claritin®)

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

What is loratadine?

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

Sometimes when people 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 this 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 fertility issues in females exposed to loratadine.

Does taking loratadine increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. A study of 161 people taking loratadine during the first trimester of pregnancy did not show an increased chance for 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. It is unlikely that taking loratadine would increase the chance for birth defects above the background risk. One study suggested a small chance of hypospadias (a condition where the opening of the penis is on the underside of the penis instead of at the tip). This same author later published another paper admitting the increased chance may have been due to limitations in the original study.

Other studies of loratadine use during pregnancy have not supported an increased chance of any type of birth defect, including hypospadias. Also, studies involving infants with hypospadias did not find that they were more frequently exposed to loratadine during pregnancy.

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

Loratadine is not expected to increase the chance for 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). A study of 161 people taking loratadine during the first trimester did not show any differences in the rates of delivery age or birthweight compared to people who did not take loratadine.

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 breastmilk in small amounts. Studies estimate that a baby would get less than 1% of the dose used by person who is breastfeeding. 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 person who is breastfeeding or the baby. Loratadine is one of the preferred antihistamines for use during breastfeeding. If you suspect the baby has any symptoms such as excessive drowsiness (being too sleepy), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male takes loratadine, could it affect fertility (ability to get a partner pregnant) or increase the chance of birth defects?

Studies have not been done to see if loratadine could affect male fertility or increase the chance of birth defects. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click here to view references.

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

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