Mesalamine

This sheet talks about using mesalamine in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is mesalamine?**

Mesalamine is an anti-inflammatory (reduces inflammation or swelling) prescription medication used to treat inflammatory bowel disease (IBD). Other names for mesalamine are mesalazine and 5-aminosalicylic acid (5-ASA). Brand names for mesalamine that can be taken orally (by mouth) are Apriso®, Asacol®, Delzicol®, Lialda® and Pentasa®. Brand names for mesalamine that can be taken rectally are Canasa®, Rowasa® and Pentasa®.

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

Studies have not yet been done to see if mesalamine could make it harder to get pregnant.

**I just found out I’m pregnant. Should I stop taking mesalamine?**

Talk with your healthcare providers before making any changes to how you take your medication(s). It is important to consider the benefits of controlling your IBD during pregnancy. Untreated IBD increases the risk for complications for both the person who is pregnant and the baby. For more information about IBD, please see the MotherToBaby fact sheet at [https://mothertobaby.org/fact-sheets/inflammatory-bowel-disease-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/inflammatory-bowel-disease-pregnancy/pdf/)

**Does taking mesalamine during my pregnancy increase the chance for miscarriage?**

 Miscarriage can occur in any pregnancy. One study among 146 people who used mesalamine in the first trimester did not find a higher chance of miscarriage. Another study with 100 people who used 5-ASA medications also did not report a greater chance for miscarriage.

**Does taking mesalamine during my pregnancy 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.

A study reviewed medical records of over 2,000 infants who were reportedly exposed to mesalamine at some time during the first trimester of pregnancy. This study reported a slightly higher chance of heart defects. Because many of the people who were pregnant had also used other medications, it is hard to know if mesalamine, a combination of medications, the underlying disease, or other factors contributed to the reported slightly higher rate of heart defects.

There have been several studies of pregnancies exposed to mesalamine or a similar medication in the first trimester (one study had over 550 people enrolled) that have found no increased chance for birth defects.

Based on the available information, exposure to mesalamine is considered unlikely to increase the chance for birth defects.

**Could taking mesalamine cause any other pregnancy complications?**

Mesalamine is not expected to increase the chance for pregnancy complications. There have been questions about higher chances for preterm delivery (birth before 37 weeks of pregnancy) and stillbirth from earlier reports. More recent data has not suggested an increased chance for these complications or low birthweight (< 5lb 8oz).

**Can I breastfeed while taking mesalamine?**

Mesalamine has been found in breastmilk in small amounts. Reports of diarrhea occurring in breastfed infants suggest that some infants may be sensitive to mesalamine in the breastmilk. There have also been reports of breastfed infants who did not have negative effects. When taking mesalamine while breastfeeding, the nursing infant should be watched closely for changes in bowel activity. Be sure to talk to your healthcare provider about your breastfeeding questions.

**I take mesalamine. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**
There have been some reports of men who had lower sperm count while taking mesalamine. Sperm counts returned to normal after stopping the medication. There are no studies looking at possible risks to a pregnancy when the father or sperm donor takes mesalamine. In general, exposures that fathers and sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet on Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

MotherToBaby is currently conducting a study looking at inflammatory bowel disease and the medications used to treat this condition in pregnancy. If you are interested in learning more, 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.

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