



Dextroamphetamine

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 dextroamphetamine 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 dextroamphetamine?

Dextroamphetamine or d-amphetamine is a prescription medication used for attention deficit hyperactivity disorder (ADHD) and narcolepsy (extreme daytime sleepiness). It has also been prescribed for the treatment of some mental health conditions. Some trade names include Dexedrine[®], Dextrostat[®], Liquadd[®], ProCentra[®], Dexedrin Spansules[®] and Zenzedi[®]. Dextroamphetamine is an amphetamine and can become addictive. Dextroamphetamine has been used illegally for recreation.

Will taking dextroamphetamine make it harder for me to get pregnant?

Dextroamphetamine has not been studied in women to see if using it could make it harder to get pregnant.

Should I stop taking dextroamphetamine if I find out that I am pregnant?

Talk with your healthcare provider before stopping this medication. If you are going to stop using this medication, your healthcare provider might talk with you about slowly reducing your dose over time. Stopping this medication suddenly can cause withdrawal in some people

Does taking dextroamphetamine increase the chance of miscarriage?

Using dextroamphetamine has not been studied to see if it could increase the chance of miscarriage.

Does taking dextroamphetamine increase the chance of having a baby with a birth defect?

The studies are limited. When used as prescribed for medical reasons, it does not appear to increase the chance for having a baby with birth defects.

Could dextroamphetamine use cause other pregnancy complications?

This is unknown. Two studies report different results on how dextroamphetamine might affect birth weight. One study did not find a link with prescription dextroamphetamine use and the chance for low birth weight. The other study found a small effect on birth weight among women who continued to use their medication past 28 weeks. Studies on amphetamine misuse (using amphetamines recreationally or taking more than prescribed) have suggested an increased chance for poor growth (babies born small and / or with a small head size) and low birth weight.

Will taking dextroamphetamine during pregnancy affect my baby's behavior or cause learning problems?

This is unknown. Using dextroamphetamine as prescribed for a health condition has not been well studied during pregnancy.

Will my baby be born addicted to dextroamphetamine?

This has not been well studied. Some babies exposed to mother's amphetamine misuse may have trouble at birth but there are no documented cases of symptoms of withdrawal when women take dextroamphetamine in prescribed doses close to the time of delivery.

What happens if I use dextroamphetamine while I breastfeed?

Dextroamphetamine can pass into breast milk and generally has been found in low amounts in the baby's blood and urine. It is unknown if this causes any problems in the baby, but some evidence suggests that amphetamines do not affect nursing infants when taken as directed by a healthcare provider.

A small study of four older infants whose mothers were taking dextroamphetamine for ADHD found no problems in the health and growth of those infants up to 6-10 months of age. It is unknown if there are any long-term consequences associated with this exposure in breastfeeding. If a mother breastfeeds while taking a prescription dose of dextroamphetamine, the baby should be monitored for decreased appetite, sleeplessness, and irritability. Contact your child's healthcare provider if you notice any unusual symptoms in your child. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

What if my baby's father was using dextroamphetamine when I got pregnant?

There is no information to suggest that amphetamines in semen increase the chance of birth defects, but there are also no studies on this topic. 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/>.

Selected References:

- Anderson KN, et al; National Birth Defects Prevention Study (NBDPS). 2018. ADHD Medication Use During Pregnancy and Risk for Selected Birth Defects: National Birth Defects Prevention Study, 1998-2011. *J Atten Disord*. PMID: 29519207.
- Cohen JM, et al. 2017. Placental Complications Associated With Psychostimulant Use in Pregnancy. *Obstet Gynecol*; 130(6):1192-1201.
- Golub M, et al. 2005. NTP CERHR Expert Panel Report on the reproductive and developmental toxicity of amphetamine and methamphetamine. *Birth Defects Res B Dev Reprod Toxicol* 74(6):471-584.
- Huybrechts KF, et al. 2018. Association Between Methylphenidate and Amphetamine Use in Pregnancy and Risk of Congenital Malformations: A Cohort Study From the International Pregnancy Safety Study Consortium. *JAMA Psychiatry*. 75(2):167-175.
- Ilett KF, et al. 2007 Transfer of dexamphetamine into breast milk during treatment for attention deficit hyperactivity disorder. *Br J Clin Pharmacol*. 63(3):371-5.
- Naeye RL. 1983. Maternal use of dextroamphetamine and growth of the fetus. *Pharmacology*; 26(2):117-20.
- Ornoy A. 2018. Pharmacological treatment of attention deficit hyperactivity disorder during pregnancy and lactation. *Pharm Res*; 35:46.

March, 2018