Naproxen

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

What is naproxen?*

Naproxen is a medication that is commonly used to relieve pain and for the temporary reduction of fever. Some brand names for naproxen include Aleve®, Anaprox®, Napralen®, and Naprosyn®.

Naproxen is in a class of medicines called non-steroidal anti-inflammatory drugs (NSAIDs). Other medications in this class include aspirin and ibuprofen (see MotherToBaby fact sheet on ibuprofen at https://mothertobaby.org/fact-sheets/ibuprofen-pregnancy/pdf/).

In October 2020, the U.S. Food and Drug Administration (FDA) made a recommendation to avoid the use of NSAIDs after week 20 of pregnancy, unless your healthcare provider feels it is necessary.

I take naproxen regularly at high doses for my medical condition. Can it make it harder for me to get pregnant?

It is unclear if naproxen use may affect the ability to become pregnant. Some studies suggest that naproxen and NSAIDs in general might make it harder to become pregnant. However, this seems more likely when someone is using NSAIDs often or over a long period of time.

Those who are trying to become pregnant may wish to avoid the use of naproxen or other NSAIDs, unless they are being used for the treatment of a serious, ongoing condition. In such cases, it will be important to talk with your healthcare providers before making changes to your treatment plan.

I just found out that I am pregnant, should I stop taking naproxen?

Talk with your healthcare providers before making any changes to how you take your medication(s). Some women may benefit from staying on the NSAID they take.

Does taking naproxen increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. Studies have suggested that the use of NSAIDs may increase the chance of miscarriage. NSAIDs like naproxen, ibuprofen and others reduce prostaglandins (compounds in the body made of fats that have hormone-like effects). Taking NSAIDs over a long time period may increase the chance of miscarriage in some women by reducing prostaglandins.

Does taking naproxen 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. The results from a few large studies on NSAIDs, including naproxen, did not show an increased chance for birth defects. A small increased chance for heart defects has been reported in some studies looking at naproxen and other NSAIDS in early pregnancy. Other factors, such as the health condition for which naproxen was taken, could also be the cause. A small association with cleft lip and palate (i.e. opening in the lip or roof of the mouth) and naproxen use has also been reported but cannot be proven. In another study where 23 pregnant women took naproxen every day to help treat lupus and arthritis, there were no birth defects seen in their children.

Could taking naproxen cause other pregnancy complications?*

Naproxen is not recommended for use after week 20 of the pregnancy.

There have been some reports that NSAID use in the 2nd half of pregnancy might affect the kidney of the developing baby. The baby’s kidney starts to make amniotic fluid (the fluid that surrounds the baby) around week 20 of pregnancy. If there is not enough amniotic fluid (called oligohydramnios) other pregnancy complications, such as poor lung development and skeletal problems such as joint contractures (joints can become stiff or unable to move), could happen. Oligohydramnios can also increase the chance for the need for early delivery through induction of labor or c-
section. In some cases, oligohydramnios could cause fetal demise.

Naproxen use later in pregnancy might also cause premature closure of the ductus arteriosus (a vessel that runs from the pulmonary artery to the aorta). Premature closure of this blood vessel can cause high blood pressure in the lungs of the developing baby (called pulmonary hypertension).

The use of naproxen later in pregnancy might also stop or slow down labor.

Therefore, naproxen should only be used under a healthcare provider’s supervision, particularly in the 2nd and 3rd trimesters. Talk with your healthcare provider about the benefits and risks of these medicines during pregnancy before using them. If your healthcare provider feels that naproxen use is needed, they will likely discuss using the lowest dose needed for the shortest time needed to treat your medical condition. Your healthcare providers can closely monitor your pregnancy if you need to use naproxen after week 20.

*Does taking naproxen in pregnancy cause long-term problems in behavior or learning for the baby?*

One study that found that those who used NSAIDs during pregnancy reported more attention problems in their children at ages 1.5, 3, and 5. However, there was no difference in teacher-reported attention problems at age 6 between children who were exposed to NSAIDs during pregnancy and those who were not.

*Can I breastfeed while taking naproxen?*

Naproxen has been found to enter breast milk in small amounts. Naproxen stays in breast milk longer than other NSAIDs. Based on available information, it is unlikely that naproxen use would be harmful for a breastfeeding baby. There is one report of blood-related health problems in a breastfed infant whose mother took naproxen along with another medicine. It is not known if naproxen or the other medicine caused this infant’s problems. Due to this concern and the amount of time naproxen stays in breast milk, it may be best to take a different NSAID, especially if breastfeeding a newborn that is less than a month old or was born before 37 weeks of pregnancy (preterm delivery). Be sure talk to your healthcare provider about all your breastfeeding questions.

*I take naproxen. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?*

It is not known if there are possible risks to a pregnancy when the father or sperm donor takes naproxen. In general, exposures that fathers or sperm donors 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/pdf/.

* Section Updated October 2020

Please click here for references.