Pseudoephedrine

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

**What is pseudoephedrine?**

Pseudoephedrine is a decongestant that is used to treat nasal congestion (“stuffy nose”) caused by colds or allergies. Pseudoephedrine is sold under many different brand names. Pseudoephedrine can be combined with other ingredients to help treat symptoms that may come with having a cold or allergies. In many places, products containing pseudoephedrine are only available upon request behind the pharmacy counter.

**I take pseudoephedrine. Can it make it more difficult for me to become pregnant?**

There are no studies looking at whether pseudoephedrine could make it harder to get pregnant.

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

If taking pseudoephedrine was recommended by your healthcare provider, talk with them before making any changes in this medication. It is important to consider the benefits of treating nasal congestion, allergies, colds, and other respiratory infections during pregnancy.

**Does taking pseudoephedrine increase the chance of miscarriage?**

Miscarriage can occur in any pregnancy. There are no studies looking at whether pseudoephedrine would increase the chance of miscarriage.

**Does taking pseudoephedrine in the first trimester increase the chance of birth defects?**

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.

Most studies have not found an increased chance for birth defects when pseudoephedrine is used during the first trimester. However, some studies have found a small increased chance for specific birth defects. These birth defects are: gastroschisis (an opening in the baby’s abdominal wall), small intestinal atresia (part of the small intestine is not fully developed) and hemifacial microsomia (part of the face is smaller than it should be). If you have already taken pseudoephedrine in the first trimester, remember that the risk for these birth defects, if any at all, is very small.

**Could taking pseudoephedrine in the second or third trimester cause other pregnancy complications?**

Talk with your healthcare provider before you start or stop taking any medication. If you use a decongestant after the first trimester, it is best to choose one that contains only one active ingredient (not one with many active ingredients). This avoids exposing the baby to other medications that may not be needed. Never take more than the recommended dose. Talk to your healthcare provider if you have questions about how much to take.

Pseudoephedrine can constrict blood vessels, which might raise blood pressure. If you have high blood pressure, talk to your healthcare provider about medications that would be best for you.

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

There are no studies looking at whether pseudoephedrine use in pregnancy would affect long term development or learning.
Can I breastfeed while taking pseudoephedrine?

At recommended doses, only a small amount of pseudoephedrine gets into breast milk. In most cases, pseudoephedrine is not likely to cause side effects in the breastfed baby. However, a few cases of irritability have been reported. If you are worried about any symptoms that the baby has, contact the child’s healthcare provider.

Pseudoephedrine may reduce the amount of milk that you produce. Given this concern, it may be best to wait to use pseudoephedrine until your milk supply is well established. If you notice a decrease in your milk supply, pseudoephedrine use can be stopped.

Be sure to talk to your health care provider about all your breastfeeding questions.

If a man takes pseudoephedrine could it affect his fertility (ability to get partner pregnant) or increase the chance of birth defects?

There are no studies looking at possible risks to a pregnancy when a father takes pseudoephedrine, but a father’s use of common decongestants is not expected to cause birth defects. 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 at: https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

Please click here for references.