Salmeterol

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

**What is salmeterol?**

Salmeterol is a medication used for the treatment of asthma and chronic obstructive pulmonary disease (COPD). It is in a class of medications called beta2-agonists. Beta2-agonists are bronchodilators, meaning that they help to open the airways in the lungs. Salmeterol is a long-acting beta2-agonist taken by breathing it into the lungs (by inhalation). It is used together with an inhaled corticosteroid to treat asthma. For information on inhaled corticosteroids, see the MotherToBaby fact sheet at [https://mothertobaby.org/fact-sheets/inhaled-corticosteroids-icss-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/inhaled-corticosteroids-icss-pregnancy/pdf/).

**I take salmeterol. Can it make it harder for me to become pregnant?**

There are no studies looking at whether salmeterol could make it harder for a woman to get pregnant.

**I just found out that I am pregnant. Should I stop using my salmeterol inhaler?**

Talk with your healthcare provider before making any changes to your medications. It is important to control asthma symptoms during pregnancy. Untreated asthma increases the chance for complications for both mother and baby. For more information, please see the MotherToBaby fact sheet on asthma at [https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/pdf/).

Salmeterol has been considered a medication of choice if long-acting beta agonist treatment is needed during pregnancy. If a woman’s asthma was well-controlled with salmeterol before pregnancy, it may be recommended to continue using it during pregnancy. It is important to talk with your healthcare provider about your options for controlling your asthma during pregnancy.

**Does taking salmeterol increase the chance for a miscarriage?**

Miscarriage can occur in any pregnancy. There are no studies looking at whether salmeterol could increase the chance of miscarriage, but there are no reports of an increased chance of miscarriage in women who took salmeterol during pregnancy.

**Does taking salmeterol 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. A small number of studies do not suggest an increased chance of birth defects with the use of inhaled salmeterol during pregnancy. When salmeterol is inhaled, very little of the drug gets into the mother’s blood. Even less of the medication is expected to reach the developing baby.

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

Although salmeterol use during pregnancy is not well studied, available reports do not suggest salmeterol increases the chance for pregnancy complications. Small studies have not described higher rates of preterm delivery (babies born before 37 weeks) or low birth weight. More studies are needed to better understand the effects of salmeterol and pregnancy. Asthma that is not well controlled can increase the chance for pregnancy complications.

**Can I breastfeed while taking salmeterol?**

There have not been any studies of women taking salmeterol during breastfeeding. Using a salmeterol inhaler is not thought to cause high enough levels in the mother’s bloodstream to pass into breast milk in large amounts. Using
inhaled bronchodilators is usually thought to be compatible with breastfeeding. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**If a man takes salmeterol, 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 the father uses salmeterol. Little to no inhaled salmeterol gets into a person’s blood. So, effects on a man’s fertility or on his partner’s pregnancy are not expected. 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/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

**MotherToBaby is currently conducting a study looking at asthma and the medications used to treat asthma in pregnancy. If you are interested in taking part in this study, please call 1-877-311-8972 or sign up at [https://mothertobaby.org/join-study](https://mothertobaby.org/join-study).**

**Selected References:**


February, 2020