Salmeterol (Serevent Diskus®)

This sheet is about exposure to salmeterol in 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 that has been used for the treatment of asthma and chronic obstructive pulmonary disease (COPD). It is in a class of medications called beta2-agonists. Beta2-agonists help to open the airways in the lungs (bronchodilators). Salmeterol is a long-acting beta2-agonist taken by breathing it into the lungs (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/.

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

Salmeterol has been considered a medication of choice if long-acting beta agonist treatment is needed during pregnancy. If a person’s asthma was well-controlled with salmeterol before pregnancy, it may be recommended to continue using it during pregnancy.

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

It is not known if salmeterol can make it harder to get pregnant.

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

Miscarriage can occur in any pregnancy. Studies have not been done to see if salmeterol could increase the chance of miscarriage. There are no reports that suggest an increased chance of miscarriage when salmeterol is used during pregnancy.

**Does taking salmeterol 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 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 blood. Even less of the medication is expected to reach the developing baby.

**Does taking salmeterol in pregnancy increase the chance of other pregnancy-related problems?**

Based on the studies reviewed, use of salmeterol during pregnancy is not expected to increases the chance for pregnancy complications. Small studies have not suggested higher rates of preterm delivery (babies born before 37 weeks) or low birth weight (weighting less than 5 pounds, 8 ounces [2500grams] at birth). However, asthma that is not well controlled can increase the chance for pregnancy complications. For information on asthma, see the MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/.

**Does taking salmeterol in pregnancy affect future behavior or learning for the child?**

Studies have not been done to see if salmeterol can cause behavior or learning issues for the child. There are no reports of an increased chance of future behavior or learning problems in people who were exposed to salmeterol during pregnancy.

**Breastfeeding while taking salmeterol:**

Studies have not been done to look at the use of salmeterol during breastfeeding. When salmeterol is inhaled, very little of the drug gets into the blood and it is not expected to pass into breastmilk in large amounts. Using inhaled bronchodilators is usually compatible with breastfeeding. Be sure to talk to your healthcare provider about all of your breastfeeding questions.
If a male takes salmeterol, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Studies have not been done to see if salmeterol could affect fertility or increase the chance of birth defects above the background risk. Using a salmeterol inhaler is not thought to cause high levels of the drug in a person’s bloodstream, so effects on fertility or a pregnancy are not expected. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

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.

Please click here to view references.