Tetracycline

This sheet is about exposure to tetracycline in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare providers.

What is tetracycline?

Tetracycline is an antibiotic that has been used to treat acne and infections.

Sometimes when women 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 your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

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

Does taking tetracycline increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if using tetracycline can increase the chance of miscarriage. One study looking at filled prescriptions of antibiotics (67 for tetracycline) reported an increased chance of miscarriage. Studies based on filled prescriptions cannot tell if a person took the medication. This makes it hard to know if the study outcomes are related to the medication or other factors.

Does taking tetracycline 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. Overall, the available information on tetracycline has not shown an increased chance of birth defects.

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

If tetracycline is taken after the 4th month of pregnancy, there is a chance for discoloration of the “baby” teeth (baby teeth might be gray or yellowish brown). Although this changes the look of the teeth, it does not seem to change the development of the outer covering, the enamel, or the chance of getting cavities. It is not clear how many babies who are exposed in pregnancy will go on to have tooth staining.

Tetracycline appears to affect the calcification (hardening) of the bones and teeth, and it might also reduce the growth of some bones while the fetus is exposed to the medication. Even though the tooth discoloration is permanent, the bone growth seems to return to usual after tetracycline is stopped.

It has been suggested that tetracycline be avoided after 4 months of pregnancy unless there is a reason for your healthcare provider to prescribe the medication.

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

Studies have not been done to see if tetracycline can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking tetracycline:

Tetracycline gets into breastmilk in small amounts. The bones and teeth in the baby continue to harden until one year of age. There is a theoretical concern (not proven) that if a baby is exposed to tetracycline in breast milk, it could cause tooth discoloration and delayed bone growth. However, both tetracycline levels in milk and absorption by a breastfeeding baby are low. Problems in infants are not expected when used for a short period of time.

The World Health Organization (WHO) Working Group on Human Lactation states that when tetracycline is used for 7-10 days while nursing, the risk to the infant appears to be low. Other antibiotics might be suggested for use while breastfeeding for long-term or repeated use. If you suspect the baby has any symptoms (diarrhea, thrush, or diaper rash), contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding

questions.

If a man takes tetracycline, could it affect his fertility or increase the chance of birth defects?

Studies have not been done to see if tetracycline could affect men's fertility (ability to get a woman pregnant) or increase the chance of birth defects. 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/.

Please click here for references.

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