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

**What is tetracycline?**

Tetracycline is an antibiotic used to treat conditions such as acne and many different infections. It belongs to a group of antibiotics that includes minocycline, oxytetracycline, doxycycline, sarecycline (Seysara®), and omadacycline (Nuzyra®). Tetracycline is usually taken orally (by mouth).

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

Studies on women have not been done to see if taking tetracycline could make it harder for a woman to get pregnant.

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

Talk with your healthcare provider before making any changes to this medication. They can go over the benefits of treating your condition and any possible risks to your pregnancy.

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

Miscarriage can occur in any pregnancy. Studies have not been done to see if tetracycline increases the chance of miscarriage.

**Does taking tetracycline 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. There are not many studies on tetracycline in the first trimester. Researchers have studied the outcome of pregnancies when women took tetracycline during the first 14 weeks of pregnancy. This is the time when the organs are forming in the baby. These studies have not shown an increased chance for major birth defects in children exposed to tetracycline in the first trimester.

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

If tetracycline is taken after the fourth month of pregnancy, there is a chance for discoloration (gray or yellowish brown) of the “baby” teeth. 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 may also reduce the growth of some bones while the baby is being exposed to the medication. Even though the tooth discoloration is permanent, the bone growth seems to return to normal after the women stops using tetracycline.

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

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

Studies have not been done to see if tetracycline causes long-term problems in behavior or learning.

**Can I breastfeed while taking tetracycline?**

The bones and teeth in the baby continue to harden until one year of age. Theoretically, if a baby is exposed to tetracycline in breast milk, it could cause tooth discoloration and delayed bone growth. However, only very low levels of tetracycline pass into breast milk. At this time, there have been no problems reported in babies exposed to tetracycline through breast milk.

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. However, other antibiotics may be suggested for use
while breastfeeding. Be sure to talk to your health care provider about all of your breastfeeding questions.

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

There is no information to suggest that a man's use of tetracycline would be harmful to sperm or increase the chance for 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.**

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Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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