

# Tralokinumab (Adbry®)

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

## ***What is tralokinumab?***

Tralokinumab (Adbry®) is a medication that has been used to treat moderate to severe atopic dermatitis (eczema) that is hard to treat with topical therapies (used on the skin). It has also been used to treat atopic dermatitis in people who cannot use topical therapies. MotherToBaby has a fact sheet on atopic dermatitis (eczema): <https://mothertobaby.org/fact-sheets/atopic-dermatitis/>.

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.

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

Studies have not been done to see if taking tralokinumab can make it harder to get pregnant.

## ***Does taking tralokinumab increase the chance for miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if tralokinumab increases the chance for miscarriage.

## ***Does taking tralokinumab 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. Human studies have not been done to see if tralokinumab increases the chance for birth defects. An animal study did not find an increased chance for birth defects when tralokinumab was used in pregnancy.

## ***Does taking tralokinumab in pregnancy increase the chance of other pregnancy related problems?***

Studies have not been done to see if tralokinumab increases the chance for pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

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

Studies have not been done to see if tralokinumab can cause behavior or learning issues for the child.

## ***Can my baby receive live vaccines before one year of age if I take tralokinumab while pregnant?***

Most vaccines given in the first 6 months of life are noninfectious and can be given to a baby even if tralokinumab is present in their blood. Noninfectious vaccines are not live vaccines, meaning a person cannot get the infection from the vaccine. Live vaccines carry a small chance that a person could develop the infection from the vaccine. However, live vaccines usually contain a milder form (attenuated) of the virus or bacteria than what you might be exposed to in the community. Types of live vaccines given in the U.S. include measles-mumps-rubella (MMR), varicella (chicken pox), and rotavirus vaccine. The rotavirus vaccine is the only live vaccine given to infants less than one year of age in the United States. Rotavirus is one of the leading causes of vomiting and severe diarrhea in children.

It is not known if exposure to tralokinumab during pregnancy affects a baby's ability to fight off infection. There is some information to suggest that babies exposed to biologics in pregnancy appear to build antibodies as expected and have the same typical response to vaccines as babies not exposed to these medications. Talk to your child's healthcare provider about any medications or exposures during pregnancy and/or breastfeeding. They can discuss the risks and benefits of live vaccines with you.

## ***Breastfeeding while taking tralokinumab:***

Tralokinumab has not been studied for use in humans while breastfeeding. Tralokinumab is in a group of medications called monoclonal antibodies. Other similar medications usually get into the milk in small amounts. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

Studies have not been done to see if tralokinumab could affect male fertility or increase the chance of birth defects above the background risk. 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/>.

**Please click [here](#) to view references.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

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