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Sulfamethoxazole/Trimethoprim (Bactrim[®] or Septra[®]) and Pregnancy

This sheet talks about the risks that exposure to sulfamethoxazole/trimethoprim can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What are sulfamethoxazole and trimethoprim?

Sulfamethoxazole and trimethoprim are medications that are used to treat bacterial infections. These two medications are usually given together and called Bactrim[®] or Septra[®].

The combination of these antibiotics is used to treat a variety of infections, including urinary tract infections (UTI's). UTI's are common among women and during pregnancy.

I am taking sulfamethoxazole/trimethoprim, but I would like to stop taking it before becoming pregnant. How long do these medications stay in my body?

These medications should be mostly cleared from your body about three days after your last dose. Do not stop taking your medication without first speaking with your health care provider.

Can taking sulfamethoxazole/trimethoprim during my pregnancy cause birth defects?

Overall, the increased risk, if any, with sulfamethoxazole/trimethoprim use during pregnancy appears to be small. The information on sulfamethoxazole and trimethoprim in pregnancy are complicated. There are not many well controlled studies on sulfamethoxazole use alone in human pregnancy. Sulfamethoxazole is a member of the sulfonamide class. Some studies have suggested the use of sulfonamides during the first trimester may be associated with an increased risk for birth defects. Other studies have not supported an increased risk for birth defects with first trimester exposure to sulfamethoxazole.

Concern has also been raised with the use of trimethoprim in pregnancy. This concern with trimethoprim has been the focus of various case reports, clinical trials, and other studies involving several hundred women using this medication at

anytime in pregnancy. Some studies have not found an increased risk for birth defects. However, a few studies looking at trimethoprim used with a sulfonamide during the first trimester have found an increased risk for birth defects. The birth defects that were seen included heart defects, neural tube defects (opening in the spine), cleft lip or palate and urinary tract defects.

Trimethoprim may decrease the level of folic acid in your body. Folic acid is a B vitamin that helps the body make new healthy cells and may help reduce the risk of certain birth defects, like spina bifida, in the baby. Pregnant women are recommended to consume between 400-800 micrograms of folic acid each day from foods or vitamin supplements.

If sulfamethoxazole/trimethoprim is taken during the first trimester, your doctor may suggest that you take an additional daily supplement of folic acid. Use of sulfamethoxazole and trimethoprim after the first trimester is not associated with a higher risk of birth defects in the baby.

I was prescribed sulfamethoxazole and trimethoprim for a UTI. Should I take this medication?

Yes. It is important to treat most infections during pregnancy. Untreated UTI's could lead to severe kidney infection for the mother, preterm birth and pre-eclampsia (dangerously high blood pressure).

Are there any other risks with sulfamethoxazole/trimethoprim use in pregnancy?

One study has suggested that women who take medications that may decrease levels of folic acid are at a greater risk for pregnancy complications such as preeclampsia (dangerously high blood pressure), placenta abruption (when the placenta breaks away from the wall of the uterus)

and fetal growth restriction. However, this medication is frequently used to treat UTI's, and women are at a greater risk for some of the same complications, when they have a UTI in pregnancy. So it is difficult to determine whether it is the medication, the decrease in folic acid, the infection itself, or other factors which are increasing the risk for these complications. More studies are needed before we can know if exposure to this medication can increase these risks.

Is it OK to take sulfamethoxazole/trimethoprim in the 3rd trimester?

Some authors have recommended not taking sulfonamides such as sulfamethoxazole after 32 weeks gestation. There is a theoretical concern that sulfonamide use near the end of pregnancy can increase the risk for severe jaundice (a problem with liver function) and related complications in the baby. . In this situation, your doctor can help to suggest a medication that is right for you.

Can I take sulfamethoxazole/trimethoprim while breastfeeding?

Sulfamethoxazole and trimethoprim pass into breast milk in small amounts. The American Academy of Pediatrics typically considers these medications compatible with breastfeeding.

There is some concern about taking sulfamethoxazole and trimethoprim while breastfeeding if the baby is premature, has severe jaundice, or a condition known as glucose-6-phosphate dehydrogenase deficiency (G6PD deficiency). Even in those situations, you should discuss options with your healthcare provider, as it is not always necessary to stop breastfeeding while taking these medications.

What if the father of the baby takes sulfamethoxazole/trimethoprim?

A sulfamethoxazole and trimethoprim combination was found to decrease sperm production in men who were taking it continuously for one month. A lowered sperm count may affect a man's ability to father a child.

There are no studies looking at risk for birth defects when the father takes sulfamethoxazole/trimethoprim. In general, medications that the father takes do not increase the risk for birth defects, because the father does not share a blood supply with the developing baby. For more information, please see the OTIS fact sheet

[Paternal Exposures and Pregnancy.](#)

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If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847.