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Loratadine and Pregnancy

This sheet talks about the risks that exposure to loratadine 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 is loratadine?

Loratadine (Claritin[®]) is an over-the-counter antihistamine medication used to relieve symptoms of allergies including sneezing, runny nose, watery eyes, an itchy throat, and an itchy rash or hives.

In the body loratadine breaks down into another compound called desloratadine (Clarinex[®]). The similarities between these compounds suggest that the information with loratadine would be helpful in predicting the pregnancy effects of desloratadine.

I just found out I am pregnant. Should I stop taking loratadine?

No. You should always speak with your doctor before making any changes in your medication. It is important to consider the benefits of treating allergy symptoms during pregnancy. Treating allergy symptoms may reduce asthma symptoms and the need for additional asthma medicines. Allergy treatment can also result in better sleep and emotional well-being.

Can taking loratadine during pregnancy cause birth defects?

It is unlikely that loratadine would cause an increased risk for birth defects. One study with several limitations suggested a small risk for hypospadias (a condition where the opening of the penis is on the underside of the penis instead of at the tip). More recent studies

of pregnant women taking loratadine have not supported an increased risk of any type of birth defect, including hypospadias. Additionally, studies involving infants with hypospadias did not find that loratadine was used more frequently by their mothers.

Can taking loratadine cause other pregnancy problems?

Loratadine is not expected to cause other pregnancy problems. A study of 161 women taking loratadine during the first trimester did not show any differences in the rates of miscarriage, delivery age, or birthweight compared to women who did not take loratadine.

Can I take loratadine while I am breastfeeding?

Yes. The Academy of Pediatrics considers loratadine to be a medication usually compatible with breastfeeding. Studies estimate that a breastfed baby would get less than 1% of the mother's dose. This dose is thought to be too low to cause problems for the baby. While theoretically antihistamines could reduce milk production, there have been no studies showing that this has actually occurred.

Compared to some other antihistamines, loratadine has less risk of causing drowsiness for the mother or the baby. This, along with the low levels in milk, make loratadine one of the

preferred antihistamines for use during breastfeeding.

What if the father of the baby takes loratadine?

There are currently no data to suggest that use of loratadine by the father would negatively affect the sperm or increase the risk for birth defects. For more information about a father's exposures and pregnancy, please see the OTIS fact sheet [Paternal Exposures and Pregnancy](#).

OTIS 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.

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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.