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Metformin and Pregnancy

The information below will help you determine if Metformin use during pregnancy represents an increased fetal risk. With every pregnancy, all women have a 3 to 5 percent chance to have a baby with a birth defect.

What is metformin?

Metformin is an oral medication used to lower blood sugar. It has been used for the treatment of type II diabetes (non-insulin dependent diabetes mellitus) and the insulin resistance that is a common feature of polycystic ovarian syndrome (PCOS). Other names for this medication are Glucophage, Diformin and Gliformin.

I use metformin for the treatment of type II diabetes. What should I do during pregnancy?

Metformin has been prescribed to women with type II diabetes for use during pregnancy. However, oral drugs do not control blood sugar levels well enough in some women during pregnancy. When this occurs, insulin is usually the medication of choice. Consult your physician about which medication is appropriate for you.

I use metformin to treat PCOS. Should I stop taking the medication before or after I get pregnant?

Recent studies suggest that women with PCOS that are being treated with metformin have a higher chance of getting pregnant. Two small studies have suggested that continuing metformin after becoming pregnant may decrease the chance of first-trimester miscarriage when compared to women with PCOS who did not take metformin. Women with PCOS who are planning a pregnancy or who become pregnant should not discontinue metformin unless directed to do so by a doctor.

Does metformin cause birth defects?

Metformin use during pregnancy has been evaluated in a number of small studies and has not been shown to increase the risk of birth defects. While these studies are reassuring, further studies are needed to confirm that metformin would not significantly increase the risk for birth defects.

If I use metformin throughout pregnancy will it affect the baby?

One study reported that treatment with metformin during pregnancy was associated with an increased chance of developing serious pregnancy complications including pre-eclampsia (dangerously high blood pressure) and stillbirth; however, further study is needed before a conclusion can be made. Some infants exposed to metformin during pregnancy have been reported to have jaundice. Infants exposed at the end of the pregnancy to oral medications that lower blood sugar, such as metformin, may have low blood sugar in the newborn period. Some authors suggest that this complication may be avoided by switching to insulin for the 24 hours prior to a planned delivery. Consult your doctor before making any changes to your medications.

The baby's father uses metformin to control diabetes. Will that harm the baby?

There have been no reproductive studies that have looked at the use of metformin in men. Typically, medications that a father takes are not thought to increase the chance of birth defects or other problems related to pregnancy.

Is it OK for me to breast feed while I use metformin?

Metformin is transferred into breast milk and is found in milk at the same concentration as in the mother's blood. Although the infant receives metformin in the milk, the acids in the baby's stomach break down much of the drug before the infant can absorb it. Some studies have recommended the use of other oral medications that lower blood sugar levels but that do not enter the breast milk as easily. If a mother uses metformin during breastfeeding, the infant should be observed for low blood sugar. The infant's pediatrician should be told of any medications the mother takes during breastfeeding.



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