

OTC ANALGESICS & ANTIPIRETICS		
DRUG	PREGNANCY	LACTATION
<p>Acetaminophen (Tylenol) <i>Dose limit: 2000 mg/24h</i></p>	<p>Compatible – Low risk with short-term use (preferred agent) Avoid chronic use, if possible, due to limited data suggesting an associated increased risk for neurodevelopmental issues (e.g., ADHD, autism) and cryptorchidism.*</p>	<p>Compatible Drug levels present in breast milk are much lower than therapeutic doses typically given to infants.</p>
<p>Aspirin (Bayer)</p>	<p>Avoid Use – Consider acetaminophen for analgesic or antipyretic effect** Use of aspirin during pregnancy (particularly chronic high-dose therapy) should be avoided due to concerns for increased perinatal mortality, restriction of intrauterine growth and teratogenic effects. Additionally, the use of aspirin near term is associated with prolonged gestation and labor, an increased risk for serious bleeding complications and premature closure of the ductus arteriosus. Low-dose aspirin therapy (40-150 mg daily) may be beneficial in certain patients at risk for preeclampsia or gestational hypertension (under instruction from a qualified provider).</p>	<p>Avoid Use – Consider alternative agent Salicylic acid (main metabolite of aspirin) is excreted in breast milk. The risk for salicylic acid causing Reye’s syndrome in breastfed infants is unknown. Use of an alternative agent is preferred in most cases. The use of low-dose aspirin for antiplatelet therapy may be considered in certain patients under instruction from a qualified provider (infant monitoring for bruising and bleeding is warranted).</p>
<p>Diclofenac gel (Voltaren gel)</p>	<p>Avoid Use – Particularly during 1st and 3rd trimesters** Use of NSAIDs during pregnancy is associated with a prolonged pregnancy period and premature closing of the ductus arteriosus (especially if used near term). There is also evidence suggesting a risk for spontaneous abortion and birth defects when used during the first trimester. While systemic absorption of diclofenac gel is much lower when compared to oral formulations (~6%) the associated risks with use during pregnancy are still present.</p>	<p>Likely Compatible Maternal use of topical diclofenac is not expected to cause any adverse effects in breastfed infants.</p>
<p>Ibuprofen (Advil, Motrin)</p>	<p>Avoid Use – Particularly during 1st and 3rd trimesters** Use of NSAIDs during pregnancy is associated with a prolonged pregnancy period and premature closing of the ductus arteriosus (especially if used near term). There is also evidence suggesting a risk for spontaneous abortion and birth defects when used during the first trimester.</p>	<p>Compatible (preferred agent) This drug has a short half-life and the drug levels present in breast milk are much lower than therapeutic doses typically given to infants. For these reasons, it is considered a preferred agent while breastfeeding.</p>

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<p>Naproxen (Aleve)</p>	<p>Avoid Use – Particularly during 1st and 3rd trimesters** Use of NSAIDs during pregnancy is associated with a prolonged pregnancy period and premature closing of the ductus arteriosus (especially if used near term). There is also evidence suggesting a risk for spontaneous abortion and birth defects when used during the first trimester.</p>	<p>Compatible Available information suggests drug levels present in breast milk are low and adverse effects in breastfed infants are uncommon. However, given the longer half-life of the drug other agents may be preferred.</p>
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* The FDA considers the available data too limited to make any updated recommendations at this time.

** In October 2020, the FDA issued a Drug Safety Communication recommending against the use of NSAID medications during pregnancy at 20 weeks or later due to concerns for impaired kidney function of the unborn baby and subsequent decreased levels of amniotic fluid (which can negatively impact normal development). If NSAID use is necessary during pregnancy and treatment lasts longer than 48 hours, ultrasound monitoring of amniotic fluid should be considered. This safety communication does not apply to ophthalmic NSAID formulations.