

Pregnancy and Lactation – OTC Cough & Congestion

OTC COUGH & CONGESTION		
DRUG	PREGNANCY	LACTATION
Ephedrine (Bronkaid, Primatene)	<p>Avoid Use During 1st Trimester Sympathomimetics are associated with an increased risk for inguinal hernia, clubfoot and minor malformations when used during the first trimester.</p> <p>Compatible in 2nd and 3rd Trimester Available data does not demonstrate evidence of ephedrine being associated with increased risk for birth defects during the 2nd and 3rd trimester</p>	<p>Limited Safety Information, Avoid Use Human data from a single case report suggests that use of ephedrine during breastfeeding may cause infant irritability and altered sleep patterns.</p> <p>Due to the limited safety information, use of an alternative agent (such as oxymetazoline nasal spray) is preferable.</p>
Dextromethorphan (Delsym, Robitussin DM)	<p>Compatible Available data from surveillance studies does not demonstrate evidence of major teratogenic risk or an increased likelihood for congenital defects. However, many formulations contain alcohol, which is best avoided during pregnancy (known teratogen).</p> <p>Use of an alcohol-free formulation is recommended.</p>	<p>Compatible Drug levels of dextromethorphan (and the active metabolite) present in breast milk are very low and are not expected to negatively impact nursing infants. However, many formulations contain alcohol, which is best avoided while breastfeeding.</p> <p>Use of an alcohol-free formulation is recommended.</p>
Guaifenesin (Mucinex, Robitussin)	<p>Compatible Available data does not demonstrate evidence of major teratogenic risk or an increased likelihood for congenital defects. However, many formulations contain alcohol, which is best avoided during pregnancy (known teratogen).</p> <p>Use of an alcohol-free formulation is recommended.</p>	<p>Likely Compatible The use of guaifenesin during breastfeeding has not been formally studied. However, typical maternal dosing is not expected to negatively impact nursing infants (particularly those over 2 months old). However, many formulations contain alcohol, which is best avoided while breastfeeding.</p> <p>Use of an alcohol-free formulation is recommended.</p>
Oxymetazoline Nasal Spray (Afrin)	<p>Use Caution in all Trimesters of Pregnancy Decongestant nasal sprays have limited systemic absorption and while there have been no reported birth defects associated with oxymetazoline use during pregnancy the available safety information is insufficient to make an appropriate recommendation.</p> <p>Additionally, oxymetazoline is not known to be associated with adverse fetal/neonatal events when used at the recommended frequency for a limited time (limit use to 3 days).</p>	<p>Likely Compatible (preferred over oral decongestants) The use of oxymetazoline nasal spray during breastfeeding has not been formally studied. However, decongestant nasal sprays have limited systemic absorption and are not expected to achieve significant levels in breast milk or negatively impact nursing infants.</p> <p>For these reasons, oxymetazoline nasal spray is recommended over oral decongestants (such as pseudoephedrine).</p>

<p>Phenylephrine (Sudafed PE) Phenylephrine Nasal Spray (Neo-Synephrine)</p>	<p>Avoid Use Due to conflicting data regarding fetal risk avoid use in all trimesters of pregnancy. Recommended oral decongestant of choice is pseudoephedrine.</p>	<p>Limited Safety Information, Avoid Use The use of oral phenylephrine during breastfeeding has not been formally studied in humans and the impact on nursing infants is unknown. However, available animal data suggests that phenylephrine may cause decreased milk production (less likely to occur with nasal spray).</p> <p>Due to the lack of safety information, use of an alternative agent is preferable.</p>
<p>Pseudoephedrine (Sudafed)</p>	<p>Avoid Use During 1st Trimester Available data demonstrates an association between pseudoephedrine use during the first trimester and fetal malformations.</p> <p>Likely Compatible in 2nd and 3rd Trimester Oral decongestant of choice. Available data does not demonstrate evidence of major teratogenic risk or malformations. Avoid prolonged use.</p>	<p>Likely Compatible Limited human data suggests that use of pseudoephedrine during breastfeeding may cause infant irritability (unlikely to cause actual infant harm).</p> <p>Pseudoephedrine has been shown to acutely decrease milk production and should be avoided in patients with trouble producing sufficient amounts.</p>
<p>Ipratropium bromide Nasal Spray</p>	<p>Compatible</p>	<p>Compatible</p>
<p>Benzocaine Lozenges (Cepacol)</p>	<p>Compatible</p>	<p>Compatible</p>
<p>Phenol Lozenges (Chloraseptic)</p>	<p>Compatible</p>	<p>Compatible</p>
<p>Additional recommendations: OTC products with single active ingredients are recommended over combination products with >1 active ingredient to aid in safe medication selection during pregnancy and breast feeding.</p>		