

OTC GASTROINTESTINAL		
DRUG	PREGNANCY	LACTATION
ANTACIDS		
Calcium Carbonate (Tums, Alka-Seltzer)	Compatible Calcium carbonate (at recommended doses for symptom relief of heartburn) is safe for use during pregnancy.	Compatible Additional intake of calcium by a nursing mother is unlikely to surpass that found in other infant foods. No special precautions are required.
ANTIDIARRHEALS		
Loperamide (Imodium)	Limited Safety Information While animal data suggests low risk, the available human data on use during pregnancy is insufficient to assess embryo-fetal risk.	Likely Compatible Available data suggests that maternal use of loperamide during breastfeeding is unlikely to affect the infant.
H2RAs		
Cimetidine (Tagamet)	Compatible The use of cimetidine during pregnancy has not demonstrated an increased risk for birth defects.	Compatible Cimetidine is not expected to cause any adverse effects in breastfed infants, especially if the infant is older than 2 months. However, because of its potential for causing hepatic enzyme inhibition, other drugs might be preferred.
Famotidine (Pepcid)	Compatible The use of famotidine during pregnancy has not demonstrated an increased risk for birth defects.	Compatible Famotidine is not expected to cause any adverse effects in breastfed infants. No special precautions are required.
PPIs		
Esomeprazole (Nexium)	Limited Safety Information The scarce human data available suggests low risk. However, the use of omeprazole or lansoprazole is preferred due to the more established safety information.	Limited Safety Information (likely compatible) Limited information indicates that maternal doses of 10 mg daily produce low levels in breast milk and would not be expected to cause adverse effects in breastfed infants.
Lansoprazole (Prevacid)	Limited Safety Information (considered safe) The available human data suggests low risk and is considered safe to use during pregnancy.	Limited Safety Information (likely compatible) No information is available on the use of lansoprazole during breastfeeding. However, lansoprazole has been used safely in newborn infants, so it is unlikely that the amount present in breast milk would be harmful.
Omeprazole (Prilosec)	Limited Safety Information (considered safe) The available human data suggests low risk and is considered safe to use during pregnancy.	Limited Safety Information (likely compatible) Limited information indicates that maternal omeprazole doses of 20 mg daily produce low levels in breast milk and

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		would not be expected to cause adverse effects in breastfed infants.
LAXATIVES		
Bisacodyl (Dulcolax)	Limited Safety Information Due to limited systemic absorption (~5%) embryo-fetal risk is likely negligible. However, routine use of bisacodyl during pregnancy should be avoided.	Compatible Neither drug nor active metabolite have been detected in breast milk following administration. Bisacodyl can be used while breastfeeding and no special precautions are required.
Magnesium Citrate (Citroma) Magnesium Hydroxide (Milk of Magnesia)	Compatible (not preferred) Considered safe to use during pregnancy at recommended doses. However, due to concerns for maternal sodium retention saline laxatives should be avoided or only used sparingly.	Compatible Maternal use is not expected to affect the breastfed infant. Additionally, oral absorption of magnesium is poor. No special precautions are required.
Methylcellulose (Citrucel)	Compatible Methylcellulose is not absorbed from the gastrointestinal tract and is considered safe to use during pregnancy.	Compatible Methylcellulose is not absorbed from the gastrointestinal tract and cannot enter the breast milk. It is acceptable to use during breastfeeding.
Polyethylene Glycol (Miralax)	Compatible (preferred agent) Due to minimal systemic absorption this medication is considered a first-line agent for managing constipation during pregnancy.	Compatible This drug is poorly absorbed from the gastrointestinal tract, and cannot enter the breast milk in significant amounts. No special precautions are required.
Psyllium (Metamucil)	Compatible Psyllium is not absorbed from the gastrointestinal tract and is considered safe to use during pregnancy.	Compatible Psyllium is not absorbed from the gastrointestinal tract and cannot enter the breast milk. It is acceptable to use during breastfeeding.
Senna (Senokot)	Compatible Human data demonstrates that use of senna during pregnancy does not have teratogenic effects.	Compatible Several controlled studies using modern senna products have found no effect on the breastfed infant. Usual doses of senna during breastfeeding are acceptable.
NAUSEA		
Ginger	Compatible Ginger is considered a safe remedy for managing nausea and vomiting during pregnancy due to the lack of demonstrated developmental toxicity.	Likely Compatible Very limited data exist on the safety and efficacy of ginger in nursing mothers or infants. However, ginger has a long history of use as a food and medicine and is "generally recognized as safe" (GRAS) as a food flavoring by the U.S. Food and Drug Administration, including during lactation.
Dimenhydrinate (Dramamine)	Compatible Available human data demonstrates that dimenhydrinate use during pregnancy is not associated with an increased risk of fetal malformation.	Likely Compatible Available data suggests that small, occasional doses are acceptable while breastfeeding. However, chronic use with

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		higher doses may lead to infant drowsiness and/or decreased milk supply.
Meclizine (Antivert, Bonine)	Compatible Available human data demonstrates that meclizine use during pregnancy is not associated with an increased risk of fetal malformation.	Likely Compatible Available data suggests that small, occasional doses are acceptable while breastfeeding. However, chronic use with higher doses may lead to infant drowsiness and/or decreased milk supply.
MISCELLANEOUS		
Bismuth Subsalicylate (Pepto-Bismol)	Limited Safety Information - don't use after first half of pregnancy Available human data suggests low risk for use during pregnancy. However, due to concerns surrounding salicylate toxicity this drug should be avoided or only used during the first half of pregnancy.	Avoid Use Salicylates are excreted into the breast milk. Due to concerns for infant absorption of salicylate via breast milk it is reasonable to avoid use. Alternative agents are preferred.
Simethicone (Gas-X)	Compatible Simethicone is not absorbed systemically. Available human data demonstrates that simethicone use during pregnancy is not associated with an increased risk of fetal malformation.	Compatible Simethicone is not absorbed systemically and cannot enter the breast milk. It is acceptable to use during breastfeeding. No special precautions are required.