

# Decongestants

## The safety of decongestants during pregnancy and breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

### **THIS MEDICATION CAN CAUSE HARM TO YOUR BABY:**

The use of decongestants during pregnancy may increase the risk of birth defects, especially when used during the first trimester of pregnancy. They can also cause irritability in breastfed babies.

#### **Decongestant description:**

Decongestants are taken to relieve a stuffy nose (nasal congestion) due to a cold or allergies. They are available as oral formulations or as nasal sprays. Nasal sprays should not be used for more than 3 days because they can cause congestion to worsen if used for longer periods of time. Types of oral decongestants that are available include: phenylephrine (Sudafed PE) and pseudoephedrine (Sudafed). These two decongestants are often found in combination cold and allergy medications with more than one active ingredient. Oxymetazoline (Afrin, Dristan) is another type of decongestant available in the form of a nasal spray. These medications are available without a prescription, although pseudoephedrine must be purchased from behind the pharmacy counter.

#### **Decongestants are used to treat:**

Decongestants are used to temporarily relieve nasal congestion caused by hay fever, allergies, sinus infection, or a cold. These medications only improve symptoms. They will not treat the underlying condition causing the nasal congestion or help you recover faster.

#### **How do decongestants work?**

Decongestants work by making the blood vessels in your nasal passages narrower. Allergies, hay fever, and colds cause nasal congestion by expanding the blood vessels in your nose and causing them to swell with blood. By making the blood vessels in your nose narrower, decongestants reduce swelling, decrease the amount of fluid buildup, relieve pressure, and increase airflow into your nose, allowing you

to breathe easier. However, decongestants also affect blood vessels throughout your body, which can increase your blood pressure and your heart rate.

### **If I am taking a decongestant, can it harm my baby?**

Decongestants may cause harm to your baby, especially when taken during the first trimester of pregnancy. There is little evidence available on the safety of these medications during pregnancy, but some studies have found that these medications were associated with a higher risk of birth defects. It is thought that decongestants may interfere with the development of your baby's blood vessels, causing certain types of birth defects. Additionally, some decongestants increase your blood pressure, which can lead to other complications with your pregnancy and possibly result in harm to your baby. Always ask your doctor before using any medication that contains a decongestant while you are pregnant. Since decongestants only help ease symptoms without treating the underlying condition, some studies and authors recommend avoiding these medications during pregnancy due to potential risks to your baby.

### **Evidence:**

Some studies have found that the use of decongestants in the first trimester of pregnancy is associated with a higher risk of specific birth defects. A review analyzed data from the Slone Epidemiology Center Birth Defects Study. It found that the use of phenylephrine during the first trimester of pregnancy was associated with a birth defect in the heart. Phenylpropanolamine (a decongestant that is no longer available in the U.S.) was associated with ear defects and a birth defect in the stomach and small intestine. Pseudoephedrine was also found to have a higher risk of limb defects and a higher risk of gastroschisis, a birth defect in the abdominal wall causing the intestines to be found outside the body.

Another review found that the use of decongestants during pregnancy may increase the risk of specific birth defects, including a birth defect in the small intestine, a birth defect involving the face, and gastroschisis. In addition, a study found that there was a higher risk of birth defects of the eyes and ears when expecting moms used either phenylephrine or phenylpropanolamine.

Evidence has also indicated that intranasal decongestants (nasal sprays) can be absorbed by the body and may increase the risk of birth defects. The use of oxymetazoline and xylometazoline (another type of intranasal decongestant) during the first trimester of pregnancy was associated with a birth defect involving organs in the throat and a birth defect in the stomach and small intestine. In addition, exposure to oxymetazoline during the second trimester of pregnancy was associated with a birth defect in the kidneys.

Although several reviews have found that decongestants may be associated with a higher risk of birth defects, other studies have not associated their use with an increased risk.

Bottom line: Always ask your doctor before using any medication that contains a decongestant during pregnancy. Although data is limited, some studies have found that the use of these medications, especially during the first trimester, can increase the risk of certain birth defects.

### **If I am taking a decongestant and become pregnant, what should I do?**

If you become pregnant while taking a decongestant, you should contact your doctor immediately. Your doctor may decide to discontinue the decongestant or prescribe a safer alternative.

### **If I am taking a decongestant, can I safely breastfeed my baby?**

Decongestants may cause irritability in breastfed babies. Always consult your doctor before using any medication that contains a decongestant while you are nursing. Since decongestants will not treat colds, allergies, hay fever, or the flu, some studies recommend avoiding decongestants while breastfeeding. Decongestants can pass into breast milk. Although the American Academy of Pediatrics classified pseudoephedrine as usually compatible with breastfeeding, later studies have found that pseudoephedrine can cause irritability in babies exposed to this drug from breast milk. Pseudoephedrine also decreases milk production and may interfere with your ability to breastfeed your baby. There is very little information on the use of intranasal decongestants during nursing. It is likely that only small amounts of intranasal decongestants pass into breast milk. Therefore, these are preferred over oral decongestants.

Bottom line: If you are nursing, you should always contact your doctor before using any decongestant. There is very little evidence available on the safety of decongestants in breastfed babies. Some studies and reports found that pseudoephedrine caused irritability in breastfed babies. Since these medications only improve symptoms, their use is often not recommended in nursing moms.

### **If I am taking a decongestant, will it be more difficult to get pregnant?**

There have been no studies looking at the effects of decongestants on female fertility; however, pseudoephedrine may improve fertility in men with certain medical conditions.

### **If I am taking a decongestant, what should I know?**

You should always consult your doctor before using any decongestants during pregnancy or nursing. Since these medications only improve symptoms and do not treat your condition, it is often

recommended to avoid these medications during pregnancy and breastfeeding due to potential risks to your baby. This is especially true during the first trimester of pregnancy, when your baby is most vulnerable. Some studies have found that the use of decongestants can increase the risk of birth defects. In addition, the use of pseudoephedrine while breastfeeding has been found to cause irritability in breastfed babies.

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## **General information**

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.

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