

Oral Contraceptives

The safety of oral contraceptives during pregnancy or 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:

Oral contraceptives should not be used during pregnancy and taken with caution during breastfeeding. Although the risks associated with these medications are largely unknown, they may increase the risk of some birth defects. They can also cause masculinization in female babies.

What are oral contraceptives?

Oral contraceptives are synthetic forms of the hormones that are released by your ovaries. They are taken to prevent unwanted pregnancy. Oral contraceptives are available as tablets to be taken by mouth. There are many different types of oral contraceptives available. Most contain an estrogen in addition to a progestin component, but some oral contraceptives only contain a progestin.

What are oral contraceptives used to treat?

Oral contraceptives are used for family planning purposes to prevent unwanted pregnancy. They are also sometimes used to treat acne or heavy menstrual bleeding in girls or women.

How do oral contraceptives work?

Oral contraceptives affect different hormones in your body. They prevent ovulation (the release of an egg from your ovaries) from occurring and change the lining of the uterus. They also change the consistency of the mucus at the cervix (the opening of the uterus), which prevents the entrance of sperm.

If I am taking an oral contraceptive, can it harm my baby?

Oral contraceptives are contraindicated during pregnancy by the FDA, meaning that they should not be taken. The risks that they pose to the developing baby are unknown, and there are no benefits to

their use during pregnancy. Several studies have looked at the likelihood for oral contraceptives to cause birth defects, but it is unclear if the use of these medications during pregnancy increases the risk. An exception to this is for defects involving the baby's genitals. Oral contraceptives are known to cause masculinization of female babies when taken during pregnancy.

Evidence:

One study found that the use of oral contraceptives during the first 3 months of pregnancy was associated with a higher risk of two types of birth defects: a birth defect in the heart and gastroschisis (a birth defect in the abdomen causing the intestines to be located outside the body). Some studies have also found that the use of oral contraceptives during pregnancy increased the risk of neural tube defects (defects in the brain, spine, or spinal cord), limb defects, and defects in the urinary tract. However, several other studies did not find an increased risk of birth defects with the use of oral contraceptives near the time of conception or very early after pregnancy. A large study looked at 611,007 expecting moms who took an oral contraceptive prior to conception or early after pregnancy onset. This study did not find that oral contraceptives increased the risk of birth defects.

Bottom line: Oral contraceptives should not be taken during pregnancy. There is no benefit to their use during pregnancy, and they can cause masculinization in female babies. They may also increase the risk of birth defects in your baby, although the exact risks are largely unknown.

If I am taking an oral contraceptive and become pregnant, what should I do?

If you become pregnant while taking an oral contraceptive, you should contact your doctor immediately. Your doctor will discontinue the oral contraceptive until after your delivery.

If I am taking an oral contraceptive, can I safely breastfeed my baby?

The FDA advises that oral contraceptives should be avoided while breastfeeding, if possible, and that alternative contraceptive methods should be used. Oral contraceptives pass into breast milk in small amounts. There have been a few reports of health problems, including enlarged breasts and liver conditions, in breastfed babies whose mom took an oral contraceptive while nursing. Oral contraceptives have also been associated with causing a vitamin deficiency in a nursing mom, which led to vomiting, diarrhea, and poor nutritional status in her breastfed baby. Another report found that a baby whose mom took a progestin while nursing had changes in thyroid hormone levels. In addition, oral contraceptives can also reduce the quantity and quality of the breast milk you produce. Despite reports of some health problems in babies exposed to these medications, the American Academy of

Pediatrics has classified the combination oral contraceptive pill (containing both estrogen and progesterone) as usually compatible with breastfeeding.

Bottom line: Oral contraceptives should be avoided while breastfeeding, and alternative forms of contraception should be used. There is very little data on the safety of these medications in the breastfed baby, but there have been a few reports of health problems in babies exposed to oral contraceptives from breast milk.

If I am taking an oral contraceptive, are there other medications that can reduce its effectiveness?

There are many medications, both prescription and over-the-counter, that can reduce the effectiveness of oral contraceptives. You should always speak with your doctor to determine if back-up contraception is needed when taking other medications or supplements.

If I am taking an oral contraceptive, what should I know?

Oral contraceptives are contraindicated during pregnancy. These medications have no benefit during pregnancy and may cause harm to your baby. They can cause masculinization in female babies. There are also some studies which show that oral contraceptives may increase the risk of certain birth defects when taken during pregnancy, although the exact risks are largely unknown.

Oral contraceptives should be avoided while breastfeeding, and other contraceptive methods should be used instead. There is very little data on the safety of these medications in the breastfed baby, but there have been some reports of health problems in babies exposed to oral contraceptives from breast milk.

If I am taking any medication, what should I know?

This report provides a summary of available information about the use of oral contraceptives during pregnancy and breastfeeding. Content is from the product label unless otherwise indicated.

You may find Pregistrys expert reports about the individual medications used as oral contraceptives [here](#). Additional information can also be found in the sources listed at the end of this report.

For more information about **oral contraceptives** during and after pregnancy, contact <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or read the following articles:

Merck Manual: [Oral Contraceptives](#)

U.S. National Library of Medicine: [Estrogen and Progestin \(Oral Contraceptives\)](#)

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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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