

## Pregnancy and Lactation – OTC Antihistamines

OTC ANTIHISTAMINES		
DRUG	PREGNANCY	LACTATION
<b>Azelastine Nasal Spray (Astepro)</b> <i>2<sup>nd</sup> Generation</i>	<b>Limited Safety Information, Likely Compatible</b> There is no safety information available on azelastine nasal spray use during pregnancy in humans. Available data in animals suggests a low risk. However, other antihistamines with more established safety data are available and should be considered.	<b>Likely Compatible</b> Occasional maternal use of azelastine nasal spray is not expected to negatively impact breastfed infants. However, chronic use with higher doses may lead to infant drowsiness and/or decreased milk supply.
<b>Cetirizine (Zyrtec)</b> <i>2<sup>nd</sup> Generation</i>	<b>Likely Compatible</b> Available human and animal data has not demonstrated evidence of teratogenicity for cetirizine.	<b>Likely Compatible</b> 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.
<b>Chlorpheniramine (Chlor-Trimeton)</b> <i>1<sup>st</sup> Generation</i>	<b>Compatible (preferred agent)</b> Available data demonstrates that the use of chlorpheniramine during pregnancy does not cause embryo-fetal harm. Due to the large number of documented exposures and established safety, chlorpheniramine is considered a preferred agent when antihistamine therapy is required during pregnancy.	<b>Likely Compatible</b> 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.
<b>Desloratadine (Clarinet)</b> <i>3<sup>rd</sup> Generation</i>	<b>Limited Safety Information, Likely Compatible</b> There is no safety information available on desloratadine use during pregnancy in humans. Desloratadine is the main metabolite of loratadine. Based on the demonstrated safety of loratadine it is reasonable to assume that desloratadine is not a major teratogen.	<b>Likely Compatible</b> Due to the lack of sedative and anticholinergic properties, maternal use of desloratadine is unlikely to impact breastfed infants or milk production.
<b>Diphenhydramine (Benadryl)</b> <i>1<sup>st</sup> Generation</i>	<b>Compatible</b> Available data demonstrates that the use of diphenhydramine during pregnancy does not cause embryo-fetal harm.	<b>Likely Compatible</b> 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.
<b>Fexofenadine (Allegra)</b> <i>3<sup>rd</sup> Generation</i>	<b>Avoid Use</b> There is no safety information available on fexofenadine use during pregnancy in humans. However, animal data demonstrates a dose-related embryo-fetal toxicity.	<b>Likely Compatible</b> Due to the lack of sedative properties and low drug levels present in breast milk, maternal use of fexofenadine is unlikely to impact breastfed infants or milk production.
<b>Levocetirizine (Xyzal)</b> <i>3<sup>rd</sup> Generation</i>	<b>Limited Safety Information, Likely Compatible</b> There is no safety information available on levocetirizine (active component of cetirizine) usage during pregnancy in humans. Available data in animals suggests a low risk.	<b>Likely Compatible</b> Available data suggests that use of levocetirizine is acceptable while breastfeeding. However, chronic use with higher doses may lead to infant drowsiness and/or decreased milk supply.

<b>Loratadine (Claritin)</b> <i>2<sup>nd</sup> Generation</i>	<b>Likely Compatible</b> Available human and animal data has not demonstrated evidence of teratogenicity for cetirizine.	<b>Likely Compatible</b> Due to the lack of sedative properties and low drug levels present in breast milk, maternal use of loratadine is unlikely to impact breastfed infants. It may decrease milk production, particularly if used in combination with a sympathomimetic (such as pseudoephedrine).
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