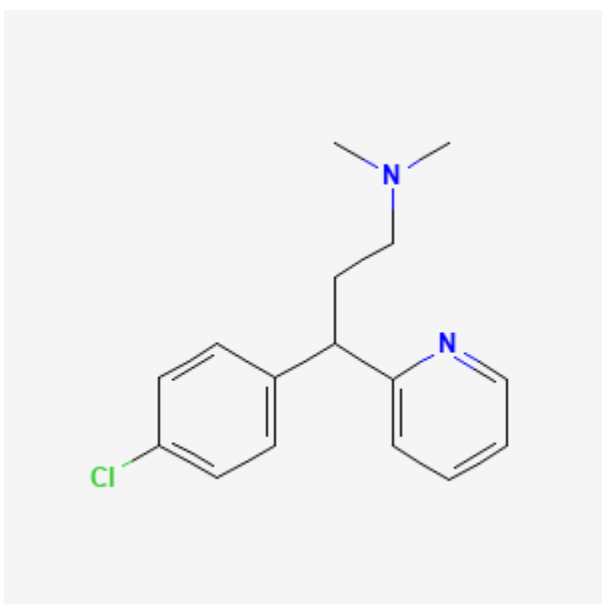




## Chlorpheniramine

Revised: September 20, 2021.

CASRN: 132-22-9



## Drug Levels and Effects

### Summary of Use during Lactation

Small (2 to 4 mg), occasional doses of chlorpheniramine are acceptable during breastfeeding. Larger doses or more prolonged use might cause effects in the infant or decrease the milk supply, particularly in combination with a sympathomimetic such as pseudoephedrine or before lactation is well established. Single bedtime doses after the last feeding of the day may be adequate for many women and will minimize any effects of the drug. The nonsedating antihistamines are preferred alternatives, though.

### Drug Levels

*Maternal Levels.* Relevant published information was not found as of the revision date.

**Disclaimer:** Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

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*Infant Levels.* Relevant published information was not found as of the revision date.

## Effects in Breastfed Infants

In one telephone follow-up study, mothers reported irritability and colicky symptoms 10% of infants exposed to various antihistamines and drowsiness was reported in 1.6% of infants. None of the reactions required medical attention. In this study, no side effects were reported among 5 infants exposed to chlorpheniramine in breastmilk.[1]

## Effects on Lactation and Breastmilk

Dexchlorpheniramine in relatively high doses given by injection can decrease basal serum prolactin in nonlactating women and in early postpartum women.[2,3] However, suckling-induced prolactin secretion is not affected by dexchlorpheniramine pretreatment of postpartum mothers.[2] Whether lower oral doses of chlorpheniramine have the same effect on serum prolactin or whether the effects on prolactin have any consequences on breastfeeding success have not been studied.

## Alternate Drugs to Consider

Desloratadine, Fexofenadine, Loratadine

## References

1. Ito S, Blajchman A, Stephenson M, et al. Prospective follow-up of adverse reactions in breast-fed infants exposed to maternal medication. *Am J Obstet Gynecol.* 1993;168:1393–9. PubMed PMID: 8498418.
2. Messinis IE, Souvatzoglou A, Fais N, et al. Histamine H1 receptor participation in the control of prolactin secretion in postpartum. *J Endocrinol Invest.* 1985;8:143–6. PubMed PMID: 3928731.
3. Pontiroli AE, De Castro e Silva E, Mazzoleni F, et al. The effect of histamine and H1 and H2 receptors on prolactin and luteinizing hormone release in humans: Sex differences and the role of stress. *J Clin Endocrinol Metab.* 1981;52:924–8. PubMed PMID: 7228996.

## Substance Identification

### Substance Name

Chlorpheniramine

### CAS Registry Number

132-22-9

### Drug Class

Breast Feeding

Lactation

Antihistamines