

Cough and Cold Medications in Pregnancy and Lactation

Drug or Drug Class	Pregnancy	Lactation
Decongestants	Pseudoephedrine , in the lowest dose and shortest duration possible is considered the decongestant of choice. However it may be prudent to avoid its use in the first trimester of pregnancy. Oxymetazoline and xylometazoline can be considered when used at appropriate doses for short durations.	Systemic decongestants are best avoided if breastmilk production is poor or marginal. Oxymetazoline and xylometazoline are considered drugs of choice.
Antihistamines	The first generation antihistamines, especially chlorpheniramine , are preferred. If not tolerated or effective, second generation agents such as loratadine can be recommended.	Due to possible adverse effects on the infant from first generation antihistamines, second generation agents are preferred in lactating mothers.
Antitussives – Codeine	Codeine is best avoided during pregnancy.	Avoid or limit codeine use in lactation due to risk of infant toxicity.
Antitussives - Dextromethorphan	Dextromethorphan is the preferred antitussive in both pregnancy and lactation. Consider lack of evidence of efficacy.	
Expectorant	Guaifenesin is considered safe in pregnancy and lactation. Consider lack of evidence of efficacy.	
Analgesics – Acetaminophen	Acetaminophen is considered the analgesic/antipyretic of choice in both pregnancy and breastfeeding.	
Analgesics – ASA and NSAIDs (naproxen and ibuprofen)	ASA and NSAIDs are considered compatible with pregnancy in the first and second trimester, but should be avoided in the third trimester . Low-dose ASA is considered to pose lower risk during pregnancy and breastfeeding.	Non-aspirin NSAIDs are generally considered compatible during breastfeeding and ibuprofen is the NSAID of choice due to greatest safety data. Low-dose ASA is considered to pose lower risk during pregnancy and breastfeeding.
Lozenges	Medicated throat lozenges are considered safe in pregnancy and breastfeeding.	
Herbals for Cough and Cold	Echinacea and ginseng (all forms) should be avoided during pregnancy and breastfeeding. Ascorbic acid (vitamin C) can be used as supplements for cold and flu prevention during pregnancy and lactation as long as the upper limit is not exceeded; 2000mg daily if the mother is over the age of 19 and 1800mg daily if the mother is 18 years old or younger. Zinc lozenges can be taken as long as the total daily intake does not exceed 40mg for women over the age of 19 and 34mg for women who are 18 years old or younger.	