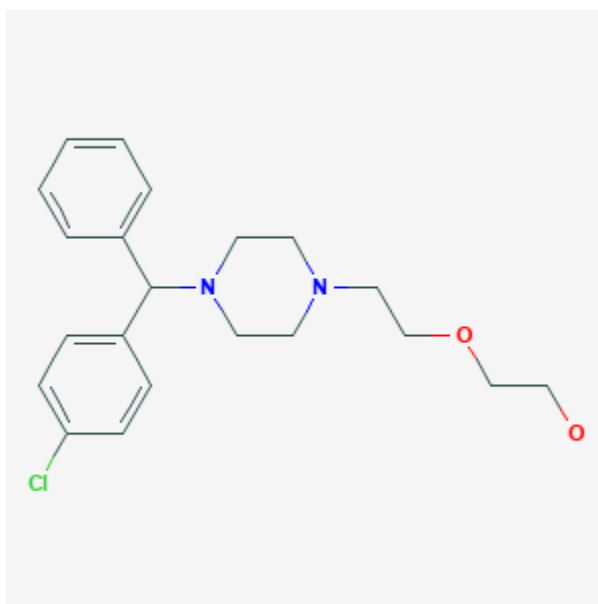




## Hydroxyzine

Revised: April 1, 2019.

CASRN: 68-88-2



## Drug Levels and Effects

### Summary of Use during Lactation

Small occasional doses of hydroxyzine would not be expected to cause any adverse effects in breastfed infants. Larger doses or more prolonged use may cause drowsiness and other effects in the infant or decrease the milk supply, particularly in combination with a sympathomimetic such as pseudoephedrine or before lactation is well established. Other agents are preferred, especially while nursing a newborn or preterm infant.

### Drug Levels

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

*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.[1]

All adverse reactions in breastfed infants reported in France between January 1985 and June 2011 were compiled by a French pharmacovigilance center. Of 174 reports, hydroxyzine was reported to cause adverse reactions in 8 infants and to be one of the drugs most often suspected in serious adverse reactions, primarily sedation.[2]

## Effects on Lactation and Breastmilk

Antihistamines in relatively high doses given by injection can decrease basal serum prolactin in nonlactating women and in early postpartum women.[3][4] However, suckling-induced prolactin secretion is not affected by antihistamine pretreatment of postpartum mothers.[3] Whether lower oral doses of antihistamines have the same effect on serum prolactin or whether the effects on prolactin have any consequences on breastfeeding success have not been studied. The prolactin level in a mother with established lactation may not affect her ability to breastfeed.

The breastfeeding mother of a 5-week-old infant was diagnosed with bipolar disorder, panic attacks and anxiety disorder. She was started on hydroxyzine 50 mg at an unspecified interval and took it for 3 to 5 days with no effect on milk production. She was then started on aripiprazole 5 mg at an unspecified interval. After 5 days, she reported a decrease in milk production that required supplementation with formula. Nine days after stopping both drugs, her milk supply returned to normal. The decreased milk supply was possibly caused by the medications, with aripiprazole most likely.[5]

## Alternate Drugs to Consider

[Desloratadine](#), [Fexofenadine](#), [Loratadine](#)

## References

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3. 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.
4. 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.
5. Yskes R, Thomas R, Nagalla ML. A case of decreased milk production associated with aripiprazole. *Prim Care Companion CNS Disord*. 2018;20: 18l02303. PubMed PMID: 30549496.

## Substance Identification

### Substance Name

Hydroxyzine

## **CAS Registry Number**

68-88-2

## **Drug Class**

Breast Feeding

Lactation

Antihistamines