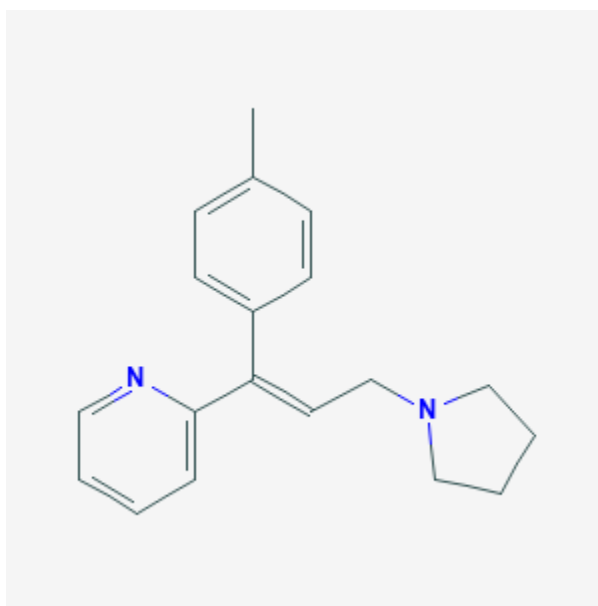




Triprolidine

Revised: October 31, 2018.

CASRN: 486-12-4



Drug Levels and Effects

Summary of Use during Lactation

Small, occasional doses of triprolidine would not be expected to cause any adverse effects in breastfed infants. Larger doses or more prolonged use may 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. The nonsedating antihistamines are preferred alternatives.

Drug Levels

Maternal Levels. Single doses of triprolidine of 2.5 mg produced peak milk levels of about 7 to 9 mcg/L at about 1 to 2 hour after the dose in 3 women. Milk levels fell with half-lives ranging from 2.8 to 18.9 hours among the 3 mothers. The dose a fully breastfed infant would receive was calculated to be 0.6 to 0.2% of the mother's weight-adjusted dosage.[1]

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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 and none of the mothers were taking triprolidine.[2]

In one study, no infant side effects were reported in three infants whose mothers took one dose of triprolidine 2.5 mg and pseudoephedrine 60 mg.[1]

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.

Alternate Drugs to Consider

Desloratadine, Fexofenadine, Loratadine

References

1. Findlay JWA, Butz RF et al. Pseudoephedrine and triprolidine in plasma and breast milk of nursing mothers. *Br J Clin Pharmacol.* 1984;18:901-6. PubMed PMID: 6529531.
2. 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.
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.

Substance Identification

Substance Name

Triprolidine

CAS Registry Number

486-12-4

Drug Class

Breast Feeding

Lactation

Antihistamines