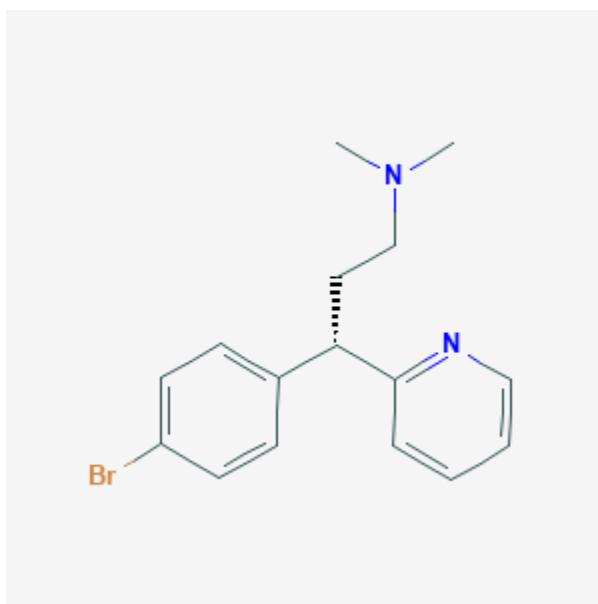




Dexbrompheniramine

Revised: October 31, 2018.

CASRN: 132-21-8



Drug Levels and Effects

Summary of Use during Lactation

Small, occasional doses of dexbrompheniramine 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. 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.

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.

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Effects in Breastfed Infants

In one telephone follow-up study, mothers reported irritability and colicky symptoms in 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 infants were exposed to brompheniramine or dexbrompheniramine.[1]

Irritability and disturbed sleep were reported in an 11-week-old breastfed infant whose mother was taking a product containing dexbrompheniramine and etafedrine (d-isoephedrine).[2] These side effects were possibly caused by dexbrompheniramine in breastmilk, but could have been caused by the etafedrine or both drugs.

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. 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. Mortimer EA Jr. Drug toxicity from breast milk? *Pediatrics*. 1977;60:780-1. Letter. PubMed PMID: 917668.
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

Dexbrompheniramine

CAS Registry Number

132-21-8

Drug Class

Breast Feeding

Lactation

Antihistamines