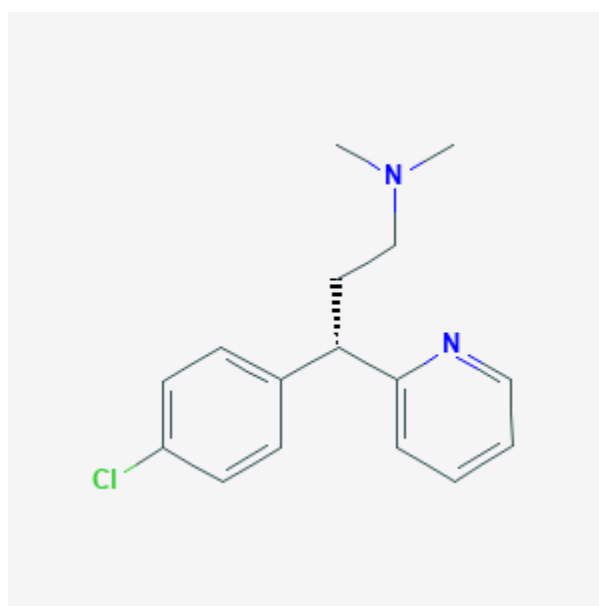




## Dexchlorpheniramine

Revised: October 31, 2018.

CASRN: 25523-97-1



## Drug Levels and Effects

### Summary of Use during Lactation

Small, occasional doses of dexchlorpheniramine would not be expected to cause any adverse effects in breastfed infants. 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.

### 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

Relevant published information on dexchlorpheniramine was not found as of the revision date. 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. 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. 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

Dexchlorpheniramine

### CAS Registry Number

25523-97-1

### Drug Class

Breast Feeding

Lactation

Antihistamines