Sulfamethoxazole/Trimethoprim (Bactrim® or Septra®) and Pregnancy

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to sulfamethoxazole/trimethoprim may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care professional.

What are sulfamethoxazole and trimethoprim?

Sulfamethoxazole and trimethoprim are medications that are used to treat bacterial infections. These two medications are usually given together and called Bactrim® or Septra®. The combination of these antibiotics is used to treat a variety of infections, including urinary tract infections (UTIs). UTIs are common among women during pregnancy.

I am taking sulfamethoxazole/trimethoprim, but I would like to stop taking it before becoming pregnant. How long do these medications stay in my body?

These medications should be mostly cleared from your body about three days after your last dose. Do not stop taking your medication without first speaking with your health care provider.

Can taking sulfamethoxazole/trimethoprim during my pregnancy cause birth defects?

Overall, the increased risk, if any, with sulfamethoxazole/trimethoprim use during pregnancy appears to be small. There are not many well controlled studies on sulfamethoxazole use alone in human pregnancy. Sulfamethoxazole is a member of the sulfonamide class. Some studies have suggested the use of sulfonamides during the first trimester may be associated with an increased risk for birth defects while other studies have not.

Concern has also been raised with the use of trimethoprim in pregnancy. This concern with trimethoprim has been the focus of studies involving several hundred women using this medication at anytime in pregnancy. Some studies have not found an increased risk for birth defects. However, a few studies looking at trimethoprim used with a sulfonamide during the first trimester have found an increased risk for birth defects. The birth defects that were seen included heart defects, neural tube defects (opening in the spine), cleft lip or palate, and urinary tract defects.

Trimethoprim may decrease the level of folic acid in your body. Folic acid is a B vitamin that helps the body make new healthy cells and may help reduce the risk of certain birth defects, like spina bifida, in the baby. It is recommended that pregnant women consume between 400-800 micrograms of folic acid each day from foods or vitamin supplements.

If sulfamethoxazole/trimethoprim is taken during the first trimester, your doctor may suggest that you take an additional folic acid. Use of sulfamethoxazole and trimethoprim after the first trimester is not associated with a higher risk of birth defects in the baby.

I was prescribed sulfamethoxazole and trimethoprim for a UTI. Should I take this medication?

Yes. It is important to treat most infections during pregnancy. Untreated UTIs could lead to severe kidney infection for the mother, preterm birth and pre-eclampsia (dangerously high blood pressure).

Are there any other risks with sulfamethoxazole/trimethoprim use in pregnancy?

One study has suggested that women who take medications that may decrease levels of folic acid are at a greater risk for pregnancy complications such as preeclampsia, placenta abruption (when the placenta breaks away from the wall of the uterus) and fetal growth restriction. Exposure to sulfamethoxazole/trimethoprim has been associated with preterm birth and low birth weight. However, this medication is frequently
used to treat UTIs, and pregnant women with UTIs are at a greater risk for some of the same complications. Therefore it is difficult to determine whether it is the medication, the decrease in folic acid, the underlying infection, or other factors which are increasing the risk for these complications.

Is it OK to take sulfamethoxazole/trimethoprim in the 3rd trimester?

Some authors have recommended not taking sulfonamides such as sulfamethoxazole after 32 weeks gestation. There is a theoretical concern that sulfonamide use near the end of pregnancy can increase the risk for severe jaundice (a problem with liver function) and related complications in the baby. In this situation, your doctor can help to suggest a medication that is right for you.

Can I take sulfamethoxazole/trimethoprim while breastfeeding?

Sulfamethoxazole and trimethoprim pass into breast milk in small amounts.

There is some concern about taking sulfamethoxazole and trimethoprim while breastfeeding if the baby is premature, has severe jaundice, or a condition known as glucose-6-phosphate dehydrogenase deficiency (G6PD deficiency). In those situations, you should discuss options with your healthcare provider, as it is not always necessary to stop breastfeeding while taking these medications.

What if the father of the baby takes sulfamethoxazole/trimethoprim?

A sulfamethoxazole and trimethoprim combination was found to decrease sperm production in men who were taking it continuously for one month. A lowered sperm count may affect a man’s ability to father a child.

There are no studies looking at risk for birth defects when the father takes sulfamethoxazole/trimethoprim. In general, medications that the father takes do not increase the risk for birth defects, because the father does not share a blood supply with the developing baby. For more information, please see the OTIS fact sheet Paternal Exposures and Pregnancy.

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Selected References


If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847.