Fluconazole 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 fluconazole 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 is fluconazole?
Fluconazole is an antifungal medicine that is used to treat different infections. It is most commonly taken by mouth. It is used in the treatment of vaginal yeast infections when topical creams are not effective. It is also used for fungal infections that have spread throughout the body (systemic). Fluconazole is sold in the United States under the name Diflucan®.

I would like to stop taking fluconazole before I get pregnant. How long does fluconazole stay in the body?
Individuals break down medication at different rates. On average, it takes 6 to 9 days for fluconazole to leave your body. It is always recommended that you talk to your health care provider and discuss what treatments are best for you when planning a pregnancy.

Can taking fluconazole during early pregnancy increase the risk for miscarriage?
There was no increase in the risk of miscarriage in two studies that involved over 500 women who used fluconazole during the months before or during their pregnancy.

Can taking fluconazole during the first trimester of pregnancy cause birth defects?
The effects of fluconazole on pregnancy may depend on the dose that is used. Studies looking at the use of low doses of fluconazole (mostly a single dose of 150 mg) in more than 1,600 women during the first trimester of pregnancy did not show an increased risk of birth defects. Another study with 7,000 women who used low doses of fluconazole (150 to 300 mg) supported these findings and also did not show an increased risk of birth defects during the second or third trimesters. A single dose of 150 mg is the most commonly used dose to treat vaginal yeast infections.

The information on higher dose exposure is less clear. A pattern of major malformations of the head, face, bones and heart were reported in the five children of four mothers that took high doses (400 to 1200 mg per day) of fluconazole for many weeks to treat systemic fungal infections. Collections of cases cannot prove cause and effect, but the unusual infant findings have caused concern that the high dose of fluconazole may be the cause of the birth defects.

In summary, the use of a single low dose of fluconazole during early pregnancy doesn’t seem to increase the risk of birth defects. However, the use of high dose fluconazole for many weeks may increase the risk to have a baby with a specific pattern of birth defects.

Can taking fluconazole cause other pregnancy problems?
Studies have not found an increase in premature delivery (birth before 37 weeks) or low birth weight following a single dose of fluconazole. More data is needed to confirm these findings. There are no studies for high dose/long-term treatment.

I think I have a vaginal yeast infection and I am pregnant. Should I try an over-the-counter antifungal cream instead?
If you think you have a vaginal yeast infection during pregnancy, you should consult your health care provider. He or she may recommend an over-the-counter cream or may do an examination to identify the kind of vaginal condition you have. Not all vaginal symptoms require treatment.

**Can I take fluconazole for a vaginal infection while breastfeeding?**

Fluconazole has not been well studied during breastfeeding. Fluconazole enters the breast milk, but the dose to the breastfed infant would be much less than the dose used to treat an infant with an infection. The treatment of a vaginal infection often requires only a single dose of fluconazole and is unlikely to pose a risk to the breastfed infant. The American Academy of Pediatrics considers fluconazole compatible with breastfeeding.

**Can I take fluconazole for a yeast infection in my breast while breastfeeding?**

The treatment of choice for a yeast infection of the breast is a topical antifungal. If the topical treatment is not effective, oral fluconazole is usually considered. The minimum time to take this treatment is usually two weeks. Breastfeeding can be continued in this situation.

If you have a yeast infection in your breast, your infant may or may not have oral thrush (a yeast infection in the mouth). In both cases, your infant will have to be treated properly while you take fluconazole, because the amount of fluconazole transferred through breast milk is not enough to treat the infant. Be sure to talk to your health care provider as well as your baby’s pediatrician about any exposures you have and all your options for breastfeeding.

**What if the father of the baby takes fluconazole?**

There is no evidence to suggest that a father’s use of fluconazole causes infertility or birth defects. In general, a father’s exposures are unlikely to increase risks to a pregnancy. For more information, please see the OTIS fact sheet on Paternal Exposures at [http://www.mothertobaby.org/files/paternal.pdf](http://www.mothertobaby.org/files/paternal.pdf).

**October 2013.**
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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.