

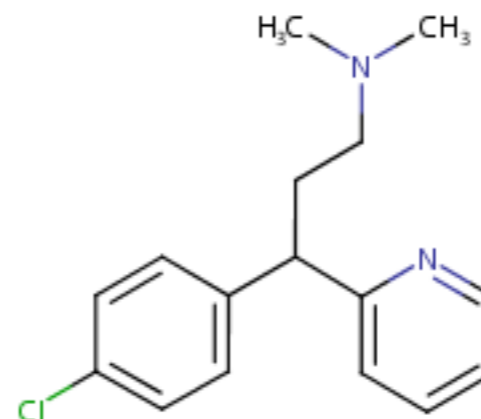
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**LACTMED: CHLORPHENIRAMINE** CASRN: 132-22-9 This record appears in multiple databases.View record in another database: [Download this Record](#)[Print](#)[Select Record](#)[My List](#)[Permalink](#)[Recent related PubMed toxicology articles](#)

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CASRN: 132-22-9

**FULL RECORD DISPLAY***Displays all fields in the record.**For other data, click on the Table of Contents***Drug Levels and Effects:****Summary of Use during Lactation:**

Small (2 to 4 mg), occasional doses of **chlorpheniramine** are acceptable during breastfeeding. 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, though.

**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.

**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. 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.

**Alternate Drugs to Consider:**

## 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. 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. 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. PMID: [7228996](#)

## Substance Identification:

### Substance Name:

**Chlorpheniramine**

### CAS Registry Number:

132-22-9

### Drug Class:

Antihistamines

## Administrative Information:

### LactMed Record Number:

64

### Last Revision Date:

20170110

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