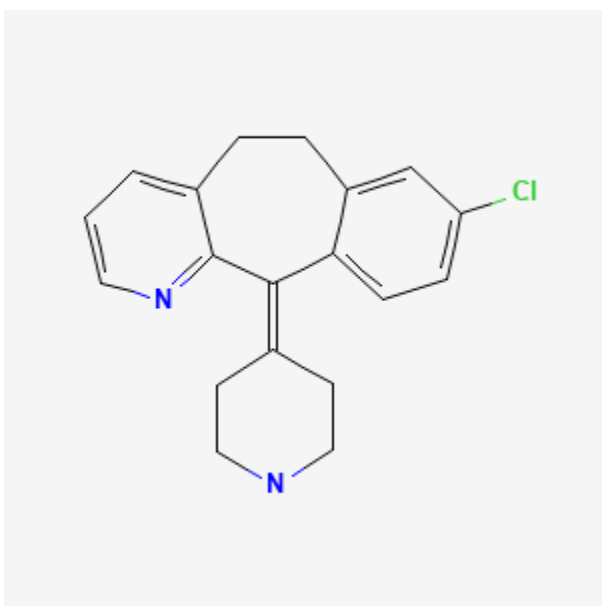




## Desloratadine

Revised: September 20, 2021.

CASRN: 100643-71-8



## Drug Levels and Effects

### Summary of Use during Lactation

Because of its expected low milk levels and lack of sedation and anticholinergic effects, maternal use of desloratadine is unlikely to affect a breastfed infant or milk production. Desloratadine might have a negative effect on lactation in combination with a sympathomimetic agent such as pseudoephedrine.

### Drug Levels

Desloratadine is the active metabolite of loratadine and is marketed separately as a drug product.

*Maternal Levels.* Milk levels have not been measured after desloratadine administration. However, after a single oral dose of 40 mg of its parent compound loratadine in 6 women, average desloratadine peak milk levels of 16

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mcg/L (range 9 to 29.6 mcg/L) were measured. The total amount excreted in milk over 48 hours was 6 mcg (range 3.7 to 11.6 mcg). However, the loratadine dose was 10 times the recommended dose of desloratadine of 5 mg, assuming 100% conversion of loratadine to desloratadine and adjusting for the differences in molecular weight. The calculated maximum expected doses of desloratadine in milk was 0.42% of the maternal weight-adjusted dose of loratadine after the 40 mg loratadine dose.[1]

*Infant Levels.* Relevant published information was not found as of the revision date.

## Effects in Breastfed Infants

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

## 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.[2,3] However, suckling-induced prolactin secretion is not affected by antihistamine pretreatment of postpartum mothers.[2] 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

Loratadine, Fexofenadine

## References

1. Hilbert J, Radwanski E, Affine MB, et al. Excretion of loratadine in human breast milk. *J Clin Pharmacol.* 1988;28:234–9. PubMed PMID: 2966185.
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

Desloratadine

### CAS Registry Number

100643-71-8

### Drug Class

Breast Feeding

Lactation

Antihistamines

Nonsedating Antihistamines