

As an OB-GYN, I see firsthand how misleading statements on acetaminophen leave expectant parents confused, fearful and lacking in options

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About 20% of patients report experiencing a fever during pregnancy.

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When President Donald Trump adamantly proclaimed in a press conference on Sept. 22, 2025, that pregnant women should not take Tylenol, I immediately thought about my own experiences during my second labor. While pushing for nearly three hours, I developed an infection in my uterus called chorioamnionitis, which occurs when bacteria infect the uterus, placenta and sometimes the baby's bloodstream. I had a fever, and my baby's heart rate was significantly elevated.

I remember feeling delirious; my colleague and friend, while delivering my baby, said she had never seen me in such a state. I couldn't focus on pushing. I felt faint, and I worried about my baby.

And I remember the incredible relief that acetaminophen, the active ingredient in Tylenol, brought me when it lowered my fever and decreased my and my baby's heart rate. After taking it, I was able to push with confidence and welcome my healthy daughter, who is now 7 and thriving.

As a practicing obstetrician and medical researcher with nearly two decades of experience taking care of pregnant patients, I have to make a dozen decisions about acetaminophen use on any given day when I am working in the hospital. I have examined the data as a researcher, clinician and educator. Central to our jobs is balancing the risks and benefits of any treatments.

The president's words will not change how I practice, but I worry they will sow confusion in my patients and create fear of potential lawsuits for all practicing health care providers.

The American College of Obstetricians and Gynecologists, the leading organization that guides medical decisions on pregnancy and childbirth, has reiterated the safety and efficacy of acetaminophen use during pregnancy in light of the confusion surrounding Trump's claims.

Mixed messages

I first looked into the data on the possible links between acetaminophen and developmental disorders a few years ago when I received a call from a woman who had recently learned she was pregnant and had caught the flu from her toddler child. She was concerned that Tylenol was dangerous for her developing baby.

Some studies do suggest links between acetaminophen use in pregnancy and neurodevelopmental disorders such as attention deficit hyperactivity disorder and autism. But they lack a crucial distinction.

For one, they cannot pin down whether acetaminophen use during pregnancy itself was associated with the neurodevelopmental conditions in the child, or whether the fevers and other symptoms that led people to use the painkiller were playing a role in the outcome. Secondly, because those studies are based on statistical associations rather than controlled experiments, they cannot show cause and effect.

Since it is both unethical and nonfeasible to perform a controlled study evaluating the actual risks of acetaminophen use, the best proxy to control for environmental or genetic factors is to look at maternal exposure to acetaminophen and outcomes of more than one child in individual families.

That's exactly what was done in a 2024 Swedish study that analyzed nearly 2.5 million children born from 1995 to 2019 in Sweden to mothers who had documented use of any medication during pregnancy. When looking at individual children, the researchers found up to a 5% increase in autism for those exposed to acetaminophen during pregnancy. However, when siblings were included in the analysis – controlling for environmental, medical and genetic factors that could have contributed – the small, elevated risk disappeared.



A 2024 Swedish study found that when siblings were taken into account, the association between acetaminophen use and autism became insignificant.

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Fever during pregnancy is dangerous for mother and baby

There are many important reasons why doctors like me may recommend acetaminophen to a pregnant patient. One pregnant patient I treated who had the flu was so sick that she was septic, meaning an infection had spread throughout her body. Her 103-degree fever and dangerously low blood pressure threatened her and her fetus's life.

My colleagues and I did not hesitate to treat her with acetaminophen. Our goal was to bring down not only her body temperature but also the fetus's heart rate, since a high heart rate can place dangerous stress on the fetus. I shudder at the thought of what would have happened to her and her baby had she been denied this medication, or had she been afraid to use it as a result of hearing a statement from Trump and his health officials.

Fevers are very common during pregnancy, with about 20% of patients reporting they experienced one.

In fact, the evidence for a connection between fevers during pregnancy and autism is actually far stronger than any study connecting acetaminophen and autism. Recurrent fevers during pregnancy can increase the risk of autism by up to 300%, particularly in pregnant patients with severe or prolonged infections. This is especially true if a patient is hospitalized, as are most of my patients whose cases are serious enough to require hospitalization.



Repeated fevers during pregnancy can greatly increase the risk of autism in the child.

Iuliia Burmistrova/Moment via Getty Images

Pain during pregnancy

Beyond fevers, which can occur throughout pregnancy as well as during delivery, as I experienced myself, pregnant patients may seek to manage pain, which can occur for any number of reasons over the course of nine months. Pregnant people suffer from kidney stones, appendicitis or dental cavities that require root canal, just like people who are not pregnant. Up to 70% of pregnant people experience back pain, which can leave them unable to perform normal daily activities and care for their children. Should they be denied pain relief and told to tough it out?

The safest and most strongly recommended pain reliever for them is acetaminophen.

Other pain-relieving options such as nonsteroidal anti-inflammatory drugs, or NSAIDs, such as ibuprofen, are generally off-limits during pregnancy because they can lead to closure of an important heart valve in the fetus as well as low amniotic fluid and other complications. Opioids carry the risk of the fetus developing an addiction and withdrawal, not to mention the risk of addiction in the mother.

The ability to guide people in pregnancy, childbirth and beyond is, for me, the most intimate and fulfilling part of medicine. The anxiety and fear that people bring to my office and to the delivery room about the many uncertainties associated with pregnancy and childbirth is palpable and legitimate.

That's why it is critical that all recommendations are sound and evidence-based, with a clear understanding of the nuances and limitations of research studies. I know every time I look at my children I think of everything I can do to keep them safe, and I wonder what I could have done in the past to prevent any problems we currently face. We owe it to parents like me and all future parents to give them the most honest and scientific information possible.

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