

Beta Blockers

This sheet is about exposure to beta-blockers in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What are beta-blockers?

Beta-blockers are a large group of medications that can be used to treat a variety of conditions like high blood pressure, heart conditions, glaucoma, overactive thyroid problems, and anxiety. Beta-blockers work by slowing the heart rate and opening up blood vessels to improve blood flow. Some common examples of beta-blockers include: acebutolol (Sectral®), (atenolol (Tenormin®), carvedilol (Coreg®), labetalol (Trandate® and Normodyne®), metoprolol (Lopressor® and Toprol®), nadolol (Corgard®), propranolol (Inderal®) and timolol ophthalmic solution (Timoptic®).

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take your medication. Since this is a large group of different medications that can be used to treat different problems, it is very important to discuss your exact medication and health condition with your healthcare provider. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

I take a beta-blocker. Can it make it harder for me to get pregnant?

It is not known if beta-blockers can make it harder to get pregnant.

Does taking beta-blockers increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. Based on the studies reviewed, it is not known if every beta-blocker increases the chance for miscarriage.

Does taking beta-blockers increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. A small number of studies do not show a higher chance of birth defects when beta-blockers are used during pregnancy. However, not every beta-blocker has been studied for birth defects. You should talk with your healthcare provider or a MotherToBaby information specialist about your specific medication and if there are any known risks to a pregnancy.

Does taking beta-blockers in pregnancy increase the chance of other pregnancy-related problems?

Some beta-blockers have been associated with reduced growth of the baby. However, it is not clear if this is due to the maternal medical condition (such as high blood pressure), the medication, or a combination of both.

I need to take beta-blockers throughout my entire pregnancy. Will it cause symptoms in my baby after birth?

There have been a few reports of beta-blockers taken by mouth (orally) leading to an infant having symptom such as slowed heart rate (bradycardia), low blood sugar, and breathing difficulty. These symptoms are temporary (lasting 24-48 hours). Make sure your healthcare provider is aware of your use of beta-blockers at the time of delivery so that they monitor the baby as needed.

Does taking beta-blockers in pregnancy affect future behavior or learning for the child?

Based on the studies reviewed, it is not known if beta-blockers can cause behavior or learning issues.

Breastfeeding while taking beta-blockers:

The amount of beta-blockers found in breastmilk varies depending on the exact medication. Atenolol, acebutolol, and nadolol are present in high amounts in breast milk and may not be recommended while breastfeeding. Propranolol, labetalol, and metoprolol have been found in small amounts in breastmilk and are considered compatible with breastfeeding. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a male takes beta-blockers, could they affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

An association between the use of propranolol in males and reduced sexual function has been reported. It is not clear if this would affect fertility. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click [here](#) to view references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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