

Statins

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

What are statins?

Statins are a class of medications used to treat high cholesterol levels. Statins work by stopping your liver from making cholesterol, and helping your liver remove low density lipid (LDL) cholesterol (known as “bad” cholesterol) from your blood.

Some medications in this class are atorvastatin (Lipitor®), fluvastatin (Lescol®), lovastatin (Mevacor®), pitavastatin (Livalo®), pravastatin (Pravachol®), rosuvastatin (Crestor®), and simvastatin (Zocor®).

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. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

The product label on your statin medication might recommend against using it during a pregnancy. This is because the embryo / fetus (developing baby) needs cholesterol to develop; and the chance for health problems from a person stopping their statin in pregnancy are generally low. However, for some people the benefits of staying on a statin during some or all their pregnancy may outweigh any risks of the medication to the developing baby. Your healthcare provider can talk with you about your statin, your health, and what treatment is best for you.

I take a statin. Can it make it harder for me to get pregnant?

Studies have not been done to see if taking statins could make it harder to become pregnant.

Does taking a statin increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Most studies have not found a higher chance of miscarriage in people taking statins during pregnancy. However, not all statins have been studied. To learn if the medication you are taking has been studied, contact MotherToBaby.

Does taking a statin 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. Most studies have not found a higher chance for birth defects over the background risk when statins are used in the first trimester of pregnancy. To learn if the medication you are taking has been studied, contact a MotherToBaby specialist.

Does taking a statin increase the chance for other pregnancy related problems?

Using a statin in pregnancy is not expected to increase the chance of other pregnancy complications such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). For people with certain health conditions, taking a statin during pregnancy may help prevent pregnancy complications that could result from leaving their health condition untreated.

Does taking a statin in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if taking statins in pregnancy causes long-term problems in behavior or learning issues for the child.

Breastfeeding while taking a statin:

Limited data shows that statins can enter the breast milk in small amounts. Side effects have not been reported in breastfed babies from exposure to statins in the breast milk. However, because cholesterol is important for a baby’s ongoing brain development, statins are not currently recommended during breastfeeding. Talk to your healthcare provider or contact a MotherToBaby specialist about your specific medication. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male takes a statin, could it affect fertility or increase the chance of birth defects in a partner's pregnancy?

Some studies have suggested that the use of statins might affect male fertility (ability to get partner pregnant). However, it is unclear if the use of the statins or other factors such as age, time and type of treatment, or any underlying medical issues may have also affected 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 for references.

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

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