

Verapamil

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

What is verapamil?

Verapamil is a medication that has been approved for the treatment of high blood pressure, abnormal heart rhythm, or angina (chest discomfort or shortness of breath). It has also been used to treat headaches and migraines, coronary arteriosclerosis (when blood vessels near the heart become thick and stiff), and kidney disease. Verapamil is in a class of medications called calcium channel blockers. Some brand names for verapamil include Calan®, Covera®, Isoptin®, and Verelan®.

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 this medication. Uncontrolled high blood pressure during pregnancy has been associated with an increased chance of heart disease, kidney disease, and stroke in the pregnant person. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

There have been some reports of galactorrhea (milk production that is not related to breastfeeding) among people who have taken verapamil. Those who have these side effects might have a harder time becoming pregnant. In some people, verapamil may raise the levels of a hormone called prolactin. High levels of prolactin can stop ovulation (part of the menstrual cycle when an ovary releases an egg). This would make it harder to get pregnant. Your healthcare provider can test your levels of prolactin if there is concern.

Does taking verapamil increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. One study looking at 78 people who took calcium channel blockers (about 32 took verapamil) did not find a higher chance for miscarriage.

Does taking verapamil 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. Much of the information about the use of verapamil in pregnancy comes from studies on calcium channel blockers as a group. These group studies have not suggested an increase in birth defects when verapamil is used in pregnancy.

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

Some studies have reported a greater chance for preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) with the use of calcium channel blockers, including verapamil. However, it is not known if these issues are caused by verapamil, the condition being treated, other medications, or other factors. Uncontrolled high blood pressure during pregnancy has been associated with growth restriction (babies that are smaller than usual) and a higher chance of preterm delivery.

Two studies did not find long term effects in heart function of 40 newborns after prenatal exposure to verapamil later in pregnancy to treat high blood pressure or premature labor.

People with high blood pressure have a greater chance of developing pre-eclampsia (high blood pressure and problems with organs, such as the kidneys) that can lead to seizures (called eclampsia).

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

Studies have not been done to see if verapamil can cause behavior or learning issues for the child.

Breastfeeding while taking verapamil:

Verapamil gets into breastmilk in small amounts. Case reports did not report adverse effects among 3 infants who

were exposed to verapamil in breastmilk. The product label for verapamil recommends that people who are breastfeeding not use this medication. However, the benefit of using verapamil may outweigh possible risks. Your healthcare providers can talk with you about using verapamil and what treatment is best for you. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male takes verapamil, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

There are reports of temporary male infertility, including reports of erectile dysfunction (trouble having or keeping an erection), or low sex drive that went away when the medication was stopped. There are other reports of males taking verapamil who did not have infertility. 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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