

Amlodipine (Norvasc®)

This sheet is about exposure to amlodipine in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is amlodipine?

Amlodipine is a medication that has been used to treat high blood pressure (hypertension). It is in a class of medications called calcium channel blockers. A brand name for amlodipine is Norvasc®.

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.

People who are pregnant and have 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). High blood pressure can increase the chance for medical complications for the person who is pregnant and for the pregnancy.

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

Studies have not been done to see if amlodipine can make it harder to get pregnant.

Does taking amlodipine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if amlodipine can increase the chance of miscarriage. One study looking at 78 people who took calcium channel blockers did not find a higher chance of miscarriage.

Does taking amlodipine increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. Information on the use of amlodipine in pregnancy is very limited. Most available information on the use of calcium channel blockers as a group in human pregnancy does not suggest an increased chance of birth defects.

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

One study comparing amlodipine to nifedipine (a similar medication) found no difference in the chance of other pregnancy related problems, including need for a c-section section, preterm delivery (birth before week 37), placental abruption (when the placenta pulls away from the wall of the uterus before labor starts), or growth restriction (babies that are smaller than usual). Available data on the use of calcium channel blockers as a group does not suggest an increased chance of pregnancy complications.

Uncontrolled high blood pressure during pregnancy has been associated with growth restriction and a higher chance of preterm delivery.

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

Studies have not been done to see if amlodipine can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking amlodipine:

Information on the use of amlodipine in breastfeeding is limited. The amount of amlodipine in milk is usually low and side effects in breastfed infants have not been reported.

The product label for amlodipine recommends people who are breastfeeding not use this medication. But the benefits of using amlodipine and the benefits of breastfeeding your baby might outweigh possible risks. Your healthcare providers can talk with you about using amlodipine and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a male takes amlodipine, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if amlodipine could affect male fertility (ability to get partner pregnant) or increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase 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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