Atenolol (Tenormin®)

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

**What is atenolol?**

Atenolol is a medication that has been used to treat high blood pressure, chest pain (angina), and heart rhythm issues (arrhythmias). It has also been used to treat, prevent, and improve survival after a heart attack. It belongs to the class of medications called beta-blockers. A brand name for atenolol is Tenormin®.

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 consult with your healthcare providers before making any changes to how you take this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

It is not known if atenolol can make it harder to get pregnant.

**Does taking atenolol increase the chance for miscarriage?**

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if atenolol increases the chance for miscarriage.

**Does taking atenolol 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. Studies have not been done to see if atenolol increases the chance for birth defects.

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

Atenolol has been linked with reduced growth of the fetus (smaller in size and/or low birth weight). It is not clear if this happens because of the medication, the condition being treated, or other factors. One study did find that atenolol can directly affect blood flow through the placenta, which might be linked with poor growth of the fetus, causing low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

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

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

**Breastfeeding while taking atenolol:**

Atenolol passes into breast milk. There have been reports of babies with slow heart rate, low blood pressure, a bluish color in the skin due to a lack of oxygen in the blood (cyanosis), and low body temperature after being exposed to atenolol through breastmilk. If you suspect the baby has any symptoms (slow heart rate, low blood pressure, a bluish color in the skin, lips, or fingernails) contact the child’s healthcare provider.

The product label for atenolol recommends people who are breastfeeding not use this medication. But, the benefit of using atenolol may outweigh possible risks. Your healthcare providers can talk with you about using atenolol 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 atenolol, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?**

Based on the studies reviewed, it is not known if atenolol could affect male fertility 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 on Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.
Please click here for references.