Insulin Aspart (NovoLog®)

This sheet is about exposure to insulin aspart 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 insulin aspart?

Insulin aspart is a medication that has been used to control blood sugar in type 1, type 2, and gestational diabetes. It is an artificial form of insulin that works by replacing insulin that would usually be made by the body. Some brand names are NovoLog®, NovoLog FlexPen®, NovoPen Echo®, NovoLog FlexTouch®, and Fiasp®.

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 using insulin to manage their diabetes might need to adjust the amount of medication they take as the pregnancy goes on. Having diabetes that is uncontrolled or not well-controlled in pregnancy can increase the chance of miscarriage, birth defects, pregnancy complications, and stillbirth. MotherToBaby has a fact sheet on type 1 and type 2 diabetes here: https://mothertobaby.org/fact-sheets/type-1-and-type-2-diabetes/ and gestational diabetes here: https://mothertobaby.org/fact-sheets/diabetes-pregnancy/.

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

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

Does taking insulin aspart increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Based on 437 reports of people taking insulin aspart before or during pregnancy, it is not expected that insulin aspart will increase the chance of miscarriage.

Does taking insulin aspart 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. Insulin aspart is not expected to increase the chance of birth defects above the background risk. In the 437 reports of people taking insulin aspart before or during pregnancy, no increase in birth defects was reported. In small studies of people who are pregnant and have type 1 diabetes, type 2 diabetes, or gestational diabetes, there were no differences seen between using human insulin and insulin aspart to treat their condition.

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

No increased chance of pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) was reported in 437 pregnancies exposed to insulin aspart.

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

It is not known if insulin aspart increases the chance for behavior or learning issues.

Breastfeeding while taking insulin aspart:

Insulin aspart gets into breastmilk and using it while breastfeeding is not expected to increase risks for the breastfed infant. Insulin is a normal part of breastmilk and exposure to normal levels of the hormone may help lower the chance of type 1 diabetes in breastfed infants. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Studies have not been done to see if insulin aspart 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.