

Labetalol

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

What is labetalol?

Labetalol is a medication that has been used to treat high blood pressure and chest pain. It works by slowing the heart rate and opening blood vessels to improve blood flow and lower blood pressure. Labetalol is part of a group of medications called beta-blockers. Some brand names are Trandate®, Normodyne®, or Labrocol®.

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

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

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

Does taking labetalol increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Based on the studies reviewed, it is not known if labetalol can increase the chance for miscarriage.

Does taking labetalol 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. Information on the use of labetalol in pregnancy is limited. Available information does not suggest the use of labetalol in pregnancy increases the chance of birth defects.

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

Most studies do not suggest that labetalol increases the chance of other pregnancy-related problems, such as preterm delivery (birth before week 37), low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth), or stillbirth.

There have been a few reports of temporary symptoms of beta-blockade that appeared shortly after birth in infants who were exposed to labetalol in late pregnancy. Symptoms can include slowed heart rate, low blood pressure, and low blood sugar. If these symptoms occur, they are expected to pass within 3 days.

There have been cases where the effects of beta-blocker exposure occurred a week after birth. The symptoms were more severe and life-threatening. Symptoms reported included abnormal breathing, sepsis (blood infection), and seizures. It has been suggested that preterm infants that were exposed to labetalol over for a long period of time during pregnancy should be carefully monitored during the first week after birth.

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

Based on the studies reviewed, it is not known if labetalol increases the chance for behavior or learning issues. One study of 32 children between the ages of 3-7 years old who were exposed to labetalol during pregnancy found no differences on formal testing of learning and behavior compared to children who were not exposed to labetalol. Another study found a higher chance for attention deficit hyperactivity disorder (ADHD) in children who were exposed to labetalol or a different type of high blood pressure medication during pregnancy.

Breastfeeding while taking labetalol:

Labetalol gets into breastmilk in small amounts and is not expected to cause problems in full-term breastfed infants. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a man takes labetalol, could it affect fertility (ability to get a woman pregnant) or increase the chance

of birth defects?

There have been case reports of sexual dysfunction (trouble with ejaculation) in men while taking labetalol. This could make it harder to conceive a pregnancy. Studies have not been done to see if labetalol could increase the chance of birth defects above the background risk. In general, exposures that men 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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