Labetalol

This sheet is about exposure to labetalol in pregnancy and while breastfeeding. This information is based on published research studies. It should not take the place of medical care and advice from your healthcare providers.

What is labetalol?

Labetalol is a medication that has been used to treat high blood pressure and chest pain. Labetalol lowers blood pressure and improves blood flow by slowing the heart rate and opening blood vessels. Labetalol belongs to a group of medications called beta-blockers.

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 your 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 of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if labetalol can increase the chance of miscarriage. Having high blood pressure that is not well managed might increase the chance of miscarriage.

Does taking labetalol 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. We look at research studies to try to understand if an exposure, like labetalol, might increase the chance of birth defects in a pregnancy.

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

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

Most studies do not suggest that labetalol can increase 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.

Temporary symptoms starting shortly after birth have been reported in some infants who were exposed to labetalol late in the pregnancy. These symptoms include slowed heart rate, low blood pressure, and/or low blood sugar. In most cases, these symptoms go away within a few days. It has been suggested that infants who were exposed to labetalol during the pregnancy be monitored after birth; so that if symptoms occur, the baby can get the care that is best for them.

There have also been cases in which infants exposed to beta-blockers during pregnancy had symptoms that started a week after birth. In these cases, the symptoms were more severe and life-threatening. The reported symptoms included abnormal breathing, sepsis (blood infection), and seizures. It has been suggested that preterm infants who were exposed to labetalol over a long period of time during pregnancy be carefully monitored during the first week after birth so that if symptoms occur, the baby can get the care that is best for them.

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

It is not known if labetalol can increase the chance of behavior or learning issues for the child. One study of 32 children between the ages of 3 and 7 years old who were exposed to labetalol during pregnancy found no differences in formal testing of learning and behavior compared to children who were not exposed

to labetalol. Another study suggested a higher chance of attention deficit hyperactivity disorder (ADHD) in children who were exposed to labetalol during pregnancy compared to children exposed to a different type of high blood pressure medication or no high blood pressure medication. However, the study had limitations that made it hard to know if labetalol played any role in the cases of ADHD.

Breastfeeding while taking labetalol:

Labetalol passes into breast milk in small amounts. These amounts are not expected to cause problems in full-term breastfed infants. If the baby was born preterm, discuss the risks and benefits of taking labetalol while breastfeeding with your healthcare provider and the child's healthcare provider. If you suspect the baby has any symptoms such as drowsiness, looking pale, or not eating well, contact the child's healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

There have been case reports of sexual dysfunction (trouble with ejaculation) in men while they were taking labetalol. This can make it harder to get a woman pregnant. Studies have not been done to see if labetalol could increase the chance of birth defects in a partner's pregnancy. 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.

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