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

**What is labetalol?**

Labetalol, also known as Trandate®, Normodyne®, or Labrocol® is in a group of medications called beta-blockers. Labetalol is used to treat high blood pressure and chest pain. Labetalol works by slowing the heart rate and opening up blood vessels to improve blood flow and lower blood pressure.

**How long does labetalol stay in the body? Should I stop taking it before I try to get pregnant?**

Talk to your healthcare provider before making any changes to your medications. People break down medications at different rates. In healthy adults, on average, it takes about two days for most of the labetalol to be gone from the body.

**Can the use of labetalol cause a miscarriage?**

No studies have been done to see if labetalol increases the chance of miscarriage when the medication is used in pregnancy.

**Can taking labetalol in the first trimester cause a birth defect?**

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. The limited information looking at the use of labetalol during pregnancy does not suggest that it increases the chance to have a baby with a birth defect.

**Can taking labetalol cause other pregnancy complications?**

Maternal high blood pressure can increase pregnancy complications. Most studies do not find that labetalol itself increases the chance for low birth weight, premature delivery, or stillbirth.

**Can taking labetalol near delivery cause problems for the baby?**

There have been a few reports of labetalol exposure in late pregnancy leading to an infant having temporary symptoms of beta-blockade. Beta-blockade symptoms are caused by a beta blocker being in the baby’s system. Symptoms include slowed heart rate and low blood sugar.

**Will taking labetalol during pregnancy affect my baby’s behavior or cause learning problems?**

One study of 32 children between the ages of 3-7 years old whose mothers took labetalol during pregnancy found no differences on formal testing of learning and behavior compared to children whose mothers did not take labetalol. A second study found a higher chance for attention deficit hyperactivity disorder (ADHD) in children of mothers who took labetalol or a different type of high blood pressure medicine during pregnancy. However, this is not good evidence for labetalol being the cause and suggests the role of high blood pressure should be looked at further.

**I am breastfeeding, can I take labetalol?**

Labetalol has been found only in small amounts in breastmilk. Because only a low amount enters breastmilk, it is compatible with breastfeeding. If you are worried about any symptoms that the baby has, contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.*
What if the baby’s father takes labetalol?

In general, exposures that fathers 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/pdf/.

* Section Updated May 2020

Selected References:

- Xie RH, et al. 2014. Beta-blockers increase the risk of being born small for gestational age or of being institutionalised during infancy. BJOG. 121(9):1090-6.

October, 2018