Lisinopril

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. This sheet talks about whether exposure to lisinopril might increase the risk of birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

**What is lisinopril?**

Lisinopril is a drug known as an angiotensin-converting enzyme (ACE) inhibitor. These types of drugs cause relaxation of blood vessels and decrease blood volume, which leads to lower blood pressure. Other names for lisinopril are Prinivil®, Qbrelis®, and Zestril®. Lisinopril is also available in combination with the diuretic hydrochlorothiazide (Zestoretic®). Lisinopril is used to treat high blood pressure, protect the kidneys in people with diabetes, and reduce the risk of death during a heart attack. For additional information on ACE inhibitors, please see the MotherToBaby fact sheet ACE Inhibitors https://mothertobaby.org/fact-sheets/ace-inhibitors-pregnancy/

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

Studies on women have not yet been done to see if lisinopril could make it harder for a woman to get pregnant. The results of studies in laboratory rats suggested that lisinopril is not likely to make it harder for a woman to get pregnant.

**I just found out I am pregnant. Should I stop taking lisinopril?**

Lisinopril can cause problems for a baby when it is taken during the second and third trimester of pregnancy. For this reason, it is recommended that a woman stop taking lisinopril once a pregnancy is detected, but you should not stop lisinopril without talking to your healthcare provider first. If you are taking lisinopril for high blood pressure, your healthcare provider will want to prescribe you a different medication to control the high blood pressure during pregnancy. Stopping an ACE inhibitor suddenly without starting another drug for high blood pressure right away can cause a dangerous spike in your blood pressure, which can cause problems for the pregnancy. Talk with your healthcare provider before making any changes to your medications.

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

Studies on women have not yet been done to see if lisinopril could increase the chance for miscarriage.

**Does taking lisinopril increase the chance of having a baby with a birth defect or other pregnancy complications?**

There is not enough information available to know if lisinopril can cause problems for a pregnancy when it is taken during the first trimester.

However, when lisinopril, or any ACE inhibitor, is taken during the second or third trimesters of pregnancy, it can cause low levels of amniotic fluid (the fluid that surrounds the baby). Low levels of amniotic fluid can lead to health problems for the developing baby. Problems can include poor lung and skull development, growth restriction and facial deformities. ACE inhibitors can also cause low blood pressure and kidney failure in the newborn baby. In some cases, the baby has survived the complications after treatment. In other cases, the baby has died from these complications.

**Can I breastfeed my baby if I am taking lisinopril?**
Studies on women have not been done to know if there is any chance of lisinopril causing problems for a breastfeeding baby. There are other high blood pressure medications that better studied for use while breastfeeding. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**What if the baby’s father takes lisinopril?**

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 and Pregnancy at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

**Selected References:**