

Lisinopril

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

What is lisinopril?

Lisinopril is part of a class of medications called angiotensin-converting enzyme (ACE) inhibitors. Ace inhibitors help relax blood vessels and lower blood pressure. Lisinopril has been used to treat high blood pressure, protect the kidneys in people with diabetes, and lower the chance of death during a heart attack. Some brand names for lisinopril are Prinivil®, Qbrelis®, and Zestril®. Lisinopril is also available in combination with a medication called hydrochlorothiazide (Zestoretic®).

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

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

I am taking lisinopril, but I would like to stop taking it before getting pregnant. How long does the drug stay in my body?

People eliminate medication at different rates. In healthy adults, it takes up to 72 hours, on average, for most of the lisinopril to be gone from the body.

Does taking lisinopril increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if lisinopril increases the chance for miscarriage.

Does taking lisinopril 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. Based on the studies reviewed, it is not known if lisinopril increases the chance for birth defects above the background risk when taken during the first trimester.

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

When used after the first trimester, ACE inhibitors such as lisinopril can cause low levels of amniotic fluid (fluid that surrounds the fetus during pregnancy). Low levels of amniotic fluid can lead to health problems for the developing fetus. Some of these problems include poor lung development, poor growth, poor development of the skull bones, birth defects, and problems with the development of the kidneys. In the most severe cases, fetal death could occur. ACE inhibitors can also cause low blood pressure and kidney failure in the newborn baby. There are some cases of babies who have died from these complications.

ACE inhibitors should be avoided during the second and third trimesters of pregnancy. Talk with your healthcare provider right away if you are pregnant and taking any ACE inhibitor, including lisinopril.

Breastfeed while taking lisinopril:

There are no studies looking at the use of lisinopril while breastfeeding. This means it is not known what effect, if any, lisinopril could have on a child that is breastfeeding. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male takes lisinopril, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Studies have not been done to see if lisinopril could affect male fertility 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.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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