

# Metoprolol

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This sheet is about exposure to metoprolol in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

## ***What is metoprolol?***

Metoprolol is a medication that has been used to treat high blood pressure, fast heart rate, and migraines. It is part of a class of medications known as beta-blockers. Some brand names for metoprolol are Lopressor<sup>®</sup>, Toprol<sup>®</sup>, Apo-Metoprolol<sup>®</sup>, Betaloc<sup>®</sup>, Novo-Metoprolol<sup>®</sup>, and Minimax<sup>®</sup>.

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication all together. 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 metoprolol. Can it make it harder for me to get pregnant?***

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

## ***Does taking metoprolol increase the chance of miscarriage?***

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

## ***Does taking metoprolol 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. It is not known if metoprolol increases the chance of birth defects above the background risk. Animal studies have not reported an increased chance of birth defects. A study of a large number of pregnancies found that beta-blockers in general did not increase the chance of heart defects.

## ***Does taking metoprolol in pregnancy increase the chance of other pregnancy-related problems?***

Metoprolol has been associated with reduced growth of the fetus. It is not clear if this happens because of the metoprolol, the health condition that is being treated, other factors, or a combination of factors. Metoprolol use in late pregnancy may cause the baby to have symptoms such as slowed heart rate and low blood sugar. Talk with your healthcare providers about your use of metoprolol so that if symptoms occur your baby can get the care that is best for them.

## ***Does taking metoprolol in pregnancy affect future behavior or learning for the child?***

Studies have not been done to see if metoprolol can cause behavior or learning issues for the child.

## ***Breastfeeding while taking metoprolol:***

Metoprolol passes into breastmilk in small amounts. Studies on the use of metoprolol during breastfeeding have not reported side effects in breastfed infants. If you suspect the baby has any symptoms (such as slow heart rate, being too sleepy, having trouble with feeding, or pale skin), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

## ***If a male takes metoprolol, could it affect fertility or increase the chance of birth defects?***

It is not known if metoprolol could affect male fertility (ability to get partner pregnant) 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 on Paternal Exposures and Pregnancy 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://www.MotherToBaby.org).**

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