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

**What is nifedipine?**

Nifedipine belong to a group of medications called calcium channel blockers. It is used to treat high blood pressure (hypertension) and chest pain (angina). Sometimes it is used to stop labor before 37 weeks of pregnancy (preterm delivery). Some brand names for nifedipine are Procardia®, Adalat CC®, and Afeditab CR®.

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

Studies have not been done to see if nifedipine could make it harder for a person to get pregnant.

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

Talk with your healthcare provider(s) before making any changes in how you take this medication. It is important to make sure any medical conditions you have are treated, especially during pregnancy. Uncontrolled high blood pressure during pregnancy can cause pregnancy complications.

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

Miscarriage can occur in any pregnancy. Two studies reported a higher number of miscarriages in pregnancies exposed to calcium channel blockers, such as nifedipine, when compared to pregnancies not exposed to calcium channel blockers. However, the rate of miscarriage among women using calcium channel blockers in the studies was not higher than that of the general population. It is possible the miscarriages could be related to the disease being treated rather than the medication.

**Does taking nifedipine increase the chance of having a baby with a birth defect?**

Every pregnancy starts with a 3-5% chance of having a baby with a birth defect. This is called the background risk. No well-controlled studies looking at the use of nifedipine in pregnancy have been done. More information about the use of nifedipine in pregnancy is needed to understand if there are any increased risks to a pregnancy. It is important for you and your healthcare provider to consider the benefits of treating your condition during pregnancy and discuss the treatment plan that is right for you.

**Could nifedipine cause other pregnancy complications?**

Two studies reported that preterm delivery (delivery before 37 weeks) and lower birth weight (less than 6lbs) were more common in patients treated with calcium channel blockers such as nifedipine. However, the authors suggest the cause of these complications is likely due to the illnesses being treated rather than to the medications.

Uncontrolled high blood pressure during pregnancy has been associated with an increased chance of heart disease, kidney disease, and stroke in the pregnant person. In addition, babies can be smaller than usual (growth restriction) and have a higher chance of preterm delivery. Also, the placenta (organ that provides oxygen and nutrients to the growing baby) can separate from the wall of the uterus too soon (placental abruption). Women with high blood pressure may develop pre-eclampsia (high blood pressure and problems with the organs) that can lead to seizures (called eclampsia). These conditions are serious and can be harmful to the person who is pregnant and to the developing baby.

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

Two studies have looked at children prenatally exposed to nifedipine and did not report concerns for behavior or learning problems. In one study, among children aged 9 to 12 years, the parent was taking nifedipine for the prevention or treatment of preterm labor. The second study included toddlers (18 months old) in which the parent had used nifedipine between 12 and 34 weeks gestation for treatment of mild to moderate hypertension (high blood pressure).
Can I breastfeed my baby if I am taking nifedipine?

Nifedipine gets into breastmilk in small amounts, which means the amounts ingested by the infant are also small. No adverse effects have been reported in babies exposed to nifedipine while nursing. If you are worried about any symptoms that the baby has, contact the child’s healthcare provider. Be sure to talk to your health care provider about all of your breastfeeding questions.

I take nifedipine. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?

In a small number of men taking nifedipine to control high blood pressure, nifedipine use might have caused them to become infertile. The infertility went away when the medication was stopped. Studies have not looked at the chance of birth defects if a father takes nifedipine. In general, exposures that fathers or sperm donors have are unlikely to increase the 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.