

Nifedipine (Procardia®)

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 is a medication that has been used to treat high blood pressure (hypertension), irregular heartbeat (cardiac arrhythmia) and chest pain (angina). It also has been used to stop labor before 37 weeks of pregnancy (preterm labor). Nifedipine is part of a group of medications called calcium channel blockers. Some brand names for nifedipine are Procardia®, Adalat CC®, Afeditab CR®.

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

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

Does taking nifedipine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. 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 in people using calcium channel blockers was not higher than that of the general population. As there can be many causes of miscarriage, it is hard to know if a medication, the medical condition, or other factors are the cause of a miscarriage.

Does taking nifedipine 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 nifedipine increases the chance for birth defects above the background risk.

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

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

Uncontrolled high blood pressure during pregnancy has been associated with an increased chance of heart disease, kidney disease, and stroke in people who are pregnant. Babies can be smaller than usual (growth restriction) and have a higher chance of preterm delivery. Also, the placenta (an organ that provides oxygen and nutrients to the pregnancy) can separate from the wall of the uterus too soon (placental abruption). Some people may develop preeclampsia (a pregnancy-related condition that can cause symptoms such as high blood pressure or fluid retention) that can lead to seizures (eclampsia). These conditions are serious and can be harmful to the person who is pregnant and to the developing pregnancy.

Does taking nifedipine in pregnancy affect future behavior or learning for the child?

Two studies have looked at children exposed to nifedipine during pregnancy. No concerns for behavior or learning problems were reported.

Breastfeeding while taking nifedipine:

Nifedipine passes into breastmilk in small amounts. No problems have been reported in nursing infants with exposure to nifedipine through breastmilk. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

One study suggested possible infertility in a small number of men taking nifedipine to control high blood pressure. The infertility went away when the medication was stopped. Studies have not been done to see if nifedipine could increase the chance of birth defects above the background risk. 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.

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). *OTIS/MotherToBaby encourages inclusive and person-centered language. While our name still contains a reference to mothers, we are updating our resources with more inclusive terms. Use of the term mother or maternal refers to a person who is pregnant. Use of the term father or paternal refers to a person who contributes sperm.* Copyright by OTIS, September 1, 2022.