Omeprazole | Esomeprazole

This sheet is about exposure to omeprazole or esomeprazole in pregnancy and while breastfeeding. This information is based on available published research studies. It should not take the place of medical care and advice from your healthcare providers.

What are omeprazole and esomeprazole?

These two medications contain the same active ingredient and act in the body in a similar way. Both omeprazole and esomeprazole belong to a group of medications called proton pump inhibitors (PPIs). PPIs that lower the amount of acid released by the stomach.

Omeprazole is a medication that has been used to treat heartburn, stomach ulcers, and acid reflux (also known as GERD, or gastroesophageal reflux disease). A common brand for omeprazole is Prilosec®. Omeprazole is combined with sodium bicarbonate in the medication Zegerid®.

Esomeprazole is a medication that has been used to treat heartburn, stomach ulcers, acid reflux (also known as GERD, or gastroesophageal reflux disease), and Zollinger-Ellison syndrome. A common brand for esomeprazole is Nexium®.

Sometimes when women 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 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 omeprazole or esomeprazole. Can it make it harder for me to get pregnant?

It is not known if taking omeprazole or esomeprazole can make it harder to get pregnant. Information from animal studies does not suggest that omeprazole or esomeprazole affects female fertility (ability to get pregnant).

Does taking omeprazole or esomeprazole increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Information from limited studies suggest that taking omeprazole or esomeprazole during pregnancy is not expected to increase the chance of miscarriage.

Does taking omeprazole or esomeprazole increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like omeprazole and esomeprazole, might increase the chance of birth defects in a pregnancy.

Omeprazole (which has the same active medication as esomeprazole) is the best studied of the PPIs. Available information does not suggest an increased chance of birth defects when omeprazole or esomeprazole is used in pregnancy.

Does taking omeprazole or esomeprazole in pregnancy increase the chance of other pregnancy-related problems?

Information from limited studies suggests that taking omeprazole or esomeprazole is not likely to cause other pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

Esomeprazole is being studied as a treatment in pregnancy to prevent preeclampsia (high blood pressure and problems with organs, such as the kidneys), which can lead to seizures (called eclampsia).

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

It is not known if omeprazole or esomeprazole use in a pregnancy can cause behavior or learning issues for the child.

Breastfeeding while taking omeprazole or esomeprazole:

Limited data suggest that doses of 20mg of omeprazole or 10mg or esomeprazole daily result in low levels of these medications in breastmilk. The amounts of omeprazole or esomeprazole in breastmilk are not expected to be harmful to a nursing infant. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes omeprazole or esomeprazole, could it affect his fertility or increase the chance of birth defects?

One study found that when PPIs were used for any period between 6 and 12 months, the sperm count was decreased. However, a more recent study looking at the effects of PPI use on male fertility (ability to make healthy sperm) did not link PPI use with negative impacts on sperm count or quality. In general, exposures that men 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.

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