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

**What is omeprazole and esomeprazole?**

Omeprazole is a medication used to treat heartburn, stomach ulcers, and acid reflux (also known as GERD, or gastroesophageal reflux disease). It belongs to a group of medicines called proton pump inhibitors (PPIs) that reduce acid released by the stomach. A common brand for omeprazole is Prilosec®. Omeprazole is combined with sodium bicarbonate in a medication called Zegerid®.

Esomeprazole (Nexium®) contains the same active medication as omeprazole. Esomeprazole is also a PPI and is used for the same conditions as omeprazole. These two drugs act in the body in a very similar way.

MotherToBaby has a fact sheet on PPIs at [https://mothertobaby.org/fact-sheets/proton-pump-inhibitors/pdf/](https://mothertobaby.org/fact-sheets/proton-pump-inhibitors/pdf/).

**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. Studies done in animals show no evidence that omeprazole or esomeprazole could make it harder to get pregnant.

**I just found out I am pregnant. Should I stop taking omeprazole or esomeprazole?**

Talk with your healthcare providers before making any changes to how you take your medication(s). For some people, the benefits of treating their condition outweigh potential risks to a pregnancy.

**Does taking omeprazole or esomeprazole increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. Based on the information available, taking omeprazole or esomeprazole during pregnancy is not expected to increase the chance for miscarriage.

**Does taking omeprazole or esomeprazole increase the chance of having a baby with a birth defect?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. While there have been questions about an increased chance of heart defects, the majority of the available data has not suggested an increased chance of birth defects with the use of omeprazole or esomeprazole during pregnancy.

**Could taking omeprazole or esomeprazole cause other pregnancy complications?**

While the data is limited, it has not suggested an increased chance for negative outcomes in pregnancy like preterm birth (birth before 37 weeks of pregnancy), low birth weight (less than 5lbs 8oz) or other problems.

**Does taking omeprazole or esomeprazole in pregnancy cause long-term problems for the baby?**

It is not known if omeprazole or esomeprazole could increase the chance for long-term behavior or learning issues.

A few studies reported that taking PPIs in pregnancy might increase the chance for the baby to have asthma as a child. These studies have some flaws that make it hard to directly link medication use with childhood asthma. In one study, taking omeprazole in pregnancy did not increase the chance of asthma during childhood. It is not known if the use of PPIs during pregnancy increases the chance of childhood asthma.

**Can I breastfeed while taking omeprazole or esomeprazole?**

These medications enter the breastmilk at low levels and are broken down by stomach acid. In a person who was breastfeeding and taking 20 mg omeprazole per day, no harmful effects were found in the infant.

Less data is known about taking esomeprazole while breastfeeding. Limited data shows low levels of esomeprazole to be present in breastmilk and so it is considered unlikely to be harmful. Be sure to talk to your healthcare provider about all of your breastfeeding questions.
I take omeprazole or esomeprazole. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?

There are limited studies looking at the effects of using PPIs on male fertility. One study found that when PPIs were used for any period between 6 and 12 months, sperm count was decreased. However, a more recent study looking at the effects of PPI use on male fertility did not support these findings, with their study showing that PPI use was not associated with any negative impact on sperm count or quality.

In general, exposures that fathers and 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/pdf/.

Please click here for references.