

# Propranolol

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This sheet is about exposure to propranolol 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 propranolol?***

Propranolol is a medication that has been used to treat high blood pressure, some heart conditions, overactive thyroid, tremors, glaucoma, and migraines. It belongs to the class of medications called beta-blockers. Some brand names for propranolol are Inderal®, InnoPran XL®, Detensol®, Novo-Pranol®, Deralin®, and Cardinol®.

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 propranolol. Can it make it harder for me to get pregnant?***

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

## ***Does taking propranolol increase the chance for miscarriage?***

Miscarriage can occur in any pregnancy for many different reasons. Studies have not been done to see if propranolol increases the chance for miscarriage.

## ***Does taking propranolol 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 propranolol increases the chance for birth defects above the background risk. Studies on the use of beta-blockers in general during pregnancy have not reported an increased chance of birth defects.

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

Propranolol has been linked with reduced growth of the baby. However, it is not clear if this happens because of the medication, the condition being treated, or other factors. Studies have not shown an increased chance for other pregnancy-related problems, like preterm delivery (birth before week 37).

The use of propranolol in late pregnancy may cause the baby to have symptoms of the drug acting on its heart, blood vessels, and metabolism. These symptoms could include a slowed heart rate and low blood sugar. Not all babies exposed to propranolol will have these symptoms. It is important that your healthcare providers know you are taking propranolol so that if symptoms occur your baby can get the care that is best for them.

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

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

## ***Breastfeeding while taking propranolol:***

Propranolol passes into breastmilk in small amounts. Studies on propranolol have not found adverse health reactions in infants fed breastmilk from someone exposed to propranolol. If you suspect that the baby has symptoms such as being too sleepy or having trouble with feeding, contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Propranolol may cause some males to develop erectile dysfunction (ED), which could make it harder to conceive a pregnancy. 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://www.MotherToBaby.org).

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