

# Spironolactone (Aldactone®, Carospir®, Qaialdo®)

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

## ***What is spironolactone?***

Spironolactone is a potassium-sparing diuretic (commonly called water pills) that has been used to treat swelling, congestive heart failure, primary hyperaldosteronism (when the adrenal glands make too much of the hormone aldosterone), and hypertension (high blood pressure). It has also been used to treat acne, hair loss in women, and hirsutism (increased growth of facial and body hair growth). Some brand names for spironolactone are Aldactone®, Carospir®, and Qaialdo®.

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.

One product label for spironolactone recommends women who are pregnant not use this medication during pregnancy. Other product labels suggest using this medication if the benefits outweigh the potential risks. Your healthcare provider can talk with you about using spironolactone and what treatment is best for you.

## ***I am taking spironolactone, but I would like to stop taking it before getting pregnant. How long does the drug stay in my body?***

The time it takes the body to process or break down (metabolize) the medication is not the same for everyone. In healthy, non-pregnant adults, it takes up to 12 hours, on average, for most of the spironolactone to be gone from the body. The time it takes for the metabolites (break-down products) of spironolactone to be gone from the body can be up to 100 hours (about 4.5 days).

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

Studies have not been done in women to see if taking spironolactone can make it harder to get pregnant. Spironolactone can cause changes in the menstrual cycle (period), delay puberty, and delay ovulation (when an ovary releases an egg), which might make it harder to get pregnant.

## ***Does taking spironolactone increase the chance of miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Available information does not suggest that taking spironolactone can increase the chance of miscarriage.

## ***Does taking spironolactone 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 spironolactone, might increase the chance of birth defects in a pregnancy.

It is not known if taking spironolactone can increase the chance of birth defects. Information from animal studies suggests that taking spironolactone early in pregnancy might increase the chance of feminization (when a male develops female sex characteristics) in the offspring. However, it is not known if this will happen in human pregnancy. There are case reports of women taking spironolactone during pregnancy who gave birth to children without birth defects or decreased virilization (less male sex characteristics) noted.

## ***Does taking spironolactone in pregnancy increase the chance of other pregnancy-related***

**problems?**

It is not known if spironolactone can increase the chance of 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). Some of the conditions spironolactone is used to treat can increase the chance of pregnancy-related problems.

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

Studies have not been done to see if spironolactone can increase the chance of behavior or learning issues for the child.

**Breastfeeding while taking spironolactone:**

Spironolactone passes into breast milk in small amounts. These amounts are not expected to cause side effects in most nursing infants. If you suspect the baby has any symptoms (such as drowsiness or trouble feeding), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

**If a man takes spironolactone, could it affect fertility or increase the chance of birth defects?**

Spironolactone can affect men's ability to maintain an erection, which might affect fertility (ability to get a woman pregnant). There are no data to suggest that a man's use of spironolactone around the time of conception can increase the chance of birth defects in a woman's pregnancy. In general, exposures that fathers or 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/>.

Please click [here](#) for references.

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

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