This sheet is about exposure to statins in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare providers.

**What are statins?**

Statins are a class of medications used to treat high cholesterol levels. Statins work by stopping your liver from making cholesterol, and helping your liver remove low density lipid (LDL) cholesterol (known as “bad” cholesterol) from your blood. Some medications in this class are atorvastatin (Lipitor®), fluvastatin (Lescol®), lovastatin (Mevacor®), pitavastatin (Livalo®), pravastatin (Pravachol®), rosuvastatin (Crestor®), and simvastatin (Zocor®).

**I take a statin. Can it make it harder for me to get pregnant?**

Studies have not been done to see if taking statins could make it harder to become pregnant.

**I just found out I am pregnant. Should I stop taking my statin?**

Talk with your healthcare providers before making any changes to how you take this medication. The benefits of staying on a statin should be weighed against any risks from the medication.

The product label on your statin might recommend that people who are pregnant not use statins. This is because the developing baby needs cholesterol, and the chance for health problems from a person stopping their statin in pregnancy are generally low. However, for some people the benefits of staying on a statin during some or all of their pregnancy may outweigh any risks of the medication to the developing baby. Your healthcare provider can talk with you about your statin, your health, and what treatment is best for you.

**Does taking a statin increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. Most studies have not found a higher chance of miscarriage in people taking statins during pregnancy. However, not all statins have been studied. To learn if the medication you are taking has been studied, contact a MotherToBaby specialist.

**Does taking a statin 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. Most studies have not found a higher chance for birth defects over the background risk when statins are used in the first trimester of pregnancy. To learn if the medication you are taking has been studied, contact a MotherToBaby specialist.

**Could taking a statin cause other pregnancy complications?**

Based on the available data, using a statin in pregnancy is not expected to increase the chance of other pregnancy complications. For people with certain health conditions, taking a statin during pregnancy may help prevent pregnancy complications that could result from leaving their health condition untreated.

**Does taking a statin in pregnancy cause long-term problems in behavior or learning for the baby?**

Studies have not been done to see if taking statins in pregnancy causes long-term problems in behavior or learning.

**Breastfeeding while taking a statin:**

Limited data shows that statins may enter the breast milk in very small amounts. Side effects have not been reported in breastfed babies from exposure to statins in the breast milk. However, because cholesterol is important for a baby’s ongoing brain development, statins are not currently recommended during breastfeeding. Talk to your healthcare provider or contact MotherToBaby to speak with an information specialist about your specific treatment. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**If a male takes a statin, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?**
There is no evidence to suggest that statins would affect a male’s fertility or increase risk to 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.