Statins

This sheet is about exposure to statins 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 providers.

What are statins?

Statins are a class of medications that have been 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®).

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.

The product label on statin medication might recommend against using it during a pregnancy. However, for some women, the benefits of staying on a statin during some or all their pregnancy may outweigh any risks of the medication to the fetus. Your healthcare provider can talk with you about your statin, your health, and what treatment is best for you.

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

It is not known if taking statins could make it harder to get pregnant. Some medications in this class have information on fertility, while others do not. For example, one study looking at pravastatin use in women did not report fertility issues, while studies on lovastatin and hormone production or reproductive health in women have not been done. To find out if the medication you are taking has been studied, contact a MotherToBaby specialist.

Does taking a statin increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Most studies have not found a higher chance of miscarriage in women taking statins during pregnancy. However, not all statins have been studied. To learn if the medication you are taking has been studied, contact MotherToBaby.

Does taking a statin 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 statins, might increase the chance of birth defects in a pregnancy.

Most studies have not found a higher chance of birth defects when statins are used in the first trimester of pregnancy. To find out if the medication you are taking has been studied, contact a MotherToBaby specialist.

Does taking a statin in pregnancy increase the chance of other pregnancy-related problems?

Pregnancy complications such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) have been reported in some studies on the use of statins in pregnancy, but not others.

Some studies have suggested that statin use in pregnancy might increase the chance of low birth weight and preterm delivery. For example, one study of 469 pregnancies showed a higher risk of both, while another with over 1,000 pregnancies found an increased risk of low birth weight. However, other research has not shown a link to preterm birth, and certain statins have even been studied for preventing it. Also, hypercholesterolemia itself during pregnancy has been associated with preterm labor.

For women 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 affect future behavior or learning for the child?

One large study looked at over 2,400 pregnancies exposed to statins during the first trimester. The children were followed for up to 9 years, and the study found no increased chance of mental or behavioral disorders.

Breastfeeding while taking a statin:

There are recommendations to avoid the use of statins during breastfeeding, mostly due to a lack of information on possible side effects in the nursing child. Others recommend that the decision whether to breastfeed while using statins should be after a discussion between the patient and their healthcare provider. Talk to your healthcare provider or contact a MotherToBaby specialist about your specific medication. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Some studies have suggested that the use of statins might affect male fertility (ability to get a partner pregnant). However, it is unclear whether the use of the statins or other factors such as age, time and type of treatment, or any underlying medical issues may have also affected fertility. 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.

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