



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Statins

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to a statin may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

What is a statin?

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

How long do statins stay in the body? Should I stop taking my statin before I get pregnant?

You should not stop taking your statin (or any other medication) without talking to your health care provider first. Some statin medications are cleared from the body faster than others. The amount of time will vary with each medication and can vary from person to person. Your health care provider or pharmacist may be able to help answer how long it takes for your particular statin medication to be cleared from your body.

Can taking a statin during pregnancy cause miscarriage or birth defects?

A small number of studies have not found that statins would increase the chance of miscarriage. Most studies have not found a higher chance for birth defects when statins were used in the first trimester of pregnancy. However, not all statins have been studied. To learn if the medication you are taking has been studied, contact a MotherToBaby specialist. Healthcare providers might discuss stopping the medication during pregnancy because the developing baby needs cholesterol to form properly and the chance for health problems in the mother from stopping her statin in pregnancy are generally low.

I've heard about taking a statin for preeclampsia in pregnancy.

Preeclampsia is a pregnancy related disorder, which can lead to preterm deliveries and complications for the pregnant woman and her newborn. A major symptom of preeclampsia is high blood pressure. Small early studies have suggested that statins may help to prevent preeclampsia in some women. There are clinical trials currently going on to look at pravastatin use after 20 weeks gestation to prevent or treat preeclampsia during pregnancy. Since preeclampsia is a serious health concern for mother and baby, your health care provider might discuss statin use with you if you have or are at risk for preeclampsia.

Is it safe for me to take a statin while I am breastfeeding?

Talk to your health care provider or contact MotherToBaby by phone, email, text, or web chat to speak with an information specialist about your specific treatment. Be sure to talk to your healthcare providers about all of your breastfeeding questions.

What if the father of the baby takes a statin?

There is no evidence to suggest that a man's use of statins would affect his ability to conceive or increase risk to a pregnancy. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at:

<https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf>

MotherToBaby is currently conducting a study looking at high cholesterol and the medications used to treat this condition in pregnancy. If you are interested in taking part in this study, please call 1-877-311-8972 or sign up at <https://mothertobaby.org/join-study/>.

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