This sheet talks about using statins in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare 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. If you are looking for information on a particular statin medication, you can search for it’s fact sheet at: https://mothertobaby.org/fact-sheets-parent/.

**Should I stop taking my statin before I get pregnant?**
You should not stop taking your statin without talking to your healthcare provider first.

**Can taking a statin during pregnancy cause miscarriage? or birth defects?**
Miscarriage can happen in any pregnancy. A small number of studies have not found that statins would increase the chance of miscarriage. 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.

**Can taking a statin in the first trimester cause birth defects?**
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. Most studies have not found a higher chance for birth defects over the background risk 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.

**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?**
Most statins are not recommended during breastfeeding. Talk to your healthcare 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/.

References: