Many cardiac medicines appear safe for use during and after pregnancy, as summarised here. However, evidence is lacking for some drugs, and many of them carry risks of adverse events. Shared decision making, considering risks and benefits of medicines, is vital to help women weigh up potential risks to themselves and their unborn baby.

**β blockers**

These are commonly used by pregnant women. However, organ-specific malformations are more prevalent in the offspring of women treated with β blockers, and fetal growth restriction has been reported.

- **Labetalol**
  - When used near term:
    - Fetal hypoglycaemia
    - Fetal anæ mia
    - Fetal hypotension
  - Safe

- **Bisoprolol**
  - Fetal hypoglycaemia
  - Fetal bradycardia
  - Fetal hypotension
  - Safe

- **Atenolol**
  - When used in second and third trimester:
    - Fetal hypoglycaemia
    - Fetal bradycardia
    - Low birth weight
  - Certain trimesters only

- **Methyldopa**
  - Mild neonatal hypotension.
  - Avoid post partum because of the risk of postnatal depression

- **Digoxin**
  - Serum levels are unreliable

**Calcium channel blockers**

Not associated with an increased incidence of congenital anomalies in humans.

- **Nifedipine**
  - Potential synergism with magnesium sulphate can induce hypotension in mother and fetal hypotension
  - Safe

- **Verapamil**
  - Limited evidence
  - Well tolerated

**Antiarrhythmic drugs**

- **Adenosine**
  - Limited evidence
  - No fetal adverse effects reported

- **Proacainamide**
  - Limited evidence
  - Unknown. Appears to be safe

- **Flecainide**
  - Limited evidence
  - Unknown. Appears to be safe

- **Amiodarone**
  - Might be used in special circumstances.
  - Risk of hypothyroidism, goitre, bradycardia, fetal growth restriction, and preterm birth

**Diuretics and aldosterone antagonists**

- **Bumetanide, furosemide, and hydrochlorothiazide**
  - Oligohydramnios and electrolyte imbalance in the fetus

**Anticoagulants**

- **Warfarin**
  - Risk of fetal abnormalities if used in the first trimester. Can cause intracranial fetal bleeding in second trimester.

- **Heparin (low molecular weight)**
  - Seldom osteoporosis and markedly less thrombocytopenia than unfractionated heparin.

**Drugs contraindicated in pregnancy**

- **ACE inhibitors†**
  - High risk of fetal abnormalities
  - Captopril and Lisinopril considered safe in breastfeeding

- **Angiotensin receptor blockers**
  - High risk of fetal abnormalities

- **Spirinolactone**
  - Limited evidence
  - Possible risk of abnormalities of the external genitalia

† ACE inhibitors = Angiotensin converting enzyme inhibitors