

Risperidone (Risperdal®)

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

What is risperidone?

Risperidone is a medication that has been used to treat mental health conditions such as schizophrenia, bipolar disorder, and depression. It can be taken by mouth or given as an injection. Risperidone belongs to a group of medications called atypical or second-generation antipsychotics. Brand names for risperidone include Risperdal®, Risperdal Consta®, and Perseris®.

Sometimes when people 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 this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

In some people, risperidone may raise the levels of a hormone called prolactin. High levels of prolactin can stop ovulation (part of the menstrual cycle when an ovary releases an egg). This would make it harder to get pregnant. Your healthcare provider can test your levels of prolactin if there is concern.

Does taking risperidone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Based on the studies reviewed, risperidone is not expected to increase the chance of miscarriage.

Does taking risperidone 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. Based on the studies reviewed, risperidone is not expected to increase the chance of birth defects above the background risk.

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

Based on the studies reviewed, risperidone may cause low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

Risperidone may cause weight gain and problems with blood sugar in a person who is pregnant. This may increase the chance of developing gestational diabetes. More information about gestational diabetes can be found in our fact sheet <https://mothertobaby.org/fact-sheets/diabetes-pregnancy/>.

I need to take risperidone throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?

The use of some medications during pregnancy may cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. It is unknown if taking risperidone alone could increase the chance of withdrawal symptoms in a newborn. Similar medications have been associated with a chance for withdrawal, so babies exposed to risperidone near the time of delivery should be watched for stiff or floppy muscles, drowsiness, agitation, tremors, trouble breathing, and problems with feeding. In most cases, symptoms would be expected to go away in a few days without any long-term health effects. It is important that your healthcare providers know you are taking risperidone so that if symptoms occur your baby can get the care that is best for them.

Does taking risperidone in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if risperidone can cause behavior or learning issues for the child.

Breastfeeding while taking risperidone:

Information on the use of risperidone during breastfeeding is limited. When taken in doses of up to 6 mg a day

risperidone was found in breastmilk in small amounts. Side effects were not reported in a small number of breastfed infants who were exposed to risperidone only (in doses of up to 6 mg a day). If you take risperidone and other medications, there may be a higher chance for side effects in the baby. If you suspect the baby has any symptoms (sleepiness, poor feeding, crankiness, or unusual movements) contact the child's healthcare provider.

The product label for risperidone recommends that people who are breastfeeding not use this medication. But the benefit of using risperidone may outweigh the possible risks. Your healthcare providers can talk with you about using risperidone and what treatment is best for you. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male takes risperidone, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Using risperidone may raise a person's levels of the hormone prolactin, which may affect fertility. Studies have not been done to see if risperidone could increase the chance of birth defects above the background risks. 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/>.

The National Pregnancy Registry for Psychiatric Medications: *This pregnancy registry is studying the safety of psychiatric medications taken during pregnancy. If you are pregnant and have taken risperidone, or any other psychiatric medication (antidepressant, ADHD medication, or atypical antipsychotic), please visit <https://womensmentalhealth.org/research/pregnancyregistry/>.*

Please click here for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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