

Bupropion (Wellbutrin®)

This sheet is about exposure to bupropion in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is bupropion?

Bupropion is a medication that has been used to treat depression and seasonal affective disorder. Brand names of bupropion include Aplenzin®, Forfivo®, and Wellbutrin®. Bupropion is also sold under the brand name Zyban® as an aid to quit smoking. For more information about depression, see the MotherToBaby fact sheet at <https://mothertobaby.org/fact-sheets/depression-pregnancy/>.

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. Some women may have a return of their symptoms (relapse) if they stop this medication during pregnancy. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

Stopping this medication suddenly can cause some women to have withdrawal symptoms. It is not known if or how withdrawal might affect a pregnancy. It is suggested that any reduction in bupropion be done slowly, and under the direction of your healthcare provider.

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

Studies have not been done to see if taking bupropion can make it harder to get pregnant. Two cases of irregular menstrual cycles (periods) have been reported with bupropion use. However, these case reports did not mention fertility problems (trouble getting pregnant).

Does taking bupropion increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not found a higher chance of miscarriage among women who were pregnant and taking bupropion compared to the background chance of miscarriage in the general population.

Does taking bupropion 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. Most of the available data about the use of bupropion in pregnancy does not suggest an increased chance of birth defects. Two studies have suggested a possible link between bupropion use in the first trimester and an increased chance of heart defects. However, these studies had limitations that make it hard to know if other factors might have caused the increase in heart defects. Overall, it is considered unlikely that using bupropion during pregnancy would increase the chance of birth defects above the background risk.

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

It is not known if bupropion can cause other pregnancy related problems such as preterm delivery (birth before week 37). In a small study of 30 women who were given bupropion during pregnancy for 12 weeks to help them quit smoking, no differences were seen in birth weight, length, head circumference, or Apgar score (grading system in newborns to define their wellbeing).

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

The use of some antidepressants during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. These symptoms can include irritability, jitteriness, trouble sleeping, or trouble eating. Not all babies exposed to antidepressants will have these symptoms. One study has suggested that the chance of these symptoms in newborns may be lower with bupropion than with some other antidepressants. It is important that your healthcare providers know you are taking bupropion so that if symptoms occur your baby can get the care that is best for them.

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

It is not known if bupropion increases the chance for behavior or learning issues for the child. One study suggested an association between exposure to bupropion during pregnancy and attention deficit hyperactivity disorder (ADHD). However, there are many factors that contribute to ADHD. That makes it hard to know if it is the medication or other factors that can increase the chance of ADHD.

Breastfeeding while taking bupropion:

Bupropion gets into breast milk in small amounts. Taking bupropion while breastfeeding is not expected to cause harmful effects for most breastfed infants.

There are two case reports of seizures in 6-month-old babies exposed to bupropion through breast milk. The seizures stopped when bupropion was no longer used. Infant seizures can appear different than seizures in women who are older and can include unusual eye movements (rolling, roving), blinking, eyelid fluttering, staring, sucking, smacking, chewing, tongue sticking out, unusual pedaling movements of the legs, thrashing, struggling, or long pauses in breathing. Women taking bupropion while breastfeeding can monitor their child closely for side effects. If you suspect the baby has any symptoms (including unusual movements, seizures, or being sleepier than usual), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Studies have not been done to see if bupropion could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects above the background risk. In general, exposures that men donors have are unlikely to increase 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](#) to view references.

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

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