Bupropion (Wellbutrin®)

This sheet talks about using bupropion in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is bupropion?**

Bupropion is a medication used to treat depression and seasonal affective disorder. It is marketed under the brand name Wellbutrin®. Bupropion is also sold under the brand name Zyban® as an aid to quit smoking.

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

There are no studies that look specifically at fertility in women taking bupropion. Two cases have been reported of irregular menstrual cycles linked to bupropion use. However, these case reports did not mention fertility problems.

**I just found out that I am pregnant. Should I stop taking bupropion?**

Talk with your healthcare provider(s) before making any changes to this medication. For some women, the benefits of staying on an antidepressant during pregnancy may outweigh the potential risks. People who suddenly stop taking their antidepressant are at risk for withdrawal. Symptoms of withdrawal can include: dizziness, upset stomach, trouble sleeping, and nervousness or anxiety. If a woman plans to stop taking her bupropion, it is recommended that this be done slowly (“tapered”).

**Does taking bupropion increase the chance for miscarriage?**

Miscarriage may occur in any pregnancy. Two studies did not find a higher rate of miscarriage among women taking bupropion compared to the background rate for miscarriage in the general population.

**Does taking bupropion in the first trimester increase the chance of birth defects?**

In every pregnancy, a woman starts with a 3-5% chance of having a baby with a birth defect. This is called her background risk. One study has suggested a weak association between first trimester exposure and heart defects. The design of this study does not allow a conclusion to be drawn. In contrast, other studies involving over 2,300 pregnancies exposed to bupropion in the first trimester showed no increase in the chance for birth defects. Therefore, it is unlikely that using bupropion during pregnancy would increase the chance for birth defects over the background risk.

**Does taking bupropion in the second or third trimester cause other pregnancy complications?**

In a small study of 30 women who were given bupropion for 12 weeks to help them quit smoking during pregnancy, no differences in birth weight, length, head circumference, or Apgar score were seen.

**I need to take bupropion throughout my entire pregnancy. Can it cause withdrawal symptoms in my baby?**

Some infants whose mothers took other antidepressants near the end of pregnancy have had withdrawal symptoms like irritability, jitteriness, sleep disturbances, or eating difficulties. Because researchers have never looked at the risk for withdrawal in babies exposed to bupropion late in pregnancy, we don’t know if these symptoms could occur, but it’s something your healthcare provider may want to monitor for.

**Does taking bupropion during pregnancy cause long-term problems in behavior or learning for the baby?**

There is very little known about long term effects on children exposed to bupropion during pregnancy. One study has suggested an association between prenatal exposure to bupropion and attention deficit hyperactivity disorder.
(ADHD). There are many factors that contribute to ADHD and further study is needed before a link can be made. Currently, we do not know if taking bupropion during pregnancy would have any long-term effects on learning and behavior.

**Can I breastfeed while taking bupropion?**

Bupropion is found in breast milk. When a mother takes bupropion only a small amount reaches the baby (0.11% – 1.99%). Breastfeeding while taking bupropion should not be harmful for most babies.

There are two case reports of 6 month old babies exposed to bupropion through breast milk who then had seizures. The seizures stopped when the mother stopped taking bupropion. Sleepiness is another possible side effect that could occur in nursing children if the mother uses bupropion. Babies that are less than two months of age or those who were born preterm (before 37 weeks) might be more likely to have side effects. In addition, among women who are starting the medication for the first time while breastfeeding (even if the nursing child is older), the can can be monitored closely for side effects.

In some women, bupropion can reduce the amount of milk their bodies make. If you notice this, please tell your healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**If a man takes bupropion, could it affect his fertility (ability to get a partner pregnant) or increase the chance of birth defects?**

There are no studies looking at possible risks to a pregnancy when the father takes bupropion. 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 at: https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf.

Please click here to view references.