**Bupropion (Wellbutrin®)**

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. This sheet talks about whether exposure to bupropion may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

**What is bupropion?**

Bupropion is a medication used to treat depression and seasonal affective disorder. It is marketed under the trade name Wellbutrin®. Bupropion is also sold under the trade name Zyban® as an aid to quit smoking. Bupropion belongs to the class of antidepressants known as norepinephrine-dopamine reuptake inhibitors (NDRI).

**Can taking bupropion make it more difficult 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?**

You should always speak with your health care provider before making any changes to your medication to discuss the benefits and risks. People who suddenly stop taking their antidepressant are at risk for withdrawal that can include physical and mental symptoms. Symptoms can include: dizziness, stomach upset, and nervousness or anxiety. If a woman plans to stop taking her bupropion, it is recommended that this be done slowly.

**Does bupropion use increase the risk for miscarriage?**

One study did not find a higher rate of miscarriage among women taking bupropion compared to the background rate for miscarriage in the general population.

**Can taking bupropion during my pregnancy cause birth defects?**

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 when bupropion was taken during pregnancy. Therefore, it is unlikely that using bupropion during pregnancy would increase the chance for birth defects over the background risk.

**Should I consider weaning off bupropion before the third trimester?**

In pregnant women who have untreated depression, there are reports of a greater chance for miscarriage and preterm delivery, as well as babies born with complications or low birth weight. Untreated depression in pregnancy can continue after delivery as postpartum depression, which is a serious condition that should be treated. For more information, see our Depression Fact Sheet at: [https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/).

Your healthcare providers should be involved in your decision of whether or not to stop antidepressant therapy. If you choose to stop your medication, your healthcare provider can help you wean off it in a slow and controlled manner.

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

We do not know and studies are needed. Some infants whose mothers took other antidepressants near the end of pregnancy have had withdrawal symptoms like irritability, jitteriness, sleep disturbances, or eating difficulties. These
symptoms usually go away within a few days to a few weeks.

**Will taking bupropion have any long-term effect on my baby’s behavior and development?**

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 conclusion can be made. Presently, we do not know if taking bupropion during pregnancy would have any long-term effects on learning and behavior.

**Can I take bupropion while breastfeeding?**

Please talk to your health care provider if you need to take bupropion while breastfeeding. Bupropion is found in breast milk. A mother taking the recommended dosage of bupropion passes only a small amount of the drug to an infant. Breastfeeding while taking bupropion should not be harmful for most babies.

Bupropion can bring on seizures in individuals prone to them. There is a report of one baby exposed to bupropion through breast milk who then had seizures. The seizures stopped when the mother stopped taking bupropion. The small amount of bupropion passed through breast milk may have more impact on premature infants or babies with other complications. More studies are needed to better focus on this area.

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.

**What if the father of the baby takes bupropion?**

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 and Pregnancy at: [Paternal Exposures and Pregnancy](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

Please click here to view references.