Buspirone (Buspar®)

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

What is buspirone?

Buspirone is a medication that has been used to treat anxiety. The brand name for buspirone is BuSpar®.

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. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. For more information on anxiety, see our fact sheet here: https://mothertobaby.org/fact-sheets/anxiety-fact/.

When this medication is stopped, symptoms may return (called a relapse). If you plan to stop this medication, your healthcare provider may suggest that you slowly lower the dose instead of stopping all at once. Stopping this medication suddenly can cause withdrawal symptoms. It is not known what effect, if any, withdrawal could have on a pregnancy.

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

It is not known if buspirone can make it harder to get pregnant.

Does taking buspirone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if buspirone can increase the chance of miscarriage.

Does taking buspirone increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like buspirone, might increase the chance of birth defects in a pregnancy.

It is not known if buspirone can increase the chance of birth defects. Information from a pregnancy registry found no birth defects among 72 infants exposed to buspirone during pregnancy.

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

Studies have not been done to see if buspirone can increase the chance of pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

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

The use of some medications during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. There is a report of one infant with decreased growth, tremors, low muscle tone, low blood sugar, and trouble feeding. The infant was exposed to buspirone, other medications, and cigarette smoke during pregnancy. It is not known if the reported symptoms were due to buspirone, other exposures, or a combination of factors. It is important that your healthcare providers know you are taking buspirone so that if symptoms occur your baby can get the care that is best for them.

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

Studies have not been done to see if buspirone can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking buspirone:

Information on the use of buspirone in breastfeeding is limited. Buspirone passes into breast milk in small amounts.

There are reports that looked at effects of buspirone in breastfed infants. One report found no short-term side effects in an 11-week-old baby whose mother was taking 2 medications including 10 mg/day of buspirone. Another report described seizure-like activity in a 3-week-old infant. However, the authors suggested that if one of the 3 prescription medications that the mother was taking contributed to the effects seen in the baby, it was unlikely to be buspirone. If you suspect the baby has any symptoms, contact the child's healthcare provider.

The product label for buspirone recommends that women who are breastfeeding avoid this medication if possible. But the benefit of using buspirone during breastfeeding might outweigh possible risks. Your healthcare provider can talk with you about using buspirone and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Studies by the manufacturer reported lower libido (less desire to have sex), delayed ejaculation, and impotence (inability to get and maintain an erection) in men taking buspirone. These issues can affect men's fertility (ability to make healthy sperm). Studies have not been done to see if men's exposure to buspirone could increase the chance of birth defects. In general, exposures that fathers or sperm 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 for references.

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