

Citalopram | Escitalopram (Celexa® | Lexapro®)

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

What is citalopram and escitalopram?

Citalopram is a medication that has been used to treat depression. Citalopram belongs to the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs). A common brand name for citalopram is Celexa®.

Escitalopram contains the same active medication as citalopram. These two drugs act in the body in a very similar way. Escitalopram has been used to treat depression and generalized anxiety disorder. It also belongs to the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs). A common brand name is Lexapro®.

MotherToBaby has a fact sheet on depression: <https://mothertobaby.org/fact-sheets/depression-pregnancy/>, and anxiety: <https://mothertobaby.org/fact-sheets/anxiety-fact/>.

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.

Some women may have a return of their symptoms (relapse) if they stop this medication during pregnancy. Stopping this medication suddenly can cause some women to have withdrawal symptoms. If you plan to stop this medication, your healthcare provider may suggest that you slowly lower the dose instead of stopping all at once. Also, should you choose to stop taking this medication, it is important to have other forms of support in place (e.g. counseling or therapy) and a plan to restart the medication after delivery, if needed.

I take citalopram or escitalopram. Can it make it harder for me to get pregnant?

It is not known if citalopram or escitalopram can make it harder for a woman to get pregnant. Studies in animals found that citalopram might cause some reduced fertility (ability to get pregnant).

Does taking citalopram or escitalopram increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. There have been some studies that suggested taking antidepressant medications might slightly increase the chance of miscarriage. However, a study on citalopram and escitalopram did not find an increased chance of miscarriage in women taking these medications.

Does taking citalopram or escitalopram 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. There are reports of more than 15,000 pregnancies exposed to citalopram/escitalopram. Overall, the available data do not suggest that citalopram/escitalopram increases the chance of birth defects. While some reports have suggested an increased chance of heart defects or other birth defects, most studies have not found an increased chance of birth defects.

Does taking citalopram or escitalopram in pregnancy increase the chance of other pregnancy-related problems?

Some studies suggest that taking citalopram/escitalopram throughout the pregnancy might increase the chance of pregnancy-related problems such as preterm birth (birth before 37 weeks of pregnancy) and low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). However, research has also shown that when depression is left untreated during pregnancy, there could be an increased chance of pregnancy complications. This makes it hard to know if it is the medication, untreated depression, or other factors that are increasing the chance for these problems.

Some, but not all, studies have suggested that when pregnant women take SSRIs such as escitalopram or citalopram during the second half of the pregnancy, their babies might have an higher chance for a serious lung condition called persistent pulmonary hypertension. Persistent pulmonary hypertension happens in 1 or 2 out of 1,000 births. Among the studies looking at this, the overall chance for pulmonary hypertension when an SSRI was used in pregnancy was less than 1/100 (less than 1%).

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

Some medications taken during pregnancy are associated with withdrawal symptoms in a newborn after delivery. If you are taking escitalopram or citalopram at the time of delivery, your baby might have irritability, jitteriness, tremors (shivering), constant crying, different sleep patterns, problems with eating and controlling body temperature, and some problems with breathing. In most cases, these symptoms are mild and go away within a couple weeks with no treatment. Some babies may need to stay in the nursery or NICU until the symptoms go away. Most babies exposed to escitalopram or citalopram in late pregnancy do not have these symptoms. It is important that your healthcare providers know you are taking these medications so that if symptoms occur your baby can get the care that is best for them.

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

One small study followed eleven babies exposed to citalopram during pregnancy. At one year of age there was no difference in their development compared to children who were not exposed to citalopram. Most studies find no increase in attention deficit hyperactivity disorder (ADHD) in children exposed to SSRIs during pregnancy. Most studies also find that SSRIs do not appear to increase the chance of autism spectrum disorder (ASD) after considering the effects of maternal depression or other factors.

What screenings or tests are available to see if my pregnancy has birth defects or other issues?

Prenatal ultrasounds can be used to screen for some birth defects and to monitor the growth of the pregnancy. Talk with your healthcare provider about any prenatal screenings or testing that are available to you.

Breastfeeding while taking citalopram or escitalopram:

Several studies have shown that small amounts of citalopram/escitalopram are found in breast milk. There have been a few case reports of sleepiness and weight loss, but in most studies no harmful effects were seen in breastfed babies. Studies also showed no difference in the intellectual development of babies exposed to citalopram or escitalopram during breastfeeding. A nursing infant should be monitored for being very sleepy (hard to wake for feeds), poor feeding and poor weight gain, especially in younger, exclusively breastfed infants and when a combination of medications for mental health are used. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Escitalopram/citalopram and other SSRIs have been reported to cause some sexual side effects in men, such as lower sexual desire or problems with ejaculation. There are several cases reports where sperm quality was affected with long-term escitalopram/citalopram use. The sperm quality improved when the medication was stopped. 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.

National Pregnancy Registry for Psychiatric Medications:

There is a pregnancy registry for women who take psychiatric medications, such as citalopram and escitalopram. For more information you can look at their website: <https://womensmentalhealth.org/research/pregnancyregistry/>.

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, January 1, 2023.