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 citalopram/escitalopram may increase the risk for birth defects above that background risk. This information should not take the place of medical care and advice from your health care provider.

**What are citalopram and escitalopram?**
Citalopram is a medication used to treat depression. Citalopram belongs to the class of antidepressants known as selective serotonin reuptake inhibitors or SSRIs. A common brand name for citalopram is Celexa®.

The drug escitalopram contains the same active medication as citalopram. These two drugs act in the body in a very similar way. Escitalopram is used to treat depression and generalized anxiety disorder. It is also an SSRI and is sold under the brand name Lexapro®.

**I am taking citalopram/escitalopram, but I would like to stop taking it before becoming pregnant.**
You should not make any changes in your medication without first talking to your health care providers. You and your health care provider should discuss the benefits of taking citalopram or escitalopram for your specific situation and the potential risks to the baby before making a decision. If you are going to stop taking citalopram/escitalopram, you should talk to your health care provider about cutting back on the dose slowly. Gradually cutting back might help to avoid withdrawal symptoms.

Studies have shown that when depression is left untreated during pregnancy, there could be an increased chance for pregnancy complications. Please see our fact sheet on Depression and Pregnancy at https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/. Some women remain well after stopping their antidepressant medication during pregnancy. For other women, stopping their medication can be more harmful than the risks of staying on it. After delivery, untreated depression can lead to difficulty bonding with your newborn and an increased chance for postpartum depression.

**Can taking citalopram/escitalopram make it more difficult for me to become pregnant?**
It is not known if taking citalopram or escitalopram will make it harder to get pregnant. Studies in animals found that citalopram might have caused some reduced fertility. So far, there have been no reports of humans having a harder time getting pregnant while taking these medicines.

**Can taking citalopram/escitalopram cause a miscarriage?**
Probably not. There have been some studies that suggested taking antidepressant medications may slightly increase the chance for miscarriage. However, a study on citalopram/escitalopram did not find an increased chance for miscarriage in women taking these medications.

**Can taking citalopram/escitalopram during my pregnancy cause birth defects?**
Unlikely. Citalopram has not been associated with an increase in birth defects in human studies. One study showed citalopram might cross the placenta in lower amounts than some of the other SSRI medications. There are no large studies looking at the chance of birth defects when escitalopram is used during pregnancy. Since it is very similar to citalopram, escitalopram is also unlikely to increase the chance of birth defects over a background risk.
I need to take citalopram/escitalopram throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby?

If you are taking citalopram or escitalopram at the end of your pregnancy, your baby may need some extra care for the first few days of life. Babies exposed to any SSRI may have breathing problems, jitteriness, increased muscle tone, irritability, problems sleeping, tremors and difficulty feeding. These symptoms are usually mild and should go away by two weeks of age.

Are there any other problems citalopram or escitalopram can cause when used in the third trimester?

Some studies suggested that babies whose mothers take SSRIs like citalopram or escitalopram during the third trimester might have a small increased chance for persistent pulmonary hypertension of the newborn (PPHN), however, other studies have not. PPHN is a serious lung problem. The background risk for PPHN is about 1 to 2 babies in 1,000 births, around 0.12%. This is a less than 1% chance. If there is an increased chance for PPHN from SSRIs, it is still less than 1%; maybe around 0.30%. Further study is needed. Tell your health care providers and your baby’s pediatrician that you are taking citalopram or escitalopram, and they will exam your baby at birth.

Will taking citalopram/escitalopram have any long-term effect on my baby’s behavior and development?

One small study followed eleven babies of mothers who took citalopram during pregnancy. At one year of age there was no difference in their development compared to children who were not exposed. More studies are needed before we will know if there are any long-term effects on the baby’s brain development.

Can I take citalopram/escitalopram while breastfeeding?

Several studies have shown that small amounts of citalopram and escitalopram are found in breast milk. There have been a few cases of sleepiness and weight loss, but in most studies no harmful effects were seen in the breastfed babies. Some studies also showed no difference in the intellectual development of babies whose mothers took citalopram or escitalopram while breastfeeding. The risk to the breastfed infant appears to be small, and the benefits of breastfeeding are well known. Be sure to talk to your health care provider about all your breastfeeding questions.

What if the father of the baby takes citalopram/escitalopram?

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

References Available By Request

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