This sheet is about using citalopram/escitalopram in a 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 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®.

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®.

Sometimes when people 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 this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. 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/escitalopram. Can it make it harder for me to get pregnant?**

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

**Does taking citalopram/escitalopram increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. 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 people taking these medications.

**Does taking citalopram/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. Citalopram has not been associated with an increased chance for birth defects in human studies. 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 the background risk.

**Does taking citalopram/escitalopram in pregnancy increase the chance of other pregnancy related problems?**

Some studies suggest that taking citalopram/escitalopram throughout the pregnancy may increase the chance for pregnancy complications 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 for 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. For more information on depression, please see our fact sheet at [https://mothertobaby.org/fact-sheets/depression-pregnancy/](https://mothertobaby.org/fact-sheets/depression-pregnancy/).

Also, studies also do not agree whether babies exposed to SSRIs (like citalopram/escitalopram) during the second half of pregnancy might have a slightly higher chance for pulmonary hypertension, a serious lung problem, at birth. For studies that have suggested an increased chance, the overall chance for this finding was low (likely less than 1 in 100).

**I need to take citalopram/escitalopram throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?**
The use of an SSRI like citalopram/escitalopram during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. The symptoms include irritability, crying, jitteriness, increased muscle tone, trouble breathing, altered sleep patterns, tremors, and/or trouble eating. In most cases, these symptoms are mild and go away within weeks with no treatment or with only supportive care. However, most babies exposed to citalopram/escitalopram in late pregnancy do not have symptoms.

**Does taking citalopram/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.

**Breastfeeding while taking citalopram/escitalopram:**

Several studies have shown that small amounts of citalopram/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 breastfed babies. Some studies also showed no difference in the intellectual development of babies exposed to citalopram or escitalopram during breastfeeding. The risk to the breastfed infant appears to be small, while the benefits of breastfeeding are well known. Be sure to talk to your healthcare provider about all your breastfeeding questions.

**If a male takes citalopram/escitalopram, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?**

There are no studies looking at risks to a pregnancy when a male takes citalopram/escitalopram. In general, exposures that fathers or sperm donors have are unlikely to increase the 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 fluoxetine. 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.

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). OTIS/MotherToBaby recognizes that not all people identify as “men” or “women.” When using the term “mother,” we mean the source of the egg and/or uterus and by “father,” we mean the source of the sperm, regardless of the person’s gender identity. Copyright by OTIS, February 1, 2021.