This sheet talks 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 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 (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 take citalopram/escitalopram. Can it make it harder 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 medications.

I just found out that I am pregnant. Should I stop taking citalopram/escitalopram?

You should always speak with your healthcare provider before making any changes to your medications. For some women, the benefits of staying on an antidepressant during pregnancy can outweigh any potential risks to the baby. 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.

Studies have shown that when depression is left untreated during pregnancy, there can be a higher chance for pregnancy complications such as miscarriage, preeclampsia, preterm delivery, low birth weight, and/or postpartum depression. Only you and your health care team know your history and can best decide if you should continue or stop taking fluoxetine during pregnancy. Please see our fact sheet on Depression and Pregnancy at https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/

Does taking citalopram/escitalopram increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. It is unlikely that citalopram/escitalopram would increase the chance for miscarriages. 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.

Does taking citalopram/escitalopram in the first trimester increase the chance of birth defects?

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. Citalopram has not been associated with an increase in 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.

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

If you are taking an SSRI like citalopram/escitalopram during the third trimester, your baby could have some symptoms which are sometimes referred to as problems with neonatal adaptation. The symptoms include irritability, crying, jitteriness, increased muscle tone, harder time 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 whose mothers took citalopram/escitalopram in late pregnancy do not have symptoms.

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

It is not clear. Studies do not agree if there is an increased chance for preterm delivery (delivery before 37 weeks) or lower birth weight with fluoxetine use. These outcomes are hard to study because they are also associated with maternal depression.

Studies also do not agree whether babies whose mothers take 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%).

Does taking citalopram/escitalopram in pregnancy cause long-term problems in behavior or learning for the baby?

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. Most studies find no increase in attention deficit hyperactivity disorder (ADHD) in children whose mothers took SSRIs during pregnancy. Most studies also find that SSRIs do not appear to increase autism spectrum disorder (ASD) after considering the effects of maternal depression or other factors.

Can I breastfeed 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 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, while the benefits of breastfeeding are well known. Talk to talk to your healthcare 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/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/.

Please click here for references.