

# Duloxetine (Cymbalta®)

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

## ***What is duloxetine?***

Duloxetine is a medication that has been used to treat depression, anxiety, and chronic pain. Duloxetine belongs to a group of medications known as serotonin-norepinephrine reuptake inhibitors (SNRIs). It is sold under brand names such as Cymbalta® and Irenka®.

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 people might have a return of their symptoms (relapse) if they stop this medication. If you plan to stop this medication, your healthcare provider might suggest that you slowly lower the dose instead of stopping all at once. Stopping this medication suddenly can cause some people to have withdrawal symptoms. It is not known if or how withdrawal might affect a pregnancy. For more information on depression and anxiety in pregnancy, please see our fact sheets at <https://mothertobaby.org/fact-sheets/depression-pregnancy/> and <https://mothertobaby.org/fact-sheets/anxiety-fact/>.

## ***I take duloxetine. Can it make it harder for me to get pregnant?***

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

## ***Does taking duloxetine increase the chance of miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if taking duloxetine can increase the chance of miscarriage. Two studies reported that taking duloxetine could slightly increase the chance of miscarriage. Other studies have not reported an increased chance. As there can be many causes of miscarriage, including depression itself, it is hard to know if a medication, underlying condition, or other factors are the cause of a miscarriage.

## ***Does taking duloxetine 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. Taking duloxetine in pregnancy is not expected to increase the chance of birth defects above the background risk.

## ***Does taking duloxetine in pregnancy increase the chance of other pregnancy-related problems?***

Some studies suggest that taking duloxetine throughout pregnancy might increase the chance for pregnancy complications such as high blood pressure disorders and heavy bleeding after 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, depression, or other factors that can increase the chance for these problems.

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

The use of duloxetine during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Symptoms might include breathing problems, jitteriness / tremors, more or less muscle tone than usual, irritability, problems sleeping, and trouble eating or regulating their body temperature. Most of the time the symptoms are mild and go away on their own, usually within a few weeks. In rare cases, some babies might need to stay in a special care nursery for a few days until these symptoms go away. Not all babies exposed to duloxetine will have symptoms. It is important that your healthcare providers know you are taking duloxetine so that if symptoms occur your baby can get the care that is best for them.

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

Studies have not been done to see if duloxetine can cause behavior or learning issues for the child.

***Breastfeeding while taking duloxetine:***

Duloxetine gets into breastmilk in small amounts. Harmful effects have not been reported in breastfed infants. If you suspect your baby has any symptoms (such as being too sleepy or poor weight gain) contact the child's healthcare provider. Be sure to talk to your healthcare provider about all breastfeeding options.

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

One study reported that duloxetine was not associated with any effects on a man's fertility (ability to get a woman pregnant). Studies have not been done to see if duloxetine use in men can increase the chance of birth defects above the background risk. In general, exposures that men 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.**

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

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