This sheet talks about exposure to duloxetine in pregnancy and while breastfeeding. This information 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 in adults. Duloxetine belongs to a group of antidepressant medications known as serotonin-norepinephrine reuptake inhibitors (SNRIs). Duloxetine is marketed under the brand names such as Cymbalta® and Irenka®.

For more information on depression in pregnancy, please see our fact sheet at: https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/. For more information on anxiety in pregnancy, please see our fact sheet at: https://mothertobaby.org/fact-sheets/anxiety-fact/pdf/.

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

Studies have not yet been done to see if duloxetine could make it harder for a woman to get pregnant.

I just found out I am pregnant. Should I stop taking duloxetine?

Talk with your healthcare providers before making any changes to this medication. For some women, the benefits of staying on an antidepressant during pregnancy can outweigh any potential risks. If you plan to stop this medication, your healthcare provider may suggest that you gradually lower the dose instead of stopping all at once. Stopping this medication suddenly can cause some people to have withdrawal symptoms. Some people may have a relapse of their symptoms if they stop this medication during pregnancy.

Can taking duloxetine during my pregnancy increase the chance of miscarriage?

Miscarriage can occur in any pregnancy. Two studies found that women taking duloxetine had a slight increase in their chances to miscarry in the first trimester. Other studies have found the chances of miscarriage to be similar to that of women taking other antidepressant medication. However, research also shows that depression itself can increase the chance for miscarriage. This makes it difficult to know if it is the medication or the depression that is increasing the chance for miscarriage.

Does taking duloxetine increase the chance of having a baby with a birth defect?

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. Studies have looked at over 800 babies born to women who took duloxetine during early pregnancy or throughout the pregnancy. These studies did not find a higher chance of birth defects.

Does taking duloxetine during my pregnancy increase my risk of premature birth?

One study reported duloxetine might increase the chance for preterm delivery (birth before 37 weeks). Other studies have not found an increased chance for preterm delivery. Depression itself can increase the chance of preterm delivery, which makes it difficult to learn if medications used to treat depression increase this chance.

Could duloxetine cause other pregnancy complications?

Two studies suggest that taking duloxetine throughout the pregnancy may increase the chance for pregnancy complications such as high blood pressure (hypertensive) disorders. 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 difficult to determine if it is the medication or the untreated depression that is increasing the chance for these problems.

I need to take duloxetine throughout my entire pregnancy. Will it cause newborn complications in my baby?

When used near delivery, duloxetine might cause temporary (lasting a short time) symptoms in the baby. These symptoms are also referred to as withdrawal and/or toxicity. Symptoms might include breathing problems, jitteriness /
tremors, more or less muscle tone, irritability, problems sleeping, and hard time 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. Not all
babies exposed to duloxetine will have symptoms. In rare cases, some babies may need to stay in a special care
nursery for a few days until these symptoms go away.

**Should I stop taking duloxetine during the pregnancy or wean it off before the third trimester?**

Studies have shown that when depression is left untreated during pregnancy, there may be increased chances for
miscarriage, preeclampsia (dangerously high blood pressure), preterm delivery, and low birth weight. Only you and
your healthcare provider know your medical history and can best determine whether or not you should stop taking
duloxetine during pregnancy. Some women can gradually wean off duloxetine during pregnancy. For other women, the
effects from stopping duloxetine may be more harmful than the possible risks to the baby if they continue to take it.
The benefits of taking duloxetine for your specific situation and the potential small risks to the baby should be
considered before a decision is made.

**Will taking duloxetine have any long-term effect on my child’s behavior and development?**

Studies on women have not been done to see if duloxetine could affect a child’s behavior or learning.

**Can I take duloxetine while breastfeeding?**

Duloxetine is found in breast milk, usually only in very small amounts. No reports have described harmful effects in
breastfed infants. If you suspect the baby has any symptoms such as sleepiness, poor weight gain, or not meeting
developmental milestones, contact the child’s healthcare provider. Talk to your health care provider about all of your
breastfeeding questions.

**If a man takes duloxetine, could it affect his fertility (ability to get partner pregnant) or increase the
chance of birth defects?**

There are no studies looking at possible risks to a pregnancy when a father takes duloxetine. In general, exposures
that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby

Please click here for references.