Duloxetine (Cymbalta®)

This sheet is about exposure to duloxetine in pregnancy and while breastfeeding. This information is based on published research studies. 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. 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/.

A return of symptoms (relapse) can happen if you stop this medication during pregnancy. If you plan to stop this medication, your healthcare provider might suggest that you slowly lower the dose instead of stopping it all at once. Stopping this medication suddenly can cause withdrawal symptoms. It is not known if or how withdrawal might affect a pregnancy.

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. Two studies reported that taking duloxetine could slightly increase the chance of miscarriage, while other studies have not reported an increased risk. Research also shows that depression on its own might increase the chance of miscarriage. This makes it hard to know if the medication, the underlying condition, or other factors are increasing the chance of miscarriage.

Does taking duloxetine increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like duloxetine, might increase the chance of birth defects in a pregnancy.

Taking duloxetine in pregnancy is not expected to increase the chance of birth defects.

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

It is not known if duloxetine can increase the chance of other pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2,500 grams] at birth).

Some studies suggest that taking duloxetine might increase the chance of 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 of pregnancy complications. This makes it hard to know if the medication, underlying condition, or other factors are increasing the chance of these problems.

I need to take duloxetine during my 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 include problems with breathing, sleeping or eating, jitteriness / tremors, more or less muscle tone than usual, irritability, or trouble 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. 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 increase the chance of behavior or learning issues for the child.

Breastfeeding while taking duloxetine:

Duloxetine passes into breastmilk in small amounts. Side 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 your breastfeeding questions.

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 effects on men's fertility (ability to make healthy sperm). Studies have not been done in men to see if duloxetine can increase the chance of birth defects. In general, exposures that fathers or sperm donors 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.

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). Copyright by OTIS, March 1, 2026.