

# Duloxetine (Cymbalta®)

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This sheet is 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. 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 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.

Some people may have a return of their symptoms (relapse) if they stop this medication during pregnancy. If you plan to stop this medication, your healthcare provider may 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 how withdrawal may affect a pregnancy.

## ***I am taking duloxetine, but I would like to stop taking it before getting pregnant. How long does the drug stay in my body?***

People eliminate medication at different rates. In healthy adults, it takes up to 3 days, on average, for most of the duloxetine to be gone from the body.

## ***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 for miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Based on the studies reviewed, it is not known if taking duloxetine increases the chance for miscarriage.

Two studies reported 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. Based on the studies reviewed, 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 may 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. For more information, please see our fact sheet on depression at <https://mothertobaby.org/fact-sheets/depression-pregnancy/>.

## ***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, irritability, problems sleeping, and a 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. Let your healthcare providers know before delivery if you are taking duloxetine. If needed, babies can be monitored for symptoms.

***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 is having symptoms such as being too sleepy or poor weight gain, contact the child's healthcare provider. The benefit of continuing duloxetine while breastfeeding may outweigh the risks of an untreated mental health condition. Your healthcare provider can talk with you about duloxetine and what treatment is best for you. Be sure to talk to your healthcare provider about all breastfeeding options.

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

Studies have not been done to see if duloxetine could affect fertility or increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase risks in 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 people who take psychiatric medications, such as duloxetine. 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](https://mothertobaby.org).**

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