Fluoxetine (Prozac®)

This sheet is about exposure to fluoxetine in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is fluoxetine?

Fluoxetine is a medication commonly used to treat depression. Fluoxetine is also used to treat obsessive-compulsive disorder, Tourette’s syndrome, bulimia nervosa, panic disorder, and premenstrual dysphoric disorder (PMDD). Some brand names for fluoxetine are Prozac® and Sarafem®. Fluoxetine belongs to the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs).

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

In animal studies, fluoxetine did not have an effect on whether the animals could get pregnant. In people, fluoxetine has been studied in females having medical treatments because they were already having a hard time becoming pregnant. In these studies, those who took fluoxetine got pregnant at the same rate as those who did not take fluoxetine.

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

Talk with your healthcare providers before making any changes to how you take your medication. For some people, the benefits of staying on an antidepressant during pregnancy may outweigh any possible risk.

I am taking fluoxetine, but I would like to stop taking it before becoming pregnant. How long does the drug stay in my body?

People clear medication from the body at different rates. In healthy adults it takes a little over a month, on average, for most of the fluoxetine to be gone from the body after the last dose. For some people, stopping fluoxetine too quickly can cause physical symptoms (called withdrawal).

Does taking fluoxetine increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. A small number of studies did not find a greater chance for miscarriage when fluoxetine was used in pregnancy.

Does taking fluoxetine 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. Fluoxetine use is unlikely to increase the chance for birth defects.

There have been many studies looking at fluoxetine and pregnancy. There are reports on over 10,000 pregnancies exposed to fluoxetine in the first trimester. The first trimester is the time in pregnancy when major birth defects can happen. No pattern of birth defects has been found and most studies have not found an increased chance for birth defects related to fluoxetine use. Some studies have suggested an increased chance for heart defects or other birth defects. However, taking all the studies together, there is no proven risk for birth defects directly related to fluoxetine.

Could taking fluoxetine cause other pregnancy complications?

Some complications have been reported more often if fluoxetine was used throughout the third trimester. Some studies saw a higher chance for preterm delivery (delivery before 37 weeks of pregnancy). Some studies also found babies to be a little more likely to have lower birthweight when fluoxetine was used throughout the third trimester. In some of the studies these complications were seen more often when the dose used during pregnancy was high. Babies born early or with very low birthweight can develop health problems more easily than babies born at full term and have normal weight.

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, untreated depression (or anxiety), or other factors that may be increasing the chance for these complications.
Studies also do not agree if fluoxetine use in the second half of pregnancy might increase the chance for a serious lung problem in the baby at birth (pulmonary hypertension). Among the studies that suggested an increased chance, the overall chance for this lung problem was less than 1/100 (less than 1%).

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

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

Some medications taken during pregnancy can cause symptoms in a newborn after delivery. These symptoms are sometimes referred to as “withdrawal”. If you take fluoxetine through the third trimester, your baby could show some symptoms of withdrawal after birth. This might include: being irritable and/or jittery, crying, tight muscle tone, harder time breathing, unusual sleep patterns, tremors (shivers), and/or trouble eating. In most cases, these symptoms are mild and go away within weeks with no treatment, or with only supportive care. Most babies exposed to fluoxetine in late pregnancy do not have withdrawal symptoms.

If you take other psychiatric medications with fluoxetine through your pregnancy, there may be a higher chance for symptoms of withdrawal in the baby after birth.

**Does taking fluoxetine in pregnancy cause long-term problems in behavior or learning for a child?**

A few studies have looked at the development of children from 16 months to 7 years of age and did not find differences between children who were exposed to fluoxetine during pregnancy and those who were not.

Most studies find no increase in attention deficit hyperactivity disorder (ADHD) in children exposed to SSRIs like fluoxetine during pregnancy. Most studies also find that SSRIs like fluoxetine do not appear to increase the risk of autism spectrum disorder (ASD) after accounting for the effects of maternal depression or other factors.

**Can I breastfeed while taking fluoxetine?**

Most reports find no problems for breastfed babies. In a small number of cases, irritability, vomiting, diarrhea, and less sleep have been reported. One study noted slightly less weight gain in infants exposed to fluoxetine via breast milk; however, this would likely only be an issue if the infant’s weight gain was already a concern. One study showed that mental and physical development was normal for infants exposed to fluoxetine via breast milk in their first year of life.

In newborns less than two months of age, fluoxetine might have a higher chance of causing a side effect compared to older babies. The product label for fluoxetine recommends people who are breastfeeding not use this medication. But, the benefit of using fluoxetine may outweigh the risks. Your healthcare provider can talk with you about using fluoxetine and what treatment is best for you. If fluoxetine is the medication that works the best for you, breastfeeding doesn’t always have to be stopped. Watch your child for any symptoms. Be sure to talk to your baby’s pediatrician about any concerns you have and all your breastfeeding questions.

**I take fluoxetine. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

Fluoxetine and other SSRIs have been reported to cause some sexual side effects, such as lower sexual desire or problems with ejaculation. Studies looking at fluoxetine in a small number of males have seen that sperm quality can be negatively affected with long-term fluoxetine use. The sperm quality was seen to improve when the fluoxetine was stopped. Though sperm quality was not as good with the fluoxetine, it was still considered to be within a normal range.

One group looked at the rates of attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) in children whose fathers filled a prescription for an SSRI before conception. The authors concluded that their data suggested the other factors, not the medication itself, was associated with a small increase in these outcomes.

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 [http://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/](http://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

**National Pregnancy Registry for Psychiatric Medications:** There is a pregnancy registry for people who take psychiatric medications, such as fluoxetine. For more information you can look at their website:
https://womensmentalhealth.org/research/pregnancyregistry/.

Please click here for references.