Gabapentin

This sheet is about exposure to gabapentin 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 gabapentin?

Gabapentin is a medication that has been used to prevent and control partial seizures, treat some forms of nerve pain, and treat moderate to severe restless legs syndrome. Some brand names are Horizant®, Gralise®, and Neurontin®.

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.

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

It is not known if gabapentin can make it harder to get pregnant. Some people who take gabapentin have reported sexual side effects, including lower sex drive.

Does taking gabapentin increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Human studies have not found an increased chance of miscarriage with gabapentin use. Animal studies reported an increased chance of miscarriage at doses similar to or lower than those used in humans.

Does taking gabapentin 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 gabapentin, might increase the chance of birth defects in a pregnancy.

Most studies have not found an increased chance of major birth defects with gabapentin use during pregnancy. A large study from the North American Antiepileptic Drug Pregnancy Registry found a major birth defect rate of 1.5% (4 out of 270 pregnancies) among pregnancies exposed to gabapentin. This is within the background chance of birth defects that can occur in any pregnancy (about 3%).

A large study from Scandinavia also did not find an increased chance of birth defects compared with pregnancies that were not exposed to gabapentin. Another large U.S. study found no increased chance of birth defects overall among pregnancies exposed to gabapentin. However, among women who filled two or more gabapentin prescriptions during the first trimester, there was a possible increased chance of heart defects. Studies that use prescription records cannot confirm whether a person took the medication, making it hard to know if the findings are related to gabapentin or other factors.

Gabapentin may lower folic acid levels in some people who take this medication. Some healthcare organizations recommend taking a higher dose of folic acid for people taking certain medications, while others do not. Talk with your healthcare provider about the amount of folic acid that is right for you. For more information, see the MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/folic-acid/.

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

Some studies have reported a higher chance of preterm delivery (birth before week 37 of pregnancy), low birth weight (weighing less than 5 pounds, 8 ounces [2,500 grams] at birth), and babies who are small for gestational age among women who took gabapentin during pregnancy, especially when it was used later in pregnancy or throughout pregnancy. Gabapentin use has also been linked to a higher chance that a baby may need care in the neonatal intensive care unit (NICU). However, it is hard to know if these outcomes are related to gabapentin, the health condition being treated, or other factors.

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

Gabapentin use during pregnancy may cause temporary symptoms in newborns soon after birth. These symptoms are sometimes called withdrawal. Reported symptoms include fast breathing, vomiting, diarrhea, stiff muscles, irritability, sneezing, poor feeding, trouble sleeping, tremors, and increased activity. Other reported symptoms include tongue thrusting, unusual eye movements, back arching, and ongoing arm and leg movements. There has been at least one report of withdrawal symptoms in a baby exposed to gabapentin alone, but it is not known how often this happens. Not all babies exposed to gabapentin will have withdrawal symptoms.

When gabapentin is combined with opioids late in pregnancy, withdrawal symptoms are more likely to occur. It is important that your healthcare providers know about all medication and other exposures during pregnancy so that if symptoms occur, your baby can get the care that is best for them.

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

A large study from Scandinavia found no increased chance of autism or intellectual disability in children exposed to gabapentin during pregnancy. The American Academy of Neurology guideline reported that children exposed to gabapentin had IQ scores within the normal range.

Breastfeeding while taking gabapentin:

Gabapentin passes into breast milk in small amounts. While information is limited, reports of infants exposed to gabapentin through breast milk have not noted side effects. If you suspect the baby has any symptoms (such as drowsiness or trouble gaining weight), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions. *If a man takes gabapentin, could it affect fertility or increase the chance of birth defects?*

Studies have not been done to see if gabapentin could affect a man's fertility (ability to make healthy sperm) or increase the chance of birth defects. Sexual dysfunction, such as trouble having an erection, ejaculating, or having an orgasm, has been reported in men using gabapentin. In general, exposures that fathers or sperm donors have are less likely 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.

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