



Gabapentin

This sheet is about exposure to gabapentin in pregnancy and while breastfeeding. This information is based on available published literature. 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. Sexual dysfunction (including loss of desire to have sex and loss of ability to have an orgasm) has been reported among women who take gabapentin.

Does taking gabapentin increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if gabapentin can increase the chance of miscarriage in human pregnancy. Animal studies reported an increased chance for miscarriage.

Does taking gabapentin 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. Small, controlled studies on gabapentin have not suggested an increased chance of birth defects. There is also no known pattern of birth defects associated with the use of gabapentin in pregnancy.

One study looked at the pregnancy outcomes of women who received prescriptions for gabapentin. When looking at the outcomes of all the study participants, gabapentin exposure during early pregnancy does not appear to increase the chance of birth defects above the background risk. When the authors only looked at the data from participants who filled at least two prescriptions for gabapentin in the first trimester, an increased chance of heart defects was seen. Studies based on prescriptions cannot tell if a woman took the medication, so it is hard to know if the outcomes are related to the medication being studied or other factors.

Gabapentin might lower levels of folic acid in women who take this medication. Some professional organizations recommend that women on this type of medication take a higher dose of folic acid, while other groups do not. Talk with your healthcare provider about how much folic acid is right for you. Please see our MotherToBaby fact sheet and baby blog on folic acid/folate at <https://mothertobaby.org/fact-sheets/folic-acid/> and <https://mothertobaby.org/baby-blog/folic-acid-is-more-really-better/>.

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

Pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) have been reported in some studies looking at the use of gabapentin during pregnancy. However, it is hard to know if these problems are from the gabapentin, from the underlying health condition(s) being treated, or other factors.

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

Studies have not been done to see if gabapentin use alone can cause withdrawal in a newborn. One study found that when gabapentin is combined with opioids late in pregnancy, withdrawal can occur. It is not known how often withdrawal occurs in babies exposed to this combination. It is important that your healthcare providers know you are



taking gabapentin so that if symptoms occur your baby can get the care that is best for them. The baby can be monitored for symptoms such as unusual eye, tongue, and/or muscle movements, restlessness of the arms and legs, and arching of the back after birth.

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

One study that looked at 378 children exposed to gabapentin during pregnancy did not find an increased chance of conditions that affect how the brain works (neurodevelopmental disorders), conditions that cause problems with social and communication skills (pervasive developmental disorders), intellectual disability, or communication-related disorders.

Breastfeeding while taking gabapentin:

Gabapentin enters breastmilk in low levels. Blood tests on breastfed infants found low levels or levels too low to be detected. There are reports of infants exposed to gabapentin through breastmilk; no side effects were noted.

If you suspect the baby has any symptoms (such as drowsiness or trouble gaining 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 gabapentin, could it affect fertility or increase the chance of birth defects?

Sexual dysfunction, such as loss of desire to have sex and loss of ability to have an erection or ejaculate, has been reported in men using gabapentin. In general, exposures that men 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.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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