

Haloperidol (Haldol®)

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

What is haloperidol?

Haloperidol is a medication that has been used to treat schizophrenia and other mental health conditions. It has also been used to treat a severe type of nausea and vomiting during pregnancy (hyperemesis gravidarum). More information on nausea and vomiting in pregnancy can be found here:

<https://mothertobaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/>. A brand name for haloperidol is Haldol®.

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.

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

Based on the studies reviewed, haloperidol may cause a higher level of prolactin (a hormone that helps the body make milk) in the blood than is usual. This is called hyperprolactinemia. Hyperprolactinemia may make it harder to get pregnant.

Does taking haloperidol increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done in humans to see if haloperidol increases the chance for miscarriage. Based on animal studies, haloperidol is not expected to increase the chance for miscarriage.

Does taking haloperidol 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, haloperidol is not expected to increase the chance for birth defects above the background risk. Most studies looking at the use of haloperidol during pregnancy did not find an increased chance for birth defects. There are two case reports of limb defects in infants after exposure to haloperidol and other medications during pregnancy. One study looking at 188 pregnancies exposed to haloperidol found no increased chance for birth defects. In this study, limb defects were reported in one infant. It is not known if haloperidol, other medications, or other factors caused the limb defects.

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

Based on the studies reviewed, haloperidol is not expected to 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 [2500 grams] at birth). One study reported an increase in preterm delivery and lower birth weights when haloperidol was taken during pregnancy. However, the authors of the study reported they did not have information on some important factors that could be linked to low birth weight and/or preterm delivery. It is not known if haloperidol, other medications, or other factors increased the chance for these problems.

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

There have been reports of withdrawal symptoms in newborns exposed to haloperidol during pregnancy. Symptoms might include low muscle tone (floppy), restlessness, unusual sleep patterns, trouble eating, involuntary shaking movements (tremors), and dehydration. Not all babies exposed to haloperidol will have these symptoms. It is important that your healthcare providers know you are taking haloperidol so that if symptoms occur your baby can get the care that is best for them.

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

Based on the studies reviewed, it is not known if haloperidol increases the chance for behavior or learning issues.

Breastfeeding while taking haloperidol:

Information on the use of haloperidol while breastfeeding is limited. Haloperidol passes into breastmilk. Most breastfed babies exposed to haloperidol have no reported symptoms.

One breastfeeding infant reportedly had trouble with feeding, being too sleepy, and slow movements after exposure to haloperidol and risperidone through breastmilk. The baby's symptoms went away after breastfeeding was stopped. The reported symptoms may be related to the combination of medications. If you suspect the baby has any symptoms (such as drowsiness), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

Males who take haloperidol may develop hyperprolactinemia, which can cause problems with sexual desire or the ability to have an orgasm. Studies have not been done to see if haloperidol use by males could increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

A pregnancy registry for psychiatric medications, including this one, has been organized at the Massachusetts General Hospital. Contact the registry at <https://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/>.

Please click here to view references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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