Haloperidol (Haldol®)

This sheet is about exposure to haloperidol in pregnancy and while breastfeeding. This information is based on published research studies. This information should not take the place of medical care and advice from your healthcare providers.

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 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 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?

In some people, haloperidol might raise the levels of a hormone called prolactin. High levels of prolactin can stop ovulation (part of the menstrual cycle when an ovary releases an egg). This might 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. One study found no differences in the rate of miscarriage when taking haloperidol or a related medication (penfluridol) compared to not taking these medications.

Does taking haloperidol 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 published data to try to understand if an exposure, like haloperidol, might increase the chance of birth defects in a pregnancy.

Studies looking at the use of haloperidol over 1000 pregnancies did not find an increased chance of birth defects. There are two case reports of limb defects in infants after exposure to haloperidol and other medications during pregnancy. Case reports are not the same as a study and cannot confirm that the medication caused the limb defect. One study looking at 188 pregnancies exposed to haloperidol found no increased chance of birth defects. In this study, limb defects were reported in one infant. It is not known if haloperidol, other medications, or other factors caused limb defects. One study found a slightly increased risk for differences in how the skin develops after using haloperidol. However, other studies have not found this same result. It is not known if haloperidol, other medications, or other factors caused skin defects.

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

Two studies reported an increased chance of preterm delivery (birth before week 37) and low birth weights (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) when haloperidol was taken during pregnancy. However, the authors of both studies reported they did not have information on other important factors that could be linked to low birth weight and/or preterm delivery. It is not known if haloperidol, other medications, mental health conditions, 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?

The use of haloperidol during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. 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 of behavior or learning issues.

Breastfeeding while taking haloperidol:

Haloperidol passes into breastmilk in small amounts at 10mg or less. Most breastfed babies exposed to haloperidol have no reported symptoms.

One breastfeeding infant reportedly had trouble with feeding, being very sleepy, and had slow movements after exposure to haloperidol and another medication (risperidone) through breastmilk. The baby's symptoms went away after breastfeeding was stopped. The reported symptoms might 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.

Some older product labels for haloperidol recommend women who are breastfeeding not use this medication. Newer labels suggest weighing the benefit of treating your condition and breastfeeding with the possible risks of taking haloperidol. Your healthcare providers can talk with you about using haloperidol and what treatment is best for you.

If a man takes haloperidol, could it affect fertility or increase the chance of birth defects?

Taking haloperidol could raise a person's levels of the hormone prolactin, which might affect male fertility (ability to make healthy sperm). Studies have not been done to see if haloperidol use by men could increase the chance of birth defects. In general, men's exposures are unlikely to increase the risks to a pregnancy. For more general 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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