

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 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 women, 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 in women taking haloperidol or a related medication (penfluridol) compared to women not taking these treatments.

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 research studies to try to understand if an exposure, like haloperidol, might increase the chance of birth defects in a pregnancy. Haloperidol is not expected to increase the chance for birth defects.

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. Case studies 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 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?

One study reported an increased chance for 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 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, the mental health condition, 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:

Haloperidol passes into breastmilk. Most breastfed babies exposed to haloperidol have not had 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 product labels for haloperidol recommend women who are breastfeeding not use this medication. But the benefit of treating your condition and breastfeeding may outweigh 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 (ability to get a woman pregnant) or increase the chance of birth defects?

Taking haloperidol could raise a man's levels of the hormone prolactin, which might affect fertility. Studies have not been done to see if use of haloperidol by men could increase the chance of birth defects above the background risk. In general, exposures that men 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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