Lithium

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

What is lithium?

Lithium is a medication used to treat bipolar disorder, which is also called manic-depression. Lithium may also be used to treat other psychiatric and medical conditions. Lithium is sold under many brand names. Some brand names are: Cibalith-S®, Eskalith®, Lithane®, Lithobid® and Lithionate®.

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

Studies have not shown that taking lithium makes it more difficult for women to become pregnant.

I just found out I am pregnant. Should I stop taking lithium?

Talk with your healthcare providers before making any changes to how you take this medication. Stopping lithium may cause relapse (return of symptoms), especially if it is stopped quickly. It is important that your disorder is well-controlled during pregnancy. For some people, the benefits of staying on medications that work for them during pregnancy may outweigh the potential risks. Talk with your healthcare provider about the risks and benefits of staying on lithium during pregnancy. If you continue on lithium, you should have your blood levels of lithium checked often throughout pregnancy. You may need to increase your dose during pregnancy to prevent relapse. The dose can be lowered back down before or after delivery as needed. Work with your healthcare provider to monitor and adjust doses.

I am taking lithium, but would like to stop taking it before becoming pregnant. How long does the drug stay in my body?

People eliminate medications at different rates. In healthy adults, it takes up to four days, on average, for most of the lithium to be gone from the body. However, studies have shown that the longer a person has been on lithium, the longer it may take for their body to clear it completely after stopping.

Does taking lithium increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. Two studies have shown an increase in the chance of miscarriage with lithium use. One of the studies accounted for maternal age and history of previous miscarriage (factors that are also associated with miscarriage), but neither of the studies could account for other important factors, such as other medical conditions, body mass index, cigarette smoking, or substance use. A third study did not find an increased chance of miscarriage with lithium use. Based on the data available, it is not known if lithium increases the chance of miscarriage.

Does taking lithium 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. Some studies have suggested that taking lithium in the first trimester is associated with a small increased chance of heart defects, especially a rare heart defect called Ebstein’s anomaly. Ebstein’s anomaly is the abnormal placement of one of the valves that controls blood flow in the heart. This rare heart defect may cause mild medical problems or a severe life-threatening condition. Other studies have not shown an association between lithium and heart defects. Based on the data available, it cannot be concluded that lithium causes birth defects. Your healthcare providers can discuss ultrasound screening options if you take lithium in pregnancy.

Could taking lithium cause other pregnancy complications?

There are case reports of people developing goiters (enlarged thyroid gland in the neck) while using lithium during pregnancy. A goiter is caused by an underactive thyroid gland (called hypothyroidism). If hypothyroidism is untreated in the person who is pregnant, it can lead to a goiter in the developing baby. People who are pregnant and taking lithium should have their thyroid function monitored throughout pregnancy, so they can be treated, if needed.
**I need to take lithium throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?**

There have been case reports of decreased muscle tone, sedation (sleepiness), and trouble with breathing and feeding in the newborn when lithium was used near delivery, especially if the mother’s blood lithium level was high. Talk to your healthcare provider about whether your dose of lithium needs to be lowered before delivery. If a baby has these symptoms, the baby should fully recover in about two to ten days with treatment. Make sure your healthcare provider and your baby’s healthcare provider are aware of your lithium use, so that you and the baby can be monitored after delivery.

**Does taking lithium in pregnancy cause long-term problems in behavior or learning for the baby?**

Studies on children up to fifteen years old who were exposed to lithium during pregnancy did not find significant physical, mental, or behavioral problems when compared to children who were not exposed to lithium during pregnancy.

**Can I breastfeed while taking lithium?**

Continuing lithium after delivery lowers the chance of a relapse of bipolar disorder. Postpartum relapses are very serious and can lead to postpartum psychosis.

Lithium passes into the breast milk and is absorbed by the baby. The amount of lithium in the nursing baby’s blood is less than what is in the breastfeeding person’s blood. If someone takes lithium while breastfeeding, they and their healthcare provider should monitor the baby for symptoms such as restlessness, low muscle tone, or trouble feeding. There are a few reports of reversible changes in the baby’s thyroid and kidney function, so monitoring the baby’s lithium level and thyroid and kidney function has been recommended. Monitoring the baby is especially important in very young or preterm infants. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Some reports on lithium have found reduced sperm quality and sperm movement, while others have not. One of these reports found no reduction in fertility. Decreased sex drive was reported in another study, but this is a common side effect of depression and may not be due to the medication. There are no reports that suggest lithium use in males is associated with an increased chance of birth defects in a partner’s pregnancy. 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/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

Please click here for references.