Methylphenidate (Ritalin®, Concerta®)

This sheet talks about using methylphenidate in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is methylphenidate?**

Methylphenidate is a stimulant medication used to treat attention deficit hyperactivity disorder (ADHD) and sleep disorders. It may also be used to treat attention deficit disorder (ADD) and to suppress appetite.

Methylphenidate is sold under different brand names, including Ritalin® and Concerta®. A transdermal (skin) patch called Daytrana® is approved for children and adolescents.

**I take methylphenidate. Can it make it harder for me to become pregnant?**

Studies on women have not been done to see if methylphenidate could make it harder for a woman to get pregnant. Animal studies do not show negative effects on fertility at doses up to 200 times the maximum dose given to humans.

**I just found out that I am pregnant, should I stop taking methylphenidate?**

Talk with your healthcare providers before making any changes to this medication. It’s important to discuss the benefits of you taking the medication and any possible risks to the pregnancy and developing baby.

**Does taking methylphenidate increase the chance for a miscarriage?**

Miscarriage can occur in any pregnancy. One small study found a small increased chance for miscarriage. It is not known if taking methylphenidate increases the chance for a miscarriage.

**Does taking methylphenidate in the first trimester increase the chance of birth defects?**

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. Based on published research of about 2,200 pregnancies, methylphenidate is not likely to increase the chance of birth defects. Most studies have reported healthy babies delivered at full-term after exposure to methylphenidate. While one large database study suggested an increased chance for heart defects when a women takes methylphenidate during pregnancy, other studies have not. Research has not been done on Daytrana® (the patch) and pregnancy.

**Could taking methylphenidate in the second or third trimesters cause other pregnancy complications?**

Limited research does not suggest an increased chance preterm delivery (delivery before 37 weeks of pregnancy) or low birth weight when a woman takes methylphenidate as prescribed while pregnant.

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

Some babies exposed to stimulants close to the time of delivery may show temporary signs of withdrawal after they are born. However, this hasn’t been seen with use of methylphenidate when taken as prescribed.

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

Limited studies have shown normal growth and development in children up to one year of age who were exposed to methylphenidate during pregnancy.

**Can I breastfeed while taking methylphenidate?**

Methylphenidate passes into breast milk at low levels. When nursing mothers take it as prescribed, methylphenidate is not expected to cause problems for a nursing infant. Reports on five nursing infants, whose mothers were taking doses from 35-80mg per day, reported normal infant weight, sleeping and feeding habits. Breastfeeding studies haven’t been done with Daytrana®. Talk to your healthcare provider about all of your breastfeeding questions.
If a man takes methylphenidate, could it affect his fertility (ability to get his partner pregnant) or increase the chance of birth defects?

There is no information to suggest that stimulants in semen increase the chance of birth defects. In general, exposures that fathers 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/pdf/.

Please click here for references.