Nefazodone (Serzone®)

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

What is nefazodone?

Nefazodone is a medication approved to treat major depressive disorder (depression). It has also been used to treat pain from sickle cell disease, premenstrual dysphoric disorder (severe premenstrual syndrome, or PMS), posttraumatic stress disorder (PTSD), panic disorder, and other mental health conditions. A brand name for nefazodone is Serzone®.

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.

Some people may have a return of their symptoms (relapse) if they stop this medication. Untreated mental illness might also affect a pregnancy. For more information, see the fact sheet on Depression at https://mothertobaby.org/fact-sheets/depression-pregnancy/. If you plan to stop this medication, your healthcare provider may suggest that you slowly lower the dose instead of stopping all at once. Stopping this medication suddenly can cause some people to have withdrawal symptoms. It is not known if or how withdrawal might affect a pregnancy.

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

It is not known if nefazodone can make it harder to get pregnant.

Does taking nefazodone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. One small study did not find an increased chance for miscarriage in 147 pregnancies exposed to either nefazodone or trazodone (a similar medication). However, depression itself might increase the chance for miscarriage.

Does taking nefazodone 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 nefazodone, might increase the chance of birth defects in a pregnancy. Animal studies did not find a higher chance for birth defects. Nefazodone has not been well studied in humans for use in pregnancy. Two small studies looking at a little over 100 pregnancies did not find a higher chance for birth defects than in the general population.

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

Studies have not been done to see if nefazodone can increase the chance for 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).

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

The use of antidepressants during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Mild and brief symptoms such as tremors or breathing problems have been reported, although it is not clear if these symptoms were caused by the medication. Babies who have been exposed to any antidepressant medication during pregnancy can be watched for signs of withdrawal after delivery.

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

Studies have not been done to see if nefazodone can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking nefazodone:

Nefazodone gets into breastmilk in low amounts, and most babies are not expected to have side effects. There is one report that suggested that nefazodone caused extreme drowsiness (being very sleepy/hard to wake to eat), poor feeding, and low body temperature in a baby that was born preterm. Even though the amount of nefazodone that the baby was exposed to through the breastmilk was very small, it is possible that the medication had more of an effect because the baby was born preterm.

The benefit of continuing nefazodone while breastfeeding might outweigh the risks of an untreated mental health condition. Your healthcare provider can talk with you about nefazodone and what treatment is best for you. If you suspect the baby has symptoms of drowsiness or poor feeding, contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

It is not known if nefazodone could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects. 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/.

Please click here for references.

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