



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

For more information about us or to find a service in your area,
call **(866) 626-6847**. Visit us online at **www.MotherToBaby.org**.

Find us! Facebook.com/MotherToBaby or @MotherToBaby on Twitter

Nefazodone (Serzone®)

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. This sheet talks about whether exposure to nefazodone might increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

What is nefazodone?

Nefazodone is a medication that has been used to treat depression, premenstrual dysphoric disorder (severe PMS), posttraumatic stress disorder, panic disorder and other mental health conditions. Some trade names for nefazodone are Serzone® and Dutonin®.

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

Studies on women have not been done to see if taking nefazodone could make it harder for you to get pregnant.

I take nefazodone and I am already pregnant. Should I stop taking my medication?

You should always speak with your healthcare provider before making any changes in your medication. If you do decide to stop after discussing it with your healthcare provider, you should gradually decrease the dose. It usually isn't recommended to suddenly stop taking this medication.

Can taking nefazodone cause a miscarriage?

This question has not been well studied. One small study including 147 women taking either nefazodone or trazodone (a similar medication) did not find a higher chance for miscarriage.

Does taking nefazodone increase the chance of having a baby with a birth defect?

One study included 89 pregnant women who took nefazodone while pregnant. All of these women took the medication in the first trimester of pregnancy. There was no increase in birth defects above the normal 3-5% risk for the general population. The same group later reported no increase in birth defects in 49 pregnancies where nefazodone was taken in the first trimester. While these studies are reassuring, the numbers are not large enough to rule out a risk.

Will taking nefazodone have any effect on my baby's behavior and development?

There are no studies on the behavior or development of infants exposed to nefazodone during pregnancy.

I need to take nefazodone throughout my entire pregnancy. Will it cause problems with the baby after delivery?

Studies have not looked at this with nefazodone use. However, all babies, who have been exposed to antidepressant drugs during pregnancy can be watched for any signs of withdrawal from the drug after delivery. Sometimes babies exposed to antidepressants have mild and brief difficulties such as tremors or breathing problems although it has not been shown that these symptoms were caused by the medication.

Can I take nefazodone while breastfeeding?

Because of the low levels of nefazodone in breast milk, most breastfed babies are unlikely to experience side effects. There is one report that suggested that nefazodone caused extreme drowsiness, poor feeding and low body temperature in a breastfed baby that was born prematurely. Even though the amount of nefazodone to which the baby was exposed to through breast milk was very small, it is possible that the medication had more of an effect because the baby was premature. If you suspect that the baby has symptoms, contact the child's health care provider. Be sure to talk

to your healthcare provider about all of your breastfeeding questions.

What if the father of the baby takes nefazodone?

There is currently no information to suggest that use of nefazodone by the father would affect the sperm or increase the risk for 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 and Pregnancy at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

Selected References:

- Dodd S, et al. 1999. Determination of nefazodone and its pharmacologically active metabolites in human blood and breast milk by high-performance liquid chromatography. *J Chromatogr B Biomed Sci Appl*;730:249-55.
- Dodd S, et al 2000. Nefazodone in the breast milk of nursing mothers: a report of two patients. *J Clin Psychopharmacol*; 20:717-8.
- Einarson A, et al. 2003. A multicentre prospective controlled study to determine the safety of trazodone and nefazodone use during pregnancy. *Can J Psychiatry* 48(2):106-110.
- Einarson A, et al. 2009. Incidence of major malformations in infants following antidepressant exposure in pregnancy: results of a large prospective cohort study. *Can J Psychiatry* 54(4):242-246.
- Khazaie H, et al. 2013. Insomnia treatment in the third trimester of pregnancy reduces postpartum depression symptoms: a randomized clinical trial. *Psychiatry Res.* 210(3):901-5.
- Rivett KF & Barcelona PS. 1974. Toxicology of trazodone. *Mod Probl Pharmacopsychiatry* 9:76-86.
- Verbeeck RK, et al. 1986. Excretion of trazodone in breast milk. *Br J Clin Pharmacol.* 22(3):367-370.
- Yapp P, et al. 2000. Drowsiness and poor feeding in a breast-fed infant: association with nefazodone and its metabolites. *Ann Pharmacother* 34(11):1269-1272.
- Yaris F, et al. 2004. Newer antidepressants in pregnancy: prospective outcome of a case series. *Reprod Toxicol*; 19:235-238.

January, 2018