Nefazodone

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

**What is nefazodone?**
Nefazodone is a medication used to treat depression. It has also been used to treat premenstrual dysphoric disorder (severe PMS), posttraumatic stress disorder (PTSD), 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 just found out I am pregnant. Should I stop taking nefazodone?**
You should speak to your healthcare providers before making any changes in your medication. For some women, the benefits of staying on an antidepressant during pregnancy may outweigh any potential risks. If you do plan to stop this medication, your healthcare provider may suggest that you gradually lower the dose instead of stopping all at once. Stopping this medication suddenly can cause some people to have withdrawal symptoms. Some people may have a relapse of their symptoms if they stop this medication during pregnancy. 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/pdf/.

**Does taking nefazodone increase the risk for miscarriage?**
Miscarriage can occur in any pregnancy. 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 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. 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.

**Could taking nefazodone in the second or third trimester cause other pregnancy complications?**
At this time, there are no studies on women who took nefazodone during the second or third trimesters.

**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.

**Does taking nefazodone in pregnancy cause long-term problems in behavior or learning for the baby?**
There are no studies on the behavior or development of infants exposed to nefazodone during pregnancy.

**Can I breastfeed while taking nefazodone?**

Because of the low levels of nefazodone in breast milk, most breastfed babies are unlikely to have 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 healthcare provider. Talk to your healthcare provider about all of your breastfeeding questions.

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

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/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

**Selected References:**