Nefazodone

This sheet is about exposure to nefazodone in 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 premenstrual syndrome, or PMS), posttraumatic stress disorder (PTSD), panic disorder, and other mental health conditions. Some brand names for nefazodone are Serzone® and Dutonin®.

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.

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. Some people may have a return of their symptoms (relapse) 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/](https://mothertobaby.org/fact-sheets/depression-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 for miscarriage?**

Miscarriage can occur in any pregnancy. One small study did not find an increased chance for miscarriage in 147 pregnancies exposed to either nefazodone or trazodone (a similar medication).

**Does taking nefazodone 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. No increase in the chance of birth defects was reported in a study of 89 pregnancies exposed to nefazodone in the first trimester. A different study by the same researchers also found no increase in the chance for birth defects in another 49 pregnancies exposed to nefazodone use in the first trimester.

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

Studies have not been done to see if nefazodone increases 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 drug 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 cause behavior or learning issues for the child.

**Breastfeeding while taking nefazodone:**

Nefazodone gets into breast milk in low amounts and most babies are not expected to have side effects. There is one report that suggested that nefazodone caused extreme drowsiness, 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 breast milk was very small, it is possible that the medication had more of an effect because the baby born preterm. 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 your breastfeeding questions.

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

Based on the studies reviewed, it is not known if nefazodone could affect male fertility 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.

**National Pregnancy Registry for Psychiatric Medications: There is a pregnancy registry for people who take psychiatric medications, such as nefazodone. For more information you can look at their website:** https://womensmentalhealth.org/research/pregnancyregistry/.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). OTIS/MotherToBaby encourages inclusive and person-centered language. While our name still contains a reference to mothers, we are updating our resources with more inclusive terms. Use of the term mother or maternal refers to a person who is pregnant. Use of the term father or paternal refers to a person who contributes sperm. Copyright by OTIS, July 1, 2021.