Oxcarbazepine (Trileptal®, Oxtellar XR®)

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

**What is carbamazepine?**

Carbamazepine is a medication used to control seizures. It is also used to treat other conditions, such as bipolar disorder, schizophrenia, or pain disorders. A common brand name for carbamazepine is Tegretol®.

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

People who use seizure medications for a long time might not have regular periods and may have difficulty becoming pregnant. Talk to your healthcare provider if you are having trouble getting pregnant.

**I just found out that I am pregnant. Should I stop taking carbamazepine?**

Talk with your healthcare providers before making any changes to how you take your medication. The benefits of being treated need to be weighed against concerns about the pregnancy and the risks of untreated illness. Untreated and undertreated conditions such as seizure disorders, bipolar disorder, or schizophrenia may increase the chance for pregnancy complications. If possible, people should discuss their medications with their healthcare providers before becoming pregnant.

**Does taking carbamazepine increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. A few studies have seen slightly more miscarriages among those taking carbamazepine during pregnancy. Other studies have not seen this. Having a health condition that requires carbamazepine might be a reason for the small increase of miscarriage in the studies.

**Does taking carbamazepine 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. Studies looking at people who have taken carbamazepine early in pregnancy have found an increased chance of neural tube defects. A neural tube defect happens when the spinal cord or skull do not form properly. The most common type of neural tube defect is spina bifida. The chance for neural tube defects to happen in the general population is less than 1% (less than 1 in 100). For someone taking carbamazepine, the chance of a neural tube defect might increase to about 1% (1 in 100). Blood tests and ultrasounds during pregnancy can screen for neural tube defects and other birth defects. Folic acid has been found to lower the chance for neural tube defects. If you take carbamazepine, your healthcare provider might have you take extra folic acid before and during pregnancy.

A few studies have reported a greater chance for other major birth defects, such as heart defects or cleft lip (split in the upper lip). Some studies have also suggested an increased chance for minor birth defects, such as a small nose with a long space between the nose and upper lip, small finger and toenails, small head size, and growth issues. The chance for birth defects might be increased in those who take higher doses of carbamazepine, especially in early pregnancy.

The product label for carbamazepine recommends that people who are pregnant not use this medication during pregnancy because of the chance for birth defects. However, the benefit of using carbamazepine may outweigh possible risks. Your healthcare provider can talk with you about using carbamazepine and what treatment is best for you.

**Could taking carbamazepine cause other pregnancy complications?**

Sometimes taking carbamazepine during pregnancy can cause bleeding problems in the newborn because of low vitamin K levels. People who are pregnant and taking carbamazepine should ask their healthcare providers about taking vitamin K supplements near the end of their pregnancies. They can also talk to their child’s pediatrician before delivery about giving the newborn a vitamin K supplement at birth.

**Does taking carbamazepine in pregnancy cause long-term problems in behavior or learning for a child?**
Researchers are just starting to look at the development of children who have been exposed to carbamazepine during pregnancy. Some studies have found a small increased chance for developmental delays, such as speech delay. Other studies have found no differences in development or intelligence. More studies are needed to determine if there are any long-term effects in children exposed to carbamazepine during pregnancy.

**Can I breastfeed while taking carbamazepine?**

Carbamazepine passes into breast milk, but the amount in milk is not expected to affect a nursing child. Breastfeeding while taking carbamazepine only (no other medication use) does not appear to affect child growth or development. Most children have not had negative reactions. However, if your child has jaundice (yellowing of the skin and/or eyes), drowsiness, or poor weight gain, talk with your baby’s healthcare provider. If needed, healthcare providers can measure levels of carbamazepine in a child’s blood. Be sure to talk to your healthcare provider about all your breastfeeding questions.

**I take carbamazepine. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

One small animal study and a few small human studies have suggested that carbamazepine might affect sperm production. These studies did not look at if this caused problems with conceiving a pregnancy. More studies are needed to know if taking carbamazepine affects male fertility. In general, exposures that fathers or sperm donors 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/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

Please click here for references.