



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

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

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Paroxetine (Paxil®)

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 paroxetine may 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 paroxetine?

Paroxetine is a medication used to treat depression, general anxiety disorder, social anxiety disorder, obsessive compulsive disorder, premenstrual dysphoric disorder, post-traumatic stress and panic disorder. Paroxetine belongs to the class of antidepressants known as selective serotonin reuptake inhibitors or SSRIs. Some brand names for paroxetine are Paxil®, Aropax® and Seroxat®.

I am taking paroxetine, but I would like to stop taking it before becoming pregnant. How long does paroxetine stay in my body?

While everyone breaks down medication at a different rate, on average, it takes four to five days for most of the paroxetine to be gone from the body after taking the last dose. If you choose to stop taking paroxetine, the dosage should be gradually lowered before quitting completely to prevent withdrawal symptoms. Please discuss the benefits of taking your medication and the risks of stopping your medication with your health care provider.

Can taking paroxetine make it more difficult for me to become pregnant?

Some animal studies have suggested poor fertility with paroxetine exposure. Animal studies do not always predict what will happen in humans. There are no reports in humans suggesting that taking paroxetine would make it harder to become pregnant.

Can taking paroxetine cause a miscarriage?

There have been some studies suggesting exposure to antidepressant medications may slightly increase the chance for miscarriage. Other studies have not found this association. If there is an increased risk for miscarriage with antidepressants it is probably small.

Can taking paroxetine during my pregnancy cause birth defects?

Several studies have suggested that exposure to paroxetine may be associated with a small increased chance for heart defects. In the general population, the background risk for heart defects is one percent (1%). These studies showed that paroxetine use during the first trimester of pregnancy might increase this chance to two percent (2%). It has been suggested that because infants exposed to paroxetine are followed more closely at birth, mild heart defects that might otherwise not be discovered are found. There have also been studies that have not supported the association between paroxetine and heart defects. Currently, the information is uncertain, but if there is a risk it is likely to be small. Women who take paroxetine during the first trimester can consider asking their health care provider for a fetal echocardiogram (ultrasound of the baby's heart) around 20 to 22 weeks of pregnancy. Most studies have not found paroxetine to be associated with birth defects other than heart defects.

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

Possibly. If you are taking paroxetine at the time of delivery, your baby might have some difficulties for the first few days of life. Your baby could have jitteriness, increased muscle tone, irritability, altered sleep patterns, tremors (shivers), difficulty eating and some problems with breathing. Most of the time these symptoms are mild and go away on their own, but some babies may need to stay in a special care nursery for several days. Not all babies exposed to

paroxetine will have symptoms.

Are there any other problems paroxetine can cause when used in the third trimester?

Two studies have suggested that babies whose mothers take SSRIs like paroxetine during the second half of the pregnancy might be at an increased risk for pulmonary hypertension, a serious lung problem at birth. Other studies have not supported this association. Further study is needed. If any risk does exist, it is felt to be small (about 1% or less). Tell your obstetrician and your baby's pediatrician that you are taking paroxetine so that any extra care can be readily provided at delivery, if needed.

Should I wean off paroxetine before the third trimester?

It is important to discuss this with your health care provider. Discuss your particular situation and the benefits along with the risks from taking paroxetine during pregnancy as compared to the risks of stopping it. Studies have shown that when depression is left untreated during pregnancy, there may be increased risks for pregnancy complications. For more information on depression and pregnancy see our fact sheet at: <http://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/>.

Only you and your health care provider(s) know your medical history and can best determine whether or not you should stop taking paroxetine. Some women can gradually wean off of paroxetine before delivery. For other women, the effects from stopping paroxetine may be more harmful than the possible risks to the baby if they continue to take it. The benefits of taking paroxetine for your specific situation and the potential risks to the baby should be considered before a decision is made.

Will taking paroxetine have any long-term effect on my baby's behavior and development?

There have been some small studies on the long-term development of infants exposed to selective serotonin reuptake inhibitors during pregnancy. Some of the infants involved in those studies were exposed to paroxetine. Most of these studies suggest that SSRI exposure does not appear to have significant long-term effects on brain development in babies exposed during pregnancy. While reassuring, further long-term studies on infants exposed to paroxetine are needed before we will know if there are any effects on the fetal brain and on the baby's behavior and development..

Can I take paroxetine while breastfeeding?

Paroxetine crosses into the breast milk in very low amounts. Several reports have not been able to detect paroxetine in the blood of most breastfeeding infants tested. There have been a few reports of mild side effects such as difficulty sleeping, restlessness and increased crying in breastfed infants. However there are also reports of no side effects in breastfed infants. Some experts consider paroxetine to be one of the better choices of an SSRI to take while breastfeeding. Long term studies on infants exposed to paroxetine in breast milk have not been conducted. Talk to your health care provider about all your breastfeeding questions.

What if the father of the baby takes paroxetine?

There are no studies looking at possible risks to a pregnancy when the father takes paroxetine. 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 <http://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

References Available By Request

May, 2017