This sheet talks about exposure to paroxetine in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare 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 take paroxetine. Can it make it harder for me to become pregnant?**

This is not known. Some animal studies have suggested that paroxetine might be associated with fertility problems (having a harder time getting pregnant). However, this has not been well studied in humans.

**I just found out that I am pregnant, should I stop taking paroxetine?**

You should not make any changes in your medication without first talking to your healthcare providers. Talk with them about the benefits of taking paroxetine for your specific situation before making a decision. If you are going to stop taking paroxetine, talk to your healthcare providers on cutting back on the dose slowly. Slowly cutting back might help to avoid physical withdrawal symptoms.

Studies have shown that when depression is left untreated during pregnancy, there could be an increased chance for pregnancy complications. Please see our fact sheet on Depression and Pregnancy at https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/. Some women remain well after stopping their antidepressant medication during pregnancy. For other women, stopping their medication can be more harmful than staying on it.

**Does taking paroxetine increase the chance for a miscarriage?**

Miscarriage can occur in any pregnancy. There have been some studies that suggested 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. Research also shows that depression itself may increase the chance for miscarriage. This makes it hard to determine if it is the medication or the untreated depression that is increasing the chance for miscarriage.

**Does taking paroxetine in the first trimester increase the chance of birth defects?**

In every pregnancy, a woman has a 3-5% chance of having a baby with a birth defect. This is called her background risk. Several studies have suggested that exposure to paroxetine might be associated with a small increased chance for heart defects. There have also been studies that have not shown this. In the general population, the background rate of heart defects is 1 in 100 (1%). Some studies showed that paroxetine use during the first trimester of pregnancy might increase this chance up to 2 in 100 (2%). Since some studies have found a slightly higher chance for heart defects, babies born to mothers who took paroxetine have been examined more closely after birth. Because of this close monitoring, more mild heart defects are being reported that might not have been detected without the close monitoring. One study has found paroxetine exposure to be related to an increased chance for cleft lip and palate. Women who have taken paroxetine during the first trimester can talk with their healthcare providers about screening tests, such as ultrasound and/or a fetal echocardiogram (ultrasound of the baby’s heart) in the pregnancy.

**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. This does not happen to all babies who are exposed to paroxetine. While some babies may need to stay in a special care nursery for several days, most of the time these
symptoms are mild and go away on their own.

**Could taking paroxetine in the second or third trimester cause other pregnancy complications?**

Two studies have suggested that babies whose mothers take SSRIs like paroxetine during the second half of the pregnancy might have a higher chance for pulmonary hypertension, a serious lung problem at birth. Other studies have not supported this finding. If any risk does exist, it is felt to be small (about 1 in 100 or less). Tell your obstetrician and your baby’s pediatrician that you are taking paroxetine so that any extra care can be given at delivery, if needed.

**Does taking paroxetine in pregnancy cause long-term problems in behavior or learning for the baby?**

At this time there are few studies on possible long-term effects of SSRIs on the developing baby. Of these studies, even fewer look specifically at paroxetine exposure. However, these studies suggest that paroxetine use during pregnancy does not have a long-term effect on brain development.

**Can I breastfeed while taking paroxetine?**

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. While there have been a few reports of mild side effects such as trouble sleeping, restlessness and increased crying, 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 done. If you suspect that the baby has symptoms (add any symptoms specific to the medication), contact the child’s healthcare provider. Talk to your healthcare provider about all your breastfeeding questions.

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

There are no studies looking at possible effects on 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 https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

Please click [here](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/) for references.

**National Pregnancy for Psychiatric Medications: There is a pregnancy registry for women who take psychiatric medications, such as paroxetine. For more information you can look at their website:**

[https://womensmentalhealth.org/research/pregnancyregistry/](https://womensmentalhealth.org/research/pregnancyregistry/)