This sheet is about exposure to paroxetine in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare providers.

**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 disorder 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 get pregnant?**

Paroxetine has been associated with changes in sexual function (decreased sexual desire, difficulty climaxing) which might make it harder to get pregnant. It has also been associated with elevated prolactin which might interfere with fertility.

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

You should not make any changes in how you take this 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.

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 at [https://mothertobaby.org/fact-sheets/depression-pregnancy/](https://mothertobaby.org/fact-sheets/depression-pregnancy/). Some individuals remain well after stopping their antidepressant medication during pregnancy. For others, stopping their medication can be more harmful than staying on it.

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

Miscarriage can occur in any pregnancy. There have been some studies that suggested exposure to antidepressant medications might slightly increase the chance for miscarriage. Other studies have not found this. If there is an increased chance for miscarriage with antidepressants it is likely to be small. Research also shows that depression itself can increase the chance for miscarriage. This makes it hard to study if it is the medication or the untreated depression that is increasing the chance for miscarriage.

**Does taking paroxetine 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.

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 a higher chance for heart defects. 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 individuals 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, but not others, found paroxetine exposure to be associated with an increased chance for cleft lip and palate (when the lip and / or the roof of the mouth does not form properly, and usually is corrected with surgeries after birth). People who are pregnant who have taken paroxetine during the first trimester can talk with their healthcare providers about option for screening, such as ultrasound and/or a fetal echocardiogram (ultrasound of the baby’s heart) in the pregnancy.

One study on SSRI drugs, in general, reported that around 1 in 10 (10%) of infants exposed to SSRI drugs in pregnancy showed an irregular heartbeat (long QT syndrome). Long QT syndrome is a condition where the heartbeat is irregular. Most people with the condition have no symptoms but other people might have fainting, seizures, or, in the most serious cases, sudden death.

**Could taking paroxetine cause other pregnancy complications?**
While some studies suggest a higher chance for preterm birth (birth before 37 weeks) with the use of an SSRI (selective serotonin reuptake inhibitors, like paroxetine), the results have not always been consistent. Other risk factors that occur more frequently in pregnant women who take SSRIs, such as cigarette smoking and high stress levels, may be responsible for increases in preterm birth.

Two studies have suggested that babies exposed to SSRIs, like paroxetine, during the second half of the pregnancy might have a higher chance for pulmonary hypertension, which is 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.

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

If you are taking paroxetine during the 3rd trimester and/or near 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 babies who are exposed to paroxetine do not have these signs. When they are present, they are usually mild and go away on their own. Some babies may need to stay in a special care nursery for several days.

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

There are not many studies on possible long-term effects of SSRIs exposure in a pregnancy. Of these studies, even fewer look specifically at paroxetine exposure. In studies that have mentioned paroxetine specifically, it has been suggested that prenatal paroxetine exposure might lead to poorer motor skills than in children who were not exposed (for example: not meeting certain milestones like talking, walking, standing at the expected times). However other facts (such as the condition being treated) may also affect a child’s outcome. It is important to treat mental health symptoms. Paroxetine is not expected to increase the chance for autism spectrum disorder (ASD).

**Can I breastfeed while taking paroxetine?**

Paroxetine crosses into the breast milk in very low amounts and was not detected in the blood of most breastfeeding infants who were 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. Long term studies on infants exposed to paroxetine in breast milk have not been done. The benefit of continuing breastfeeding while using paroxetine may outweigh the risks of an untreated mental health condition and many reviewers have suggested that paroxetine might be one of the better choices of an SSRI to take while breastfeeding. Your healthcare provider can talk with you about using paroxetine and what treatment is best for you. Be sure to talk to your healthcare providers about your breastfeeding questions.

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

There are limited studies looking at possible effects on a pregnancy when the father or sperm donor takes paroxetine. One study examining paroxetine use in males reported a chance for difficulties with sexual function (such as erectile dysfunction, a decrease in ejaculatory function). Once paroxetine was stopped, these individuals were able to regain near normal sexual function. This laboratory study did not actually evaluate fertility. One study in mice showed that those treated with paroxetine experienced a decrease in sperm count than those who were not exposed. 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/.

**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/**.

Please click here for references.