Quetiapine (Seroquel®)

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

What is quetiapine?

Quetiapine is a medication that has been used to treat schizophrenia, bipolar disorder, and major depression. Some brand names are Seroquel® and Seroquel XR®. Some women need to adjust their quetiapine doses during pregnancy to keep the medication working well for them. Discuss how to monitor this with your healthcare providers.

Sometimes when women 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. MotherToBaby has a fact sheet on depression at https://mothertobaby.org/fact-sheets/depression-pregnancy/.

I take quetiapine. Can it make it harder for me to get pregnant?

Maybe, but women still get pregnant while taking this medication. Quetiapine might increase the level of a hormone called prolactin in some people who take this medication (called hyperprolactinemia). Hyperprolactinemia can make it harder to get pregnant. However, quetiapine is less likely to cause hyperprolactinemia than other similar medications. If there is concern about fertility, a healthcare provider can check the level of prolactin with a blood test. Untreated psychiatric disorders and symptoms can also affect fertility.

Does taking quetiapine increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Most studies have found that the chance of miscarriage is not different between women who take quetiapine and women who use similar medications. One study reported an increased chance of miscarriage in women taking quetiapine or similar medications during pregnancy when compared with groups that were not taking such medications. However, the authors of the study noted that their findings may be due to the person's underlying condition rather than the medication used as treatment. Studies have shown that untreated or poorly treated depression can increase the chance for miscarriage. This makes it difficult to determine if it is the medication, poorly treated depression. or other factors that increased the chance for miscarriage.

Does taking quetiapine 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. Based on studies reviewed, quetiapine is not thought to increase the chance of birth defects.

Does taking quetiapine in pregnancy increase the chance of other pregnancy related problems?

Quetiapine might increase the chance for gestational diabetes. Your healthcare provider can monitor your blood sugar levels in pregnancy. MTB has a fact sheet on Diabetes and Gestational Diabetes at https://mothertobaby.org/fact-sheets/diabetes-pregnancy/.

Quetiapine use in pregnancy might also increase the chance for low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). However, research has also shown that when depression and other psychiatric conditions are left untreated during pregnancy, there could be an increased chance for pregnancy complications, including low birth weight. This makes it hard to know if it is the medication, the untreated depression or other factors that are increasing the chance for these problems.

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

The use of quetiapine during pregnancy can cause temporary symptoms in newborns soon after birth. These

symptoms are sometimes referred to as withdrawal. There is limited information about the use of quetiapine during late pregnancy and how a newborn adjusts after delivery. It has been suggested that babies exposed to quetiapine during late pregnancy be monitored for possible symptoms such as: too much or too little muscle tone (stiff or floppy), sleepiness, agitation, problems with breathing and feeding, or unusual muscle movements (tremors). It is important to note that not every newborn will have these symptoms and if they do, the symptoms usually go away in a short time.

Does taking quetiapine in pregnancy affect future behavior or learning for the child?

One study suggested that exposure to quetiapine or similar medications might cause short-term delayed development and behavior problems. These delays were seen at two months and six months of age, but not at one year of age. This suggests such delays can be temporary. Another study found no association between quetiapine use during the pregnancy and poor outcomes in school. These findings suggest that there are no neurodevelopmental outcomes in children exposed to quetiapine during the pregnancy.

Breastfeeding while taking quetiapine?

Quetiapine is found in low levels (less than 1% of the parent's dose) in breast milk. The amount of medication in a breastfed infant's blood is very low, or even undetectable. Based on limited studies, exposure to quetiapine through breastfeeding is not expected to affect development. When taking quetiapine while nursing, babies should be watched to make sure they are not more sleepy than usual. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a man takes quetiapine, could it affect fertility (ability to get a woman pregnant) or increase the chance of birth defects?

It is not known if there are possible risks to a pregnancy from semen exposed to quetiapine. In general, exposures that men 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.

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