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®.

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

Maybe, but people 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.

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

Talk with your healthcare providers before making any changes to how you take this medication. Untreated and undertreated psychiatric disorders can increase the chance for pregnancy complications. The benefits of being treated with quetiapine needs to be weighed against concerns of untreated illness. MotherToBaby has a fact sheet on depression at [https://mothertobaby.org/fact-sheets/depression-pregnancy/](https://mothertobaby.org/fact-sheets/depression-pregnancy/).

Some people 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.

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

Miscarriage can occur in any pregnancy. Most studies have found that the chance of miscarriage is not different between people who take quetiapine and those who use similar medications. One study reported an increased chance of miscarriage in people 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 or the poorly treated depression that is increasing 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.

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

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/](https://mothertobaby.org/fact-sheets/diabetes-pregnancy/).

Quetiapine use in pregnancy might also increase the chance for low birth weight in the baby. 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, untreated depression or 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?**

There is limited information about using 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). Not every newborn will have these symptoms. If they do, the symptoms usually go away in a short time.

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

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.

**Can I breastfeed 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. Infants exposed to quetiapine through breastfeeding usually develop normally. 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.

**I take quetiapine. Can it make it harder for me to get my partner 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 fathers or sperm donors 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.

**National Pregnancy Registry for Psychiatric Medications:** There is a pregnancy registry for women who take psychiatric medications, such as quetiapine. For more information you can look at their website: https://womensmentalhealth.org/research/pregnancyregistry/.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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