



# Risperidone

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This sheet is about exposure to risperidone in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

## ***What is risperidone?***

Risperidone is a medication that has been used to treat mental health conditions such as schizophrenia, bipolar disorder, and depression. It can be taken by mouth or given as an injection. Risperidone belongs to a group of medications called atypical or second-generation antipsychotics. Brand names for risperidone include Risperdal®, Risperdal Consta®, and Perseris®.

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 your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

In some women, risperidone may raise the levels of a hormone called prolactin. High levels of prolactin can stop ovulation (part of the menstrual cycle when an ovary releases an egg). This would make it harder to get pregnant. Your healthcare provider can test your levels of prolactin if there is concern.

## ***Does taking risperidone increase the chance of miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Risperidone use is not expected to increase the chance of miscarriage.

## ***Does taking risperidone increase the chance of birth defects?***

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like risperidone, might increase the chance of birth defects in a pregnancy. Some studies report an increased chance of birth defects when risperidone is used in pregnancy. Other studies have not reported an increased chance. Overall, if there is an increased chance of birth defects with risperidone use, it is likely to be small.

## ***Does taking risperidone in pregnancy increase the chance of other pregnancy-related problems?***

Some studies have reported a higher chance for pregnancy-related problems, and other studies have not. One study found no increase in preterm delivery (birth before week 37). Another suggested that risperidone may increase the chance of low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

Risperidone may cause weight gain and problems with blood sugar in a woman who is pregnant. This may increase the chance of developing gestational diabetes. More information about gestational diabetes can be found in our fact sheet <https://mothertobaby.org/fact-sheets/diabetes-pregnancy/>.

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

The use of some medications during pregnancy may cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Babies exposed to risperidone near the time of delivery should be watched for stiff or floppy muscles, drowsiness, agitation, tremors, trouble breathing, and problems with feeding. In most cases, symptoms would be expected to go away in a few days without any long-term health effects. It is important that your healthcare providers know you are taking risperidone so that if symptoms occur your baby can get the care that is best for them.

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

One study that looked at risperidone in the 2<sup>nd</sup> half of pregnancy did not find an increased chance of autism, attention deficit, or intellectual disability in the children.

**Breastfeeding while taking risperidone:**

Information on the use of risperidone during breastfeeding is limited. When taken in doses of up to 6 mg per day, risperidone was found in breast milk in small amounts. Side effects were not reported in a small number of breastfed infants. If you suspect the baby has any symptoms (sleepiness, poor feeding, crankiness, or unusual movements) contact the child's healthcare provider.

The product label for risperidone recommends that women who are using this medication should not breastfeed. But the benefit of using risperidone may outweigh the possible risks. Your healthcare providers can talk with you about using risperidone and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

**If a man takes risperidone, could it affect fertility or increase the chance of birth defects?**

Using risperidone may raise a man's levels of the hormone prolactin, which may affect fertility (ability to get a woman pregnant). Studies have not been done to see if risperidone use by men could increase the chance of birth defects above the background risk. 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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Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://MotherToBaby.org).

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