Risperidone

This sheet is about exposure to risperidone in pregnancy and while breastfeeding. This information is based on published research studies. 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.

MotherToBaby has a fact sheet on depression here: https://mothertobaby.org/fact-sheets/depression-pregnancy/.

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

In some women, risperidone may raise the levels of the hormone 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 monitor 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. Some studies have linked risperidone to a higher chance of miscarriage. However, the evidence is conflicting and does not clearly prove that risperidone is the cause of this outcome. Other factors, such as the underlying condition being treated, may also 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.

Studies and case reports show mixed outcomes in babies exposed to risperidone before birth. Overall, reviews reported that the rate of birth defects was not higher than the background risk. 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 of 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, which can increase the chance of gestational diabetes. Gestational diabetes can increase the chance of other complications such as preterm delivery or the fetus being larger than expected (called macrosomia). Talk with your healthcare provider about your risk for gestational diabetes. If needed, they can monitor your blood sugar levels before and during pregnancy. More information about gestational diabetes can be found in our fact sheet at https://mothertobaby.org/fact-sheets/diabetes-pregnancy/.

I need to take risperidone during my 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. Not all babies exposed to risperidone will have these symptoms. 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?

Studies to see if risperidone can increase the chance of behavior or learning issues for a child are limited. One study that looked at the filling of at least one prescription for risperidone after 18 weeks of pregnancy did not find an increased risk of developmental or behavioral disorders (autism, ADHD, learning or speech problems) in children followed up to age 14. Studies based on filled prescriptions cannot tell if the medication was taken as directed. This makes it hard to know if the study outcomes are related to medication or other factors.

Breastfeeding while taking risperidone:

Information on the use of risperidone during breastfeeding is limited. When taken in doses of up to 6 mg a 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 (being more sleepy than usual, jitteriness, poor feeding, crankiness, or unusual movements) contact the child's healthcare provider.

An older product label for risperidone recommends women using this medication should not breastfeed. Newer labels suggest weighing the benefit of using risperidone against 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 his fertility or increase the chance of birth defects?

Using risperidone may raise a man's levels of the hormone prolactin, which might affect fertility (ability to make healthy sperm). Studies have not been done to see if risperidone could increase the chance of birth defects. 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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