



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Risperidone and Pregnancy

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to risperidone may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider

What is risperidone?

Risperidone is a medication used in the treatment of psychiatric illness such as schizophrenia and bipolar disorder. The brand name for risperidone is Risperdal®. Risperidone is an atypical (second generation) antipsychotic in the benzisoxazole class

Risperidone may cause weight gain and problems with glucose (sugar) control. Your health care provider can easily test your glucose levels before or during pregnancy to be sure that the level is normal for you. High glucose levels can cause problems during pregnancy (for more information, see the MotherToBaby fact sheet [Diabetes and Pregnancy](https://mothertobaby.org/fact-sheets/diabetes-pregnancy/) at <https://mothertobaby.org/fact-sheets/diabetes-pregnancy/>).

I would like to stop taking risperidone before becoming pregnant. How long does the medication stay in my body?

Any decision to stop a medication should be discussed with your health care provider first. By stopping this treatment, you may increase the chance for a recurrence of your symptoms.

While everyone breaks down medication at a different rate, most of this medication will likely be out of your body in approximately 5 days after the last oral dose. For the injection form, it can take approximately 30 days for the medicine to be gone from the body

Can taking risperidone make it harder to become pregnant?

In some women, risperidone might increase the levels of a hormone called prolactin. High enough levels of prolactin can stop ovulation, which would prevent pregnancy. Your health care provider can test your levels of prolactin if there is concern.

I am currently taking risperidone and I am already pregnant. Should I stop taking it?

No, do not stop taking any medication without first talking with your health care provider. Studies have shown that women with untreated depression during pregnancy might have a greater chance for pregnancy complications. Please see the MotherToBaby fact sheet on [Depression in Pregnancy](https://mothertobaby.org/fact-sheets/depression-pregnancy/) (<https://mothertobaby.org/fact-sheets/depression-pregnancy/>) for more information.

Only you and your provider know your medical history and can best determine whether or not you should stop taking risperidone during pregnancy. The benefits of taking risperidone for your specific situation and the potential risks to the baby should be considered before a decision is made. If you and your provider decide together that stopping risperidone is right for you, slowly decrease the dose over a period of time to avoid withdrawal symptoms.

Can taking risperidone during pregnancy cause birth defects or other pregnancy complications?

Based on the current research data, risperidone use during pregnancy is not likely to increase the chance of birth defects. Over 100 case reports have not noticed a significantly increased chance for birth defects. In addition, two small studies have not noticed an increased chance of birth defects above the background risk for the general population.

Some reports have suggested that risperidone might lead to low birth weight or small babies. However, this has not been noticed in all reports, and may involve other factors such as the health of the mother.

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

There is limited information regarding possible adverse effects in newborn babies of mothers who took atypical antipsychotics during pregnancy. Infants born to women taking risperidone near delivery should be watched for possible effects such as stiff or decreased muscle tone, tremor, drowsiness, agitation, or difficulty feeding.

Will taking risperidone during pregnancy affect my baby's behavior or cause learning problems?

There are no studies on behavior or development of infants exposed to risperidone during pregnancy. Long-term studies are needed to find out if risperidone use in pregnancy will cause any problems with the baby's brain functions.

Is it safe to breastfeed while taking risperidone?

Risperidone has been found in breast milk in low levels, but it has also been reported to be non-detectable in some samples. No reports of any long-term harmful effects have been seen in a small number of exposed infants. As with any medication taken while breastfeeding, the infant should be closely watched for adverse effects such as sleepiness and poor feeding. Be sure to talk to your health care provider about all your choices for breastfeeding.

The father of my baby was using risperidone when we got pregnant. Should I be concerned?

There are no studies looking at possible risks to a pregnancy when the father uses risperidone. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at: <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

References Available By Request

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