



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

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

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Risperidone (Risperdal®)

This sheet talks about exposure to risperidone in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is risperidone?

Risperidone is a medication used to treat mental health conditions such as schizophrenia and bipolar disorder. It is sometimes used with other medications to treat depression. Risperidone belongs to a group of medications called atypical or second-generation antipsychotics. A brand name for risperidone is Risperdal®.

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

In some women, risperidone might increase the levels of a hormone called prolactin. High levels of prolactin can stop ovulation, which would prevent pregnancy. Your healthcare 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 this medication without first talking with your healthcare 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 at <https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/> 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 my pregnancy increase the chance of miscarriage?

Miscarriage may occur in any pregnancy. Most studies have found the chances of miscarriage in women taking risperidone to be similar to that of women taking similar medications.

Can taking risperidone during pregnancy cause birth defects in my baby?

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. Data on over 2000 babies born to women who took risperidone during pregnancy suggests that the chance for birth defects is low.

In some studies there was a small increase in risk for birth defects, especially those involving the heart, but in most studies no increased chance for birth defects was seen. There is no proven risk for birth defects with risperidone use in a pregnancy. If there is an increase in risk, it is likely to be low, and this needs to be weighed against the benefits of treating your mental health condition.

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.

Are there other problems associated with taking risperidone?

Risperidone may cause weight gain and problems with blood sugar control in the pregnant woman. This might increase the chance for gestational diabetes. Your health care provider can monitor your blood sugar levels before pregnancy and then again in pregnancy. A recent study found that risperidone has less of an impact on maternal weight

and blood sugar than other similar medications.

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 after birth?

It is unknown if taking risperidone alone could increase the chance of withdrawal symptoms in a newborn. Studies are needed. Because other similar medications have been associated with a risk for withdrawal or toxicity, babies born to women taking risperidone near delivery should be monitored for symptoms such as stiff or floppy muscle tone, drowsiness, agitation, tremors, difficulty breathing, and problems with feeding. If a baby developed these symptoms, in most cases the symptoms would go away in a few days without any long term health effects.

Can I breastfeed my baby if I am taking risperidone?

Risperidone has been found in breast milk in low levels. 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 healthcare provider about all your breastfeeding questions.

What if the baby's father takes risperidone?

There are no studies looking at possible risks to a pregnancy when a father uses risperidone. In general, medications that the father takes do not increase risk to a pregnancy because the father does not share a blood connection with the developing baby. However, some men using risperidone may have higher levels of the hormone prolactin, which may interfere with fertility. For more general information on a father's exposures, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

Click [here](#) for references.

National Pregnancy Registry for Psychiatric Medications:

There is a pregnancy registry for women who take psychiatric medications, such as risperidone. For more information you can look at their website: <https://womensmentalhealth.org/research/pregnancyregistry/>.

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