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. 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®.

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

In some people, 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?**

Talk with your healthcare providers before making any changes to how you take your medication(s). Stopping this treatment may increase the chance for your symptoms to return. Untreated and undertreated psychiatric disorders may increase the chance for pregnancy complications. For some, the benefits of staying on risperidone during pregnancy may outweigh the potential risks. If you take risperidone by mouth, suddenly stopping the medication may cause you to have withdrawal symptoms. If risperidone is discontinued, the dose should be gradually reduced with the advice of your healthcare provider.

If you are taking risperidone to treat depression, please see the MotherToBaby fact sheet on Depression at [https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/) for more information.

**Can taking risperidone during my pregnancy increase the chance of miscarriage?**

Miscarriage can occur in any pregnancy. It is not known whether risperidone does or does not increase the chance of miscarriage. The available data from pregnancy studies that included risperidone have not seen a higher chance of miscarriage related to this medication.

**Does taking risperidone increase the chance for birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Data on over 2000 babies that were exposed to risperidone during pregnancy suggests that the chance for birth defects is low.

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

Risperidone may cause weight gain and problems with blood sugar control in a person who is pregnant. This might increase the chance for gestational diabetes. Your healthcare provider can monitor your blood sugar levels before pregnancy and again during pregnancy.

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

**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.

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

It is unknown if taking risperidone alone could increase the chance of withdrawal symptoms in a newborn. Because other similar medications have been associated with a chance for withdrawal, babies exposed to risperidone near the time of delivery should be watched for withdrawal symptoms. These symptoms may include stiff or floppy muscles,
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 while taking risperidone?**

Risperidone has been found in breast milk in low levels. Doses of up to 6 mg a day have been used during breastfeeding. These doses did not cause side effects or symptoms in a small number of breastfed infants who were exposed to risperidone only. Symptoms have been seen in babies who were exposed to risperidone with other psychiatric medications through breastmilk. If you take risperidone and other medications, there may be a higher chance for symptoms in the baby. Symptoms can include sleepiness, poor feeding, crankiness, or unusual movements. As with any medication taken while breastfeeding, the baby should be watched for any unusual signs that could be related to the medication. If you suspect the baby has symptoms related to your medication, contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

**I take risperidone. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

There are no studies looking at possible risks to a pregnancy when a father or sperm donor uses risperidone. However, some men using risperidone may have higher levels of the hormone prolactin, which may interfere with fertility. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

**The National Pregnancy Registry for Psychiatric Medications**

This pregnancy registry is studying the safety of psychiatric medications taken during pregnancy. If you are pregnant and have taken risperidone, or any other psychiatric medication (antidepressant, ADHD medication, or atypical antipsychotic), please visit https://womensmentalhealth.org/research/pregnancyregistry/.

Click here for references.