Sertraline (Zoloft®)

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

What is sertraline?

Sertraline is a medication that has been used to treat depression, anxiety, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric disorder (a severe form of premenstrual syndrome), and social phobia. Sertraline belongs to the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs). A brand name for sertraline is Zoloft®.

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 fact sheets on anxiety https://mothertobaby.org/fact-sheets/anxiety-fact/ and depression https://mothertobaby.org/fact-sheets/depression-pregnancy/.

Stopping this medication suddenly can cause some people to have withdrawal symptoms. It is not known if or how withdrawal might affect a pregnancy. If you plan to stop this medication, your healthcare provider might suggest that you slowly lower the dose instead of stopping all at once. Some women might have a return of their symptoms (relapse) if they stop this medication during pregnancy. If you stop taking this medication, it is important to have other forms of support in place (such as counseling or therapy and/or a different medication, if needed).

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

It is not known if sertraline can make it harder to get pregnant. One study found that women who take sertraline or some other SSRIs have a slightly lower chance of getting pregnant. However, some of the conditions that sertraline is used for, including depression, can make it harder to get pregnant. This makes it hard to know if the medication, the condition being treated, or other factors are affecting a person's ability to get pregnant.

Does taking sertraline increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies looking at SSRIs and miscarriage are limited, but overall have not shown that taking sertraline increases the chance of miscarriage. Some of the conditions that sertraline is used for, including depression, might increase the chance of miscarriage.

Does taking sertraline 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 sertraline, might increase the chance of birth defects in a pregnancy.

There are reports of more than 25,000 pregnancies exposed to sertraline. Most studies have not found a higher chance of birth defects when sertraline is used in pregnancy. Other studies have suggested a higher chance of birth defects, including heart defects. However, when studies look only at pregnancies in women who have depression (or other mental health conditions), they find similar rates of birth defects when sertraline is used during pregnancy and when sertraline is stopped before pregnancy. This suggests that factors other than sertraline, such as the underlying mental health condition, factors related to the condition, or other factors, could be responsible for the increase in birth defects seen in some studies.

Does taking sertraline in pregnancy increase the chance of other pregnancy-related problems?

Some studies suggest a higher chance of pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) with the use of sertraline in pregnancy. However, research has also shown that conditions such as depression or anxiety could increase the chance

of pregnancy complications if the conditions are not well treated. This makes it hard to know if the medication, the underlying health condition, or other factors are increasing the chance of these problems.

Some studies have suggested that taking sertraline or other SSRIs during the second half of pregnancy might increase the chance of a serious lung condition in the newborn called persistent pulmonary hypertension (PPH). It is not clear if the increased chance seen in these studies is due to the SSRI or to other exposures that people who take SSRIs might have in common, such as higher rates of smoking. Other studies have not found an increased chance of PPH. In the general population, PPH happens in 1 or 2 out of every 1,000 births. If taking SSRIs does increase the chance of PPH, the overall chance is still low (less than 1 in 100, or less than 1%).

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

The use of sertraline during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Symptoms can include irritability, jitteriness, tremors (shivering), increased crying, changes in sleep patterns, lower muscle tone (hypotonia), skin discoloration (cyanosis), problems with eating, trouble controlling body temperature, and problems with breathing (apnea). In most cases, these symptoms are mild and go away on their own within a couple of weeks. Some babies might need to stay in the nursery or NICU until the symptoms go away. Not all babies exposed to sertraline will have these symptoms. It is important that your healthcare providers know you are taking sertraline so that if symptoms do occur your baby can get the care that is best for them.

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

Most large studies have not shown that using sertraline during pregnancy would increase the chance of behavior or learning issues for the child. Some studies looking at children whose mothers had depression (or other mental health conditions) and used sertraline during pregnancy have found differences in behavior and learning compared to children whose mothers did not have depression or use sertraline during pregnancy. However, when studies look only at children whose mothers had depression (or other mental health conditions) during pregnancy, most of the studies do not find differences in child development when the mothers used sertraline and when they did not. This suggests that differences seen in child development are more likely related to the underlying depression, other factors related to the mental health condition, or other factors, and not to the sertraline used during pregnancy.

What screenings or tests are available to see if my pregnancy has birth defects or other issues?

Prenatal ultrasounds can be used to screen for some birth defects, such as heart defects. Ultrasound can also be used to watch the growth of the pregnancy. Talk with your healthcare provider about any prenatal screenings or testing that are available to you. There are no tests available during pregnancy that can tell how much effect there could be on future behavior or learning.

Breastfeeding while taking sertraline:

Sertraline gets into breast milk in small amounts. Most babies who are exposed to sertraline through breast milk do not have side effects. If you suspect the baby has any symptoms, such as being irritable or sleepier than usual, contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Some studies have shown that SSRIs might have sexual side effects, like low sexual desire or problems with ejaculation. These side effects might affect a man's fertility (ability to get a woman pregnant). Having depression might also lower sex drive. A man's use of sertraline is not expected to increase the chance of birth defects. 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 Exposure at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

National Pregnancy Registry for Psychiatric Medications: ***There is a pregnancy registry for women who take psychiatric medications, such as sertraline. For more information you can look at their website: https://womensmentalhealth.org/research/pregnancyregistry/ .***

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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