Sertraline (Zoloft®)

This sheet is about exposure to sertraline in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare providers.

**What is sertraline?**

Sertraline is a medication that has been used to treat depression, 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®.

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

It is not known if sertraline can make it harder to become pregnant. One study found that people who take SSRIs have a slightly lower chance of achieving a pregnancy.

**I just found out I am pregnant. Should I stop taking sertraline?**

Talk with your healthcare providers before making any changes to how you take your medication(s). For many people, the benefits of staying on the medication during pregnancy can outweigh the potential risks. If you plan to stop the medication, your healthcare provider might suggest that you slowly lower the dose instead of stopping all at once. Stopping this medication suddenly can cause some people to have withdrawal symptoms. In addition, some people may have a relapse of their symptoms if they stop this medication during pregnancy. For more information about depression during pregnancy please see our fact sheet at https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/.

**Does taking sertraline increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. Use of sertraline and the chance of miscarriage has not been well studied. One study found no differences in the chance for miscarriage in people who filled prescriptions for sertraline during the first 35 days of pregnancy and those who stopped filling prescriptions before pregnancy.

**Does taking sertraline increase the chance of birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. There are reports of more than 20,000 pregnancies exposed to sertraline. While some studies have suggested an increased chance for heart defects or other birth defects, most studies have not found an increased chance for birth defects when sertraline is used. Overall, the available data do not suggest that sertraline increases the chance for birth defects above the background risk.

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

Some pregnancy complications have been reported more often when SSRIs, like sertraline, are used in pregnancy. Some studies show a higher chance of having babies with low birthweight and preterm delivery (delivery before 37 weeks of pregnancy). Research has also shown that when depression or anxiety is left untreated during pregnancy, there could be an increased chance for pregnancy complications. This makes it difficult to know if it is the medication, the untreated depression (or anxiety), or other factors that may increase the chance for these problems.

Some, but not all, studies have suggested that when people who are pregnant take SSRIs during the second half of the pregnancy, their babies might have an increased chance for a serious lung condition called persistent pulmonary hypertension. Persistent pulmonary hypertension happens in 1 or 2 out of 1,000 births. Among the studies looking at this, the overall chance for pulmonary hypertension when an SSRI was used in pregnancy was less than 1/100 (less than 1%).

A recent analysis which combined results from several studies reported that the chance for persistent pulmonary hypertension might be increased if an SSRI was used during pregnancy, but could not determine if this was actually due to medication exposure or to other exposures that pregnant people who take SSRIs have in common, such as higher rates of smoking.
**I need to take sertraline throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?**

Some medications taken during pregnancy are associated with withdrawal symptoms in a newborn after delivery. If you are taking sertraline at the time of delivery, your baby might have irritability, jitteriness, tremors (shivering), constant crying, different sleep patterns, problems with eating and controlling body temperature, and some problems with breathing. In most cases, these symptoms are mild and go away within a couple weeks with no treatment. Some babies may need to stay in the nursery or NICU until the symptoms go away. Most babies exposed to sertraline in late pregnancy do not have these symptoms.

**Does taking sertraline in pregnancy cause long-term problems in behavior or learning for the baby?**

One study on a small number of children who were exposed to SSRIs during pregnancy reported a lower score on motor skill tests than other children. Another small study evaluated behaviors in children ages 4-5 years old. This study found no difference in behavior between children who were exposed to sertraline or other SSRIs during pregnancy and those children who were not.

**Breastfeeding while taking sertraline:**

Only a small amount of sertraline passes into the breast milk. Infants that are born preterm or are younger than one month of age have a stomach and intestines that are less mature than older babies. This may allow more medication to enter their blood stream.

Most reports on sertraline and breastfeeding show no problems for breastfed babies. Babies who were also exposed to sertraline in the third trimester of pregnancy may have a lower chance of withdrawal after birth if they are breastfed. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**If a male takes sertraline, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?**

Some studies have shown that SSRIs may have some sexual side effects, like low sexual desire or problems with ejaculation. Also, people with mental health disorders, such as depression, may have lower fertility, which might make it harder for them to get their partner pregnant.

An increased chance of birth defects or pregnancy complications is not expected when the father or sperm donor takes sertraline. 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 to view 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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