Sertraline (Zoloft®)

This sheet talks about exposure to sertraline during pregnancy and while breastfeeding. This information 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, 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?**

Studies have not been done to see if sertraline could make it harder for a woman to get pregnant.

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

You should speak to your healthcare providers before making any changes to this medication. For some women, the benefits of staying on an antidepressant during pregnancy can outweigh the potential risks. If you plan to stop the medication, your healthcare provider may 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.

**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 significant differences in the rates of miscarriage in women who filled prescriptions for sertraline during the first 35 days of pregnancy and those who stopped filling prescriptions between 3 and 12 months before to pregnancy.

**Can taking sertraline in the first trimester increase the chance of birth defects?**

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. Sertraline is one of the better studied antidepressants during pregnancy. There are reports of more than 10,000 pregnancies exposed to sertraline during the first trimester. A small number of studies have found associations between sertraline use during pregnancy and birth defects, such as heart defects. However, the majority of studies have found that women taking sertraline during pregnancy are not more likely to have a baby with a birth defect than women not taking sertraline. Overall, the available information does not suggest that sertraline increases the chance for birth defects above the 3-5% background risk.

**Could taking sertraline in the second or third trimester cause other pregnancy complications?**
Some studies suggest that use of SSRIs, like sertraline, during pregnancy can contribute to pregnancy complications like low birth weight and premature delivery (delivery before 37 weeks of pregnancy). It is difficult to know whether these findings are due to the medicine, underlying depression, or other factors. Two studies have suggested that babies whose mothers take SSRIs like sertraline during the second half of the pregnancy may be at an increased risk for pulmonary hypertension, a serious lung problem at birth. Other studies have not supported this association. Further study is needed but if any increased risk does exist, it is thought to be small. You should inform your obstetrician and your baby’s pediatrician that you are taking sertraline so that any extra care can be provided, if needed.

Research has also shown that when depression is left untreated during pregnancy, there could be an increased chance for pregnancy complications. This makes it difficult to determine if it is the medication or the untreated depression that is increasing the chance for these problems. Please see our fact sheet on Depression at https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/.

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

One study found that children whose mothers took SSRIs during pregnancy scored lower on motor skill tests than other children. This was a very small study of 31 children; about half of these children were exposed to sertraline. Another small study evaluated behaviors in children ages 4-5 years old. This study found no difference in behavior between children whose mothers took sertraline or other SSRIs and those children whose mother did not take an SSRI.

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

If you are taking sertraline at the time of delivery, your baby may have some difficulties for the first few days of life. Your baby may have jitteriness, vomiting, constant crying, increased muscle tone, irritability, altered sleep patterns, tremors, difficulty eating and regulating body temperature and some problems with breathing. While in most cases these effects are mild and go away on their own within 2 weeks of age, some babies may need to stay in a special care nursery for several days until the effects from sertraline and withdrawal go away. Not all babies exposed to sertraline will have these symptoms.

**Can I breastfeed while taking sertraline?**

When a mother takes sertraline, only a small amount of the drug passes into the breast milk. Very small amounts of sertraline and its breakdown product, norsertraline, are found in breast milk. Most published reports on sertraline and breastfeeding reported no harmful effects on the nursing infant. Long-term studies on infants exposed to sertraline in breast milk have not been conducted. If you are worried about symptoms your baby has, contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

An increased chance of birth defects or pregnancy complications is not expected when the father of the baby takes sertraline. 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 at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

**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.*

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