

Sertraline (Zoloft®)

This sheet is about exposure to sertraline in pregnancy and while breastfeeding. This information is based on available published literature. 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 people 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.

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 may suggest that you slowly lower the dose instead of stopping all at once. Some people may 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 (e.g. counseling or therapy) and a plan to restart the medication after delivery, 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 people who take SSRIs have a slightly lower chance of getting pregnant. However, some conditions, 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 might affect fertility. For more information on depression, please see our fact sheet at <https://mothertobaby.org/fact-sheets/depression-pregnancy/>.

Does taking sertraline increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Use of sertraline and the chance of miscarriage has not been well studied. One study found no differences in the chance of miscarriage in people who filled prescriptions for sertraline during the first 35 days of pregnancy and those who stopped filling prescriptions before pregnancy. Also, some conditions, including depression, may increase the chance of miscarriage. This makes it hard to know if the medication, the condition being treated, or other factors might affect the chance of miscarriage.

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 25,000 pregnancies exposed to sertraline. Some studies have suggested an increased chance for heart defects or other birth defects. However, most studies have not found an increased chance of birth defects when sertraline is used in pregnancy. Overall, the available data does not suggest that sertraline increases the chance of birth defects above the background risk.

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

Some studies suggest a higher chance for 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 when conditions such as depression or anxiety are untreated or undertreated during pregnancy, there could be an increased chance for pregnancy complications. This makes it hard to know if it is the medication, the underlying condition, or other factors that might 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 pregnancy, their babies might have an increased chance for a serious lung condition called persistent pulmonary

hypertension (PPH). PPH happens in 1 or 2 out of 1,000 births. A recent report that combined results from several studies suggested the chance for PPH might be increased if an SSRI was used during pregnancy. However, it was not clear if this was due to medication exposure or to other exposures that people who take SSRIs have in common, such as higher rates of smoking. Data from studies suggest the overall chance for PPH when an SSRI is used in pregnancy is less than 1/100 (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), constant 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 within a couple weeks with no treatment required. Some babies may 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?

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 looked at 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:

Sertraline gets into breastmilk in small amounts. Most reports show no problems for babies who are exposed to sertraline through breast milk. 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 your breastfeeding questions.

If a male takes sertraline, could it affect 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, which might affect male fertility (ability to get partner pregnant). Also, people with conditions such as depression may have lower sex drive. An increased chance of birth defects is not expected when a male 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 for references.

National Pregnancy Registry for Psychiatric Medications: There is a pregnancy registry for people 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](https://mothertobaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). OTIS/MotherToBaby encourages inclusive and person-centered language. While our name still contains a reference to mothers, we are updating our resources with more inclusive terms. Use of the term mother or maternal refers to a person who is pregnant. Use of the term father or paternal refers to a person who contributes sperm. Copyright by OTIS, August 1, 2023.