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

**What is topiramate?**

Topiramate is a medication used to prevent seizures and migraine headaches. It has also been used to treat alcoholism, eating disorders, tremors, obesity, diabetes, and psychiatric disorders such as bipolar disorder. Topiramate is sold under the brand names Topamax®, Trokendi XR®, Qudexy XR®. It is also part of a weight loss drug called Qysymia®.

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 this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

*I am taking topiramate, but I would like to stop taking it before becoming pregnant. How long does the drug stay in my body?*

People eliminate medication at different rates. In healthy adults, it takes up to 5.25 days, on average, for most of the topiramate to be gone from the body.

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

Based on the studies reviewed, it is not known if topiramate can make it harder to get pregnant. Studies have found that the long-term use of seizure medications in people with a seizure disorder might be linked to irregular periods and trouble getting pregnant.

The use of topiramate at the same time as birth control medications may make the birth control less effective. Please discuss this with your healthcare provider if you take topiramate and want to take birth control medications.

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

Miscarriage can occur in any pregnancy. Studies have not been done to see if topiramate increases the chance for miscarriage.

**Does taking topiramate 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. Some studies suggest that topiramate use in the first trimester may increase the chance that a baby will be born with a cleft lip and/or a cleft palate (split lip or opening in the roof of the mouth). The chance for this to happen is expected to be 1 in 100 (1%) or less. Most children who are exposed to topiramate during pregnancy do not have a birth defect.

If you are taking topiramate, your healthcare provider may suggest you take a higher dose of folic acid for at least 3 months before getting pregnant to help lower the chance for certain birth defects. Talk with your healthcare provider to find out how much folic acid is right for you. More information about folic acid can be found in our fact sheet here: [https://mothertobaby.org/fact-sheets/folic-acid/](https://mothertobaby.org/fact-sheets/folic-acid/).

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

Some studies suggest that topiramate can cause other 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).

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

Based on the studies reviewed, it is not known if topiramate increases the chance for behavior or learning issues. One small study has suggested that taking topiramate during pregnancy might have an effect on learning and motor coordination. Another small study did not report problems in verbal abilities or IQ scores when testing children between the ages of 5 and 9 years. A larger study did not find an increased risk for poor early neurodevelopmental
outcomes in babies exposed to topiramate during pregnancy.

**Breastfeeding while taking topiramate:**

Topiramate gets into breastmilk in small amounts. If you suspect the baby has any symptoms, such as diarrhea, drowsiness, irritability, or trouble gaining weight, contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Studies have not been done to see if topiramate could affect fertility or increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here to view references.