Trazodone

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

What is trazodone?

Trazodone is an antidepressant and sedative that has been used to treat depression and symptoms of insomnia (trouble sleeping). Some brand names for trazodone include Desyrel®, Oleptro®, and Trazorel®.

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.

Some women 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. If you plan to stop this medication, your healthcare provider may suggest that you slowly lower the dose instead of stopping all at once. Stopping this medication suddenly can cause withdrawal symptoms. It is not known if or how withdrawal might affect a pregnancy.

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

Studies have not been done to see if trazodone could make it harder to get pregnant. 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 (ability to get pregnant). For more information on depression, please see our fact sheet at https://mothertobaby.org/fact-sheets/depression-pregnancy/.

Does taking trazodone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Multiple studies found no increase in miscarriage when trazodone was taken during pregnancy. One study found an increased chance of miscarriage after exposure to antidepressants during the first trimester. However, only a small number of pregnancies in this study (about 2%) were exposed to trazodone. Some studies have reported a higher chance of miscarriage when depression is left untreated in pregnancy.

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

Studies have looked at over 300 pregnancies where trazodone was taken during the first trimester. These studies did not find an increased chance of birth defects above the background risk.

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

One study found no greater chance for preterm delivery (delivery before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) in babies who were exposed to trazodone during pregnancy.

Another study of over 200 pregnancies found no greater chance for low birth weight but did find a slightly higher chance for preterm delivery. However, research has also shown that when depression is left untreated during pregnancy, there could be an increased chance of pregnancy complications. This makes it hard to know if the medication, the condition being treated, or other factors might increase the chance of pregnancy complications.

One study suggests that trazodone and similar antidepressants might increase the chance of preeclampsia (high blood pressure and organ problems, such as kidney issues) and having a baby who is small for gestational age (SGA). However, these studies looked at several medications, not just trazodone, so it is unclear if trazodone alone was

responsible. Research also shows that untreated depression during pregnancy may increase the chance of both preeclampsia and having a smaller baby. Because of this, it is hard to know whether any possible risk is due to the medication, the condition being treated, or other factors. The study also found that taking trazodone as prescribed is not expected to increase the chance of stillbirth.

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

The use of trazodone during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Symptoms include jitteriness, breathing problems, or trouble feeding. Not all babies exposed to trazodone will have symptoms. No withdrawal symptoms were reported in one study of 18 infants exposed to 50 mg/day of trazodone for insomnia in the third trimester. It is important that your healthcare providers know you are taking trazodone so that if symptoms do occur, your baby can get the care that is best for them.

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

Studies have not been done to see if trazodone can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking trazodone:

Information on the use of trazodone in breastfeeding is limited. Trazadone passes into breast milk in small amounts. If you suspect the baby has any symptoms (such as being more sleepy 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 trazodone, could it affect his fertility or increase the chance of birth defects?

Studies have not been done to see if trazodone could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects. Men with conditions such as depression may have lower sex drive (desire to have sex), which might make it harder for them to get a woman pregnant. 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 Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

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