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

**What is trazodone?**
Trazodone is a medication that has been used to treat depression and symptoms of insomnia (unable to sleep or having poor sleep). It is often used in combination with other medications used to treat depression. Some brand names for trazodone include Desyrel®, Oleptro®, and Trazorel®.

**Can taking trazodone make it more difficult for me to become pregnant?**
Studies have not been done to see if trazodone could make it harder for a woman to get pregnant.

**I just found out I am pregnant. Should I stop taking trazodone?**
No. You should speak with your healthcare providers before making any changes to this medication. For some women, the benefits of staying on an antidepressant during pregnancy may outweigh any potential risks.

**Can taking trazodone cause a miscarriage?**
Probably not. Miscarriage can occur in any pregnancy. One study found no increase in miscarriage when women took trazodone during pregnancy.

**Does taking trazodone in the first trimester increase the chance of birth defects?**
Probably not. 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. Studies have looked at close to 200 pregnancies when the mother took trazodone during the first trimester and did not find an increase in the chance of birth defects.

**Could taking trazodone in the second or third trimester cause other pregnancy complications?**
Probably not. One study found no greater chance for preterm delivery (delivery before week 37) or low birth weight of babies whose mothers had taken trazodone during pregnancy.

**I need to take trazodone throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby?**
Antidepressant use late in pregnancy has been associated with an increased chance for withdrawal symptoms in the baby. These include: jitteriness, breathing problems, or difficulty feeding. However, in one study of 18 infants whose mothers took 50 mg/day of trazodone for insomnia in the 3^{rd} trimester, withdrawal symptoms were not reported.

**Does taking trazodone in pregnancy cause long-term problems in behavior or learning for the baby?**
We don’t know. There are no studies on the behavior or development of infants exposed to trazodone during pregnancy.

**Can I breastfeed while taking trazodone?**
Probably. Only small amounts of trazodone have been found in breast milk. There are no studies focused on trazodone while breastfeeding. Talk to your healthcare provider about all of your breastfeeding questions. If you suspect that the baby has symptoms related to trazodone, contact the child’s healthcare provider.

**What if the father of the baby takes trazodone?**
There are no studies looking at pregnancy outcomes following the use of trazodone by the father. 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 and Pregnancy at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

Selected References:

National Pregnancy Registry for Psychiatric Medications:
There is a pregnancy registry for women who take psychiatric medications, such as trazodone. For more information you can look at their website: https://womensmentalhealth.org/research/pregnancyregistry/.

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