

# Venlafaxine (Effexor®)

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This sheet is about exposure to venlafaxine 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 venlafaxine?***

Venlafaxine is a medication that has been used to treat depression, panic disorder, social phobia, and anxiety. It has also been used to treat attention deficit hyperactivity disorder (ADHD), binge eating disorder, bipolar disorder, diabetic neuropathy, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), premenstrual dysphoric disorder, and tension-type headaches. Venlafaxine is sold under the brand name Effexor®.

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 people might have a return of their symptoms (relapse) if they stop this medication. If you plan to stop this medication, your healthcare provider might 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. It is not known what effect, if any, withdrawal could have on a pregnancy.

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

It is not known if venlafaxine can make it harder to get pregnant. There are a few reports of women having higher levels of a hormone called prolactin. High levels of prolactin can stop ovulation (part of the menstrual cycle when an ovary releases an egg). This might make it harder to get pregnant.

## ***Does taking venlafaxine increase the chance of miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. One study suggested women taking venlafaxine might have an increased chance of miscarriage, while other studies have not. Depression itself might increase the chance of miscarriage, which makes it hard to know if the medication, the condition it treats, or other factors are the cause of a miscarriage.

## ***Does taking venlafaxine 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. While some studies suggest a possible increased chance of birth defects when taking venlafaxine during pregnancy, several large studies have not. If there is an increased chance of birth defects above the background risk with use of venlafaxine in pregnancy, it is likely to be small.

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

Some studies have suggested a higher chance for preterm delivery (birth before week 37) when venlafaxine is used in pregnancy, while other studies have not. When depression is untreated or not well-treated during pregnancy, there could be an increased chance of pregnancy complications. For more information, please see our fact sheet on depression at <https://mothertobaby.org/fact-sheets/depression-pregnancy/>.

One study found an increased chance of developing gestational diabetes in women taking venlafaxine during pregnancy while a second study did not. For more information on gestational diabetes, see our fact sheet here: <https://mothertobaby.org/fact-sheets/diabetes-pregnancy/>.

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

The use of venlafaxine during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal and can include jitteriness, increased muscle tone, irritability, changes in sleep patterns, tremors, seizures, trouble eating, and problems with breathing. Some babies might need to

stay in the hospital for several days. Most of the time these effects are mild and go away on their own. Not all babies exposed to venlafaxine will have these symptoms. It is important that your healthcare providers know you are taking venlafaxine so that if symptoms occur your baby can get the care that is best for them.

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

It is not known if venlafaxine increases the chance for behavior or learning issues for the child. One study found no difference in IQ or behavioral problems in 4 year olds who had been exposed to venlafaxine in pregnancy when compared to children whose mothers had depression but were not treated during pregnancy. A second study found a small increase in the chances of autism spectrum disorder in children exposed to venlafaxine during pregnancy. However, it is not clear whether this was related to the medication, the condition being treated, or other factors.

***Breastfeeding while taking venlafaxine:***

Venlafaxine passes into breastmilk. Side effects in children who are nursing have sometimes been reported. If you suspect the baby has any symptoms (being more sleepy or irritable than usual, poor feeding, trouble with gaining weight) contact the child's healthcare provider. If there is a concern, infant blood levels can be taken.

The product label for venlafaxine recommends women who are breastfeeding not use this medication. But the benefits of taking venlafaxine and the benefits of breastfeeding your child might outweigh the risks of an untreated mental health condition. Your healthcare provider can talk with you about venlafaxine and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

***If a man takes venlafaxine, could it affect fertility or increase the chance of birth defects?***

Studies have not been done in humans to see if venlafaxine could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects above the background risk. There are a few reports of men having higher prolactin levels when taking venlafaxine, which might affect fertility. 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/>.

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

**Please click [here](#) to view references.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

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