

# Venlafaxine (Effexor®)

---

This sheet is about exposure to venlafaxine in pregnancy and while breastfeeding. This information 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 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.

Some people may have a return of their symptoms (relapse) if they stop this medication. 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 some people to have withdrawal symptoms. It is not known what effect, if any, withdrawal could have on a pregnancy.

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

People eliminate medication at different rates. In healthy adults, it takes up to 7 days, on average, for most of the venlafaxine to be gone from the body.

## ***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.

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

Miscarriage can occur in any pregnancy. One study suggested people taking venlafaxine may have an increased chance for miscarriage. Other studies have not reported an increase chance of miscarriage. Depression itself may increase the chance for miscarriage, which makes it hard to know if a 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. Based on the studies reviewed, it is not known if venlafaxine increases the chance of birth defects above the background risk. Some studies suggested a possible increased risk for birth defects when taking venlafaxine during pregnancy. Other studies have not confirmed these findings.

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

Based on the studies reviewed, it is not known if venlafaxine 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). Some studies have suggested a higher chance for preterm delivery when venlafaxine is used in pregnancy, and others studies have not. When depression is untreated or not well-treated during pregnancy, there could be an increased chance for pregnancy complications. For more information, please see our fact sheet on Depression and Pregnancy at <https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/>.

## ***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, trouble eating, and problems with breathing. Some babies may need to stay in the hospital for several days. However, most of the time these effects are mild and go away on their own. Not all babies exposed to venlafaxine will have these symptoms. Let your healthcare providers know if you are taking venlafaxine at the time of delivery. If needed, babies can be monitored for symptoms.

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

Based on the studies reviewed, it is not known if venlafaxine increases the chance for behavior or learning issues for the child.

***Breastfeeding while taking venlafaxine:***

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

The benefit of taking venlafaxine while breastfeeding may 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 of your breastfeeding questions.

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

Studies have not been done in humans to see if venlafaxine 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/>.

***National Pregnancy Registry for Psychiatric Medications: There is a pregnancy registry for people 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).**

---

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, November 1, 2021.