Venlafaxine (Effexor®)

This sheet is about exposure to venlafaxine 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 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 XR®.

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.

A return of symptoms (relapse) is possible after stopping this medication. If you plan to stop this medication, your healthcare provider might suggest that you slowly lower the dose instead of stopping it all at once. Stopping this medication suddenly can cause withdrawal symptoms. It is not known what effect, if any, withdrawal can 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 the hormone prolactin while taking venlafaxine. High levels of prolactin can stop ovulation (part of the menstrual cycle when an ovary releases an egg). Stopping ovulation can 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 suggests that taking venlafaxine might increase the chance of miscarriage, while other studies have not. Research also shows that depression itself might increase the chance of miscarriage. This makes it hard to know if it is the medication, untreated or poorly treated depression, or other factors (age, health, medical conditions, other medications used) that can increase the chance of miscarriage.

Does taking venlafaxine 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 venlafaxine, might increase the chance of birth defects in a pregnancy. While some studies suggest that taking venlafaxine during pregnancy could possibly increase the chance of birth defects, several large studies have not found a higher chance of birth defects. 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 suggest a higher chance of preterm delivery (birth before week 37) when venlafaxine is used in pregnancy, while other studies do not. 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 it is the medication, untreated or poorly treated depression, or other factors that can increase the chance of these problems. For more information, please see our fact sheet on depression at https://mothertobaby.org/fact-sheets/depression-pregnancy/.

One study found a higher 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 during my 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. Most of the time these effects are mild and go away on their own. Some babies might need to stay in the hospital for several days to help manage the symptoms. 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 can increase the chance of 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 compared to children whose mothers had depression but were not treated during pregnancy. A second study found a small increase in the chance of autism spectrum disorders 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 breast milk. 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, the child's healthcare provider can check the amount of medication in the infant's blood.

Some older product labels for venlafaxine recommend women who are breastfeeding not use this medication. Newer labels suggest weighing the benefits of taking venlafaxine and the benefits of breastfeeding your child against the risks of an untreated mental health condition. 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 male fertility (ability to make healthy sperm) or increase the chance of birth defects. There are a few reports of higher levels of the hormone prolactin while taking venlafaxine. High prolactin levels in men 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/.

Please click here for references.

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