Ziprasidone (Geodon®)

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

What is ziprasidone?

Ziprasidone is a medication that has been used to treat bipolar disorder, schizophrenia, and schizoaffective disorder. Ziprasidone belongs to a group of medications called atypical antipsychotics or second-generation antipsychotics. A brand name for ziprasidone is Geodon®.

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.

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

It is not known if ziprasidone can make it harder to become pregnant. A reported side effect of ziprasidone is sexual dysfunction (problems with sexual desire, arousal, orgasm, or sexual pain). These changes could make it harder to get pregnant.

In some women, ziprasidone might increase the levels of a hormone called prolactin or cause amenorrhea (temporary absence of a menstrual cycle). High levels of prolactin can stop ovulation (when an ovary releases an egg)/ Changes in ovulation or the menstrual cycle can also make it harder to get pregnant.

Does taking ziprasidone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. One prescription-based study reported a slightly higher chance of miscarriage among women who were pregnant and filled a prescription for ziprasidone in pregnancy. Studies based on prescription records cannot tell if someone took the medication. This makes it hard to know if the study outcomes are related to the medication or other factors. Also, mood disorders that are not well treated can increase the chance of miscarriage.

Does taking ziprasidone 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. Data on over 2,000 pregnancies exposed to ziprasidone have not reported an increased chance of birth defects. A study with 12 women who took ziprasidone during pregnancy reported cases of polydactyly (born with extra fingers or toes). Studies based on prescription records cannot tell if someone took the medication. This makes it hard to know if the study outcomes are related to the medication or other factors.

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

It is not known if ziprasidone can increase the chance of other pregnancy-related problems, such as preterm delivery (birth before week 37 of pregnancy) or low birth weight (weighing less than 5 pounds, 8 ounces [2,500 grams] at birth). In a study of 34 pregnancies exposed to ziprasidone, no increased chance of infants being small or large for gestational age was reported. In another study of 18 exposed pregnancies, no increased chance for low birth weight, short birth length, or small head size was noted.

I need to take ziprasidone during my pregnancy. Will it cause withdrawal symptoms in my baby after birth?

The use of some medications during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. It is unknown if taking ziprasidone could increase the chance of withdrawal symptoms in a newborn. Similar medications have been associated with a chance for withdrawal symptoms. Babies who were exposed to ziprasidone can be monitored for symptoms such as stiff or floppy muscle

tone, drowsiness, agitation, tremors, trouble breathing, and problems with feeding. If a baby develops symptoms, in most cases, the symptoms are expected to go away in a few days without long-term health effects. It is important that your healthcare providers know you are taking ziprasidone so that if symptoms occur, your baby can get the care that is best for them.

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

Studies have not been done to see if ziprasidone can increase the chance of behavior or learning issues for the child. There are a few case reports of healthy children with typical development after being exposed to ziprasidone during pregnancy.

Breastfeeding while taking ziprasidone:

Based on the limited data, ziprasidone gets into breast milk in small amounts. There is one case report of a woman who took ziprasidone 40 mg and citalopram 60 mg throughout the pregnancy and while breastfeeding. The breastfed baby was reported to be healthy and developing well at age 6 months old. If your baby has symptoms (such as being very sleepy, getting upset easily, not feeding well, shaking, or unusual muscle movements), talk with your baby's pediatrician. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

There are no well-controlled studies in men exposed to ziprasidone to see if it could affect male fertility (ability to make healthy sperm) or increase the chance of birth defects. In general, exposures that men have are less likely to increase risks to a pregnancy. For more information, please see the MotherToBaby sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

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