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Sertraline (Zoloft®) and Pregnancy

This sheet talks about the risks that exposure to sertraline can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is sertraline?

Sertraline is a medication used to treat depression, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder. A brand name for sertraline is Zoloft®. Sertraline belongs to the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs).

I am taking sertraline, but I would like to stop taking it before becoming pregnant. How long does sertraline stay in my body?

While everyone breaks down medication at a different rate, on average sertraline has a half-life (time it takes to eliminate one half of the drug from the body) of 24 hours. Most of the drug will be out of your system 6 days after stopping sertraline. You should always discuss any changes in your dose or stopping your dose of sertraline with your doctor. In particular, since some people have withdrawal symptoms when they suddenly stop taking sertraline, your doctor may suggest that you gradually decrease the dosage that you are taking before you completely stop taking the medication.

Can taking sertraline during my pregnancy cause birth defects?

Sertraline is one of the better studied antidepressants during pregnancy. There are reports of over 2000 pregnancies exposed to sertraline during the first trimester. Some studies have found associations between sertraline use during pregnancy and particular birth defects. However, most studies have not found that women taking sertraline during pregnancy are more likely to have a baby with a birth defect than women not taking sertraline. Overall, the available information does not suggest that sertraline increases the risk for birth defects above the 3-5% background risk that is seen in the general population.

I need to take sertraline throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby?

Possibly. If you are taking sertraline at the time of delivery, your baby may have some difficulties for the first few days of life. Your baby may have jitteriness, increased muscle tone, irritability, altered sleep patterns, tremors, difficulty eating and some problems with breathing. While in most cases these effects are mild and go away on their own, some babies may need to stay in a special care nursery for several days until the effects from sertraline and withdrawal go away. Not all babies exposed to sertraline will have these symptoms.

Are there any other problems sertraline can cause when used in the third trimester?

Some studies suggest that use of SSRIs, like sertraline, during pregnancy can contribute to pregnancy complications like low birth weight and premature delivery. It is difficult to know whether these findings are due to the medicine, underlying depression, or other factors.

Two studies have suggested that babies whose mothers take SSRIs like sertraline during the second half of the pregnancy may be at an increased risk for pulmonary hypertension, a serious lung problem at birth. Other studies have not supported this association. Further study is needed but if any increased risk does exist, it is felt to be small. You should inform your obstetrician and your baby's pediatrician that you are taking sertraline so that any extra care can be readily provided.

Should I stop taking sertraline before the third trimester?

It is important to discuss with your doctor the risks associated with taking sertraline during pregnancy as compared to the risks of stopping

sertraline. Studies have shown that when depression is left untreated during pregnancy, there may be increased risks for miscarriage, preeclampsia, preterm delivery, low birth weight, and a number of other harmful effects on the mother and the baby. Only you and your doctor know your medical history and can best determine whether or not you should stop taking sertraline during pregnancy. Some women can gradually wean off of sertraline before 28 weeks; for other women, the effects from stopping sertraline may be more harmful than the possible risks to the baby if they stay on sertraline. The benefits of taking sertraline for your specific situation and the potential risks to the baby should be considered before a decision is made.

What about long term effects? Will my child have behavioral and learning problems if I take sertraline in pregnancy?

One study found that children whose mothers took SSRIs during pregnancy scored lower on motor skill tests than other children. This was a very small study of 31 children; about half of these children were exposed to sertraline. Two other studies looked at the children of 55 and 66 women who were taking another SSRI (fluoxetine) during pregnancy. The children in these studies did not have any differences in IQ, language, or motor skills compared to other children. More studies are needed to determine if Sertraline use during pregnancy has long-term effects on behavior and learning.

Can I take sertraline while breastfeeding?

Very small amounts of sertraline and its breakdown product, norsertraline, are found in breast milk. When a mother takes sertraline, about 1-2% of the drug passes into the breast milk. There are several published reports on sertraline and breastfeeding. These reports have found no harmful effects on the nursing infant. Long-term studies on infants exposed to sertraline in breast milk have not been conducted. Please talk with your health care provider if you need to take sertraline while breastfeeding.

What if the father of the baby takes sertraline?

Since men do not share a blood connection with the baby, an increase risk of birth defects or pregnancy complications is not expected when the father of the baby takes sertraline. For more information about a father's exposures and pregnancy, please see the OTIS fact sheet *Paternal Exposures and Pregnancy.*

July 2010.

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*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **OTIS** at **1-866-626-6847**.*