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Venlafaxine (Effexor[®]) and Pregnancy

This sheet talks about the risks that exposure to venlafaxine 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 venlafaxine?

Venlafaxine is a medication used to treat depression and anxiety in adults. Venlafaxine belongs to a group of antidepressants known as serotonin-norepinephrine reuptake inhibitors (SNRIs). Venlafaxine is marketed under the brand name Effexor[®].

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

Venlafaxine is mainly broken down in the liver. It is believed to take around three days for most of venlafaxine to be gone from the body. For a person with liver or kidney problems, this amount of time may be longer. Do not stop taking venlafaxine without first speaking with your health care provider.

Can taking venlafaxine during my pregnancy increase the chance for miscarriage?

One study found that women taking venlafaxine were more likely to miscarry, but other studies have not found venlafaxine to increase the risk for miscarriage. Depression itself may increase the risk for miscarriage, which makes it difficult to find out whether the medications used to treat depression can also cause miscarriage.

Can taking venlafaxine during my pregnancy cause birth defects in my baby?

To date, studies have looked at nearly 700 babies born to women who took venlafaxine during early pregnancy or throughout the first trimester. The combined data from these studies suggest that using venlafaxine during pregnancy

is unlikely to increase the risk of birth defects above the 3-5% background population risk.

Does taking venlafaxine during my pregnancy increase my risk of premature birth?

One study found that women taking venlafaxine were more likely to deliver prematurely, but other studies have not found venlafaxine to increase the risk for prematurity. Depression itself may increase the risk for preterm birth, which makes it difficult to find out whether the medications used to treat depression can also cause prematurity.

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

Possibly. If you are taking venlafaxine 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 venlafaxine and withdrawal go away. Not all babies exposed to venlafaxine will have these symptoms.

Should I stop taking venlafaxine during the pregnancy or wean off it before the third trimester?

It is important to discuss with your doctor the risks associated with taking venlafaxine during pregnancy as compared to the risks of stopping venlafaxine. Weaning off venlafaxine before delivery is believed to reduce the risk for

withdrawal problems at birth. However, studies have shown that when depression is left untreated during pregnancy, there may be increased risks for miscarriage, preeclampsia (dangerous rise in maternal blood pressure), preterm delivery, low birth weight, and other harmful effects (see OTIS fact sheet [Depression and Pregnancy](#)). Thus, for some women the effects of stopping venlafaxine may be more harmful than the possible risks to the baby of staying on venlafaxine.

If you choose to stop taking venlafaxine before or during pregnancy, you should wean off gradually under a doctor's care. Suddenly stopping venlafaxine can cause headache, nausea, dizziness, insomnia, anxiety, and lack of energy. The benefits of taking venlafaxine for your specific situation and the potential risks to the baby should be considered when making a decision.

Will taking venlafaxine during my pregnancy have any long-term effect on my baby's behavior and development?

Thus far there is no evidence that taking venlafaxine during pregnancy causes changes in the baby's behavior or intellect. One study found no difference in IQ scores between 32 children exposed prenatally to venlafaxine and their siblings who were not exposed during pregnancy. However, more long-term studies are needed to determine if venlafaxine has any effects on a child's learning or behavior.

Can I take venlafaxine while breastfeeding?

Venlafaxine and its breakdown product are found in breast milk. The amount of the medication that gets to the breastfed baby is usually less than ten percent of the amount found in the mother's blood. A small number of reports have not described harmful effects in breastfed infants. Long term studies on children older than two years have not been done. Because the amount of medicine in the breastmilk can vary, infants can be watched for unusual sleepiness and monitored for good weight gain. If there is a concern, infant blood levels can be taken. Speak with your pediatrician or health care provider if you need to take venlafaxine while breastfeeding.

What if the father of the baby takes venlafaxine?

There are no studies looking at possible risks to a pregnancy when the father takes venlafaxine. In general, exposure of the father is unlikely to increase the risk for birth defects because the father does not share a blood connection with the developing baby. For more information, please see the OTIS fact sheet [Paternal Exposures and Pregnancy](#).

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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.