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## Paroxetine (Paxil<sup>®</sup>) and Pregnancy

This sheet talks about the risks that exposure to paroxetine 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 paroxetine?***

Paroxetine is a medication used to treat depression, social anxiety disorder, obsessive compulsive disorder, and panic disorder. Paroxetine belongs to the class of antidepressants known as selective serotonin reuptake inhibitors or SSRIs. Some brand names for paroxetine are Paxil<sup>®</sup>, Aropax<sup>®</sup> and Seroxat<sup>®</sup>.

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

While everyone breaks down medication at a different rate, on average it takes four to five days for most of the paroxetine to be gone from the body after taking the last dose. If you choose to stop taking paroxetine, the dosage should be gradually lowered before quitting completely to prevent withdrawal symptoms. Please discuss the benefits and risks of stopping your medication with your health care provider.

### ***Can taking paroxetine make it more difficult for me to become pregnant?***

Some animal studies have suggested reduced fertility with exposure to paroxetine. Animal studies do not always predict what will happen in humans. There are no reports in humans suggesting that taking paroxetine would make it harder to become pregnant.

### ***Can taking paroxetine cause a miscarriage?***

There have been some studies suggesting exposure to antidepressant medications may slightly increase the risk for miscarriage. Other studies have not supported this association. If there is an increase risk for miscarriage with antidepressants it is probably small.

### ***Can taking paroxetine during my pregnancy cause birth defects?***

Several studies have suggested that exposure to paroxetine may be associated with an increased risk for heart defects. In the general population, the background risk for heart defects is one percent. These studies showed that paroxetine use during the first trimester of pregnancy may increase this risk to two percent. One of the heart defects seen most often involves the wall dividing the right and left sides of the heart. This type of defect can range from very mild (no treatment needed) to more significant, which may require surgery. It has been suggested that because infants exposed to paroxetine are followed more closely at birth, mild heart defects that might otherwise not be discovered are found. There have also been recent studies that have not supported the association between paroxetine and heart defects. Currently the information is uncertain, but if the risk exists it is likely to be small. Women who take paroxetine during the first trimester can consider asking their doctor for a fetal echocardiogram (ultrasound of the baby's heart) at 20 weeks of pregnancy.

Most studies have not found paroxetine to be associated with birth defects other than heart defects.

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

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

### ***Are there any other problems paroxetine can cause when used in the third trimester?***

Two studies have suggested that babies whose mothers take SSRIs like paroxetine 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 paroxetine so that any extra care can be readily provided.

### ***Should I wean off paroxetine before the third trimester?***

It is important to discuss with your doctor the risks associated with taking paroxetine during pregnancy as compared to the risks of stopping it. 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 paroxetine during pregnancy. Some women can gradually wean off of paroxetine before delivery. For other women, the effects from stopping paroxetine may be more harmful than the possible risks to the baby if they continue to take it. The benefits of taking paroxetine for your specific situation and the potential risks to the baby should be considered before a decision is made.

### ***Will taking paroxetine have any long-term effect on my baby's behavior and development?***

There have been some small studies on the long-term development of infants exposed to selective serotonin reuptake inhibitors during pregnancy. Some of the infants involved in those studies were exposed to paroxetine. These studies suggest that SSRI exposure does not appear to have any significant long-term effects on brain development in babies exposed during pregnancy. While reassuring, further long-term studies on infants exposed to paroxetine are needed before we will know if there are any effects on the fetal brain and on the baby's behavior and development.

### ***Can I take paroxetine while breastfeeding?***

Paroxetine crosses into the breast milk in very low amounts. No adverse effects in breastfed infants have been seen in several reports. Some authors consider paroxetine one of the safer SSRIs to take while breastfeeding. Long term studies on infants exposed to paroxetine in breast milk have not been conducted. You should discuss the risks and benefits of breastfeeding while taking paroxetine with your health care provider.

### ***What if the father of the baby takes paroxetine?***

There are no studies looking at possible risks to a pregnancy when the father takes paroxetine. In general, medications the father takes do not increase the risk to a pregnancy 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.*