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Risperidone and Pregnancy

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

Risperidone is a medication used in the treatment of psychiatric illness such as schizophrenia and bipolar disorder. The brand name for risperidone is Risperdal[®]. Risperidone is an atypical (second generation) antipsychotic in the benzisoxazole class. Risperidone may cause weight gain and problems with glucose (sugar) control. Your health care provider can easily test your glucose levels before or during pregnancy to be sure that the level is normal for you. High glucose levels can cause problems during pregnancy (see the OTIS fact sheet [Diabetes and Pregnancy](#)).

I would like to stop taking risperidone before becoming pregnant. How long does the medication stay in my body?

Any decision to stop a medication should be discussed with your health care provider first. By stopping this treatment, you may increase the chance for a recurrence of your symptoms.

While everyone breaks down medication at a different rate, most of the medication will be out of your system approximately 5 days after the last dose is taken.

Can taking risperidone make it harder to become pregnant?

In some women, risperidone may increase your levels of a hormone called prolactin. High enough levels of prolactin can

prevent ovulation, which prevents pregnancy. Your health care provider can test your levels of prolactin, if there is concern.

I am currently taking risperidone and I am already pregnant. Should I stop taking it?

No, you should not stop taking any medication without first talking with your health care provider. Studies have shown that women with untreated depression during pregnancy may be at increased risk for pregnancy complications. Please see the OTIS fact sheet on [Depression in Pregnancy](#) for more information.

Only you and your provider know your medical history and can best determine whether or not you should stop taking risperidone during pregnancy. The benefits of taking risperidone for your specific situation and the potential risks to the baby should be considered before a decision is made. If you and your provider decide together that stopping risperidone is right for you, you should gradually decrease the dose over a period of time to avoid withdrawal symptoms.

Can taking risperidone during pregnancy cause birth defects?

The manufacturer of risperidone reported no increased rates of birth defects or miscarriages in 68 women who took the medication during pregnancy. One study looked at 151 women who took various atypical antipsychotics during pregnancy, including 49 who took risperidone. There was

no increased rate of birth defects above the background risk for the general population. The only difference seen was that the infants whose mothers took an antipsychotic were a little smaller at birth. There is one case reporting the use of long-acting injectable risperidone, where the baby was born normal and healthy and continued to be at eight months of age at the time of the report. More data would be useful to determine what, if any, risk there is with taking risperidone during pregnancy.

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

There is limited information regarding possible adverse effects in newborn babies of mothers who took atypical antipsychotics during pregnancy. Infants born to women taking risperidone near delivery should be watched for possible effects such as stiff or floppy muscle tone, drowsiness, or difficulty feeding.

Will taking risperidone during pregnancy affect my baby's behavior or cause learning problems?

There are no studies on behavior or development of infants exposed to risperidone during pregnancy. Long-term studies are needed to determine if prenatal exposure to risperidone will cause any negative effects on the baby's brain function.

Is it safe to breastfeed while taking risperidone?

Risperidone is found in breast milk in low to non-detectable levels. No reports of any long-term harmful effects have been seen in a small number of exposed infants. As with any medication taken while breastfeeding, the infant should be closely watched for adverse effects such as sleepiness and poor feeding.

The father of my baby was using risperidone when we got pregnant. Should I be concerned?

There are no studies looking at possible risks to a pregnancy when the father uses risperidone. In general, medications that the father takes do not increase 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.*](#)

July 2010.
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Selected References:

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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.