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Trazodone (Desyrel[®]) and nefazodone (Serzone[®]) and Pregnancy

This sheet talks about the risks that exposure to trazodone/nefazodone 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 are trazodone and nefazodone?

Trazodone and nefazodone are antidepressants that are chemically similar. They are unrelated to other classes of antidepressants. Trazodone and nefazodone are also used to treat the symptoms of insomnia, tremors, anxiety disorders, and some pain syndromes. Trazodone is the generic name for Desyrel[®] and nefazodone is the generic name for Serzone[®].

I am taking trazodone/nefazodone, but I would like to stop taking it before becoming pregnant. How long does the drug stay in my body?

While everyone breaks down medication at a different rate, it may take approximately 5 days for either drug to be eliminated from the body once it is stopped.

I take trazodone/nefazodone and I am already pregnant. Should I stop taking it?

You should not stop taking any medication without first talking with your doctor. If you do decide to stop after discussing it with your doctor, you should gradually decrease the dose. These drugs should never be abruptly discontinued.

I have heard that trazodone/nefazodone can cause a miscarriage. Is this true?

There has been one study that compared the rates of miscarriage while taking trazodone/nefazodone. Although there were more miscarriages in the trazodone/nefazodone group, they were still within the expected rates of miscarriages for the general population.

Can taking trazodone/nefazodone during my pregnancy cause birth defects?

One study followed 147 women who took trazodone or nefazodone while pregnant. All of these women took the medication in the first trimester of pregnancy and more than a third of them took the medication throughout the entire pregnancy. There were 58 women exposed to trazodone and 89 exposed to nefazodone. There was no increase in birth defects above the normal 3-5% risk for the general population. The same group later reported no increase in birth defects in 17 pregnancies where trazodone was taken during the first trimester and 49 pregnancies where nefazodone was taken in the first trimester. While these studies are reassuring, the numbers are not large enough to completely rule out a risk.

Will taking trazodone/nefazodone have any effect on my baby's behavior and development?

There are no studies on the behavior or development of infants exposed to these drugs during pregnancy. Long-term studies are needed in order to determine if there are any adverse effects on the baby's behavior and development.

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

There have not been any reports that have shown a link between these drugs and withdrawal symptoms in infants. However, all babies who have been exposed during pregnancy to antidepressant drugs should be observed carefully after birth for any signs of withdrawal from the drug.

Can I take trazodone/nefazodone while breastfeeding?

Very small amounts of trazodone have been found in breast milk of women taking the drug. About 0.6% of trazodone passes into the breast milk and is ingested by the infant. There are no reports that have documented adverse effects from trazodone exposure via breastfeeding.

There is one report that suggested that nefazodone caused harmful effects (extreme drowsiness, poor feeding and low body temperature) in a breastfed baby that was born prematurely. Although the amount of nefazodone that the baby was exposed to through breast milk was very small, it is possible that the medication had more of an effect because the baby was premature.

Because of the low levels of trazodone and nefazodone in breast milk, most breastfed babies are unlikely to experience side effects. However, it is important to speak with your baby's pediatrician to discuss your baby's health and whether he or she may be more

likely to be affected by low levels of a medication in breast milk.

What if the father of the baby takes trazodone/nefazodone?

There is currently no information to suggest that use of trazodone/nefazodone by the father would negatively affect the sperm or increase the risk for birth defects. For more information about a father's exposures and pregnancy, please see the OTIS fact sheet [*Paternal Exposures and Pregnancy*](#).

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Selected References:

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- Yapp P, et al. 2000. Drowsiness and poor feeding in a breast-fed infant: association with nefazodone and its metabolites. *Ann Pharmacother* 34(11):1269-1272.

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