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## Venlafaxine (Effexor<sup>®</sup>) 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<sup>®</sup>.

### ***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 make it harder for me to become pregnant?***

It is not known if taking venlafaxine will make it more difficult to become pregnant. However, there are no reports linking venlafaxine to an inability to become pregnant.

### ***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 miscarriage or premature birth?***

Small studies have not found women taking venlafaxine to have an increased risk for miscarriage. 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.

### ***Will taking venlafaxine during the third trimester cause any harm to my baby?***

Several studies have shown that there is an increased rate of neonatal adaptation syndrome (NAS) in infants exposed to antidepressants like venlafaxine during the third trimester compared to babies not exposed during the last trimester. Babies with NAS may have problems breathing, difficulty feeding, trouble sleeping, tremors, irritability, or increased muscle tone. If these symptoms occur, your baby may need to stay in the special care nursery until the symptoms go away. Symptoms usually go away within one week, and can be medically treated if necessary. NAS is not expected to cause any long term health problems. If you take venlafaxine during the third trimester, your doctor may want to monitor your baby carefully for the first few days of life.

***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 neonatal adaptation syndrome. However, 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 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?***

Several studies have found that breastfed infants receive only small amounts of venlafaxine or its breakdown product. Most studies have shown no harmful effects in breastfed infants. Long term studies on infants exposed to venlafaxine in breast milk have not been done. Please talk to your pediatrician 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*.

***OTIS is currently conducting a study looking at women who take antidepressants during pregnancy and choose to continue or discontinue their medication. If you are interested in taking part in this study, please call 1-877-875-7333.***

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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.***