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## Zoloft® (sertraline) and Pregnancy

The information below will help you determine if Zoloft (sertraline) represents an increased fetal risk.

With every pregnancy, all women have a 3 to 5 percent chance to have a baby with a birth defect.

### ***What is Zoloft?***

Zoloft is a medication used to treat depression, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder. The generic name for Zoloft is sertraline. Zoloft belongs to the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs).

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

While everyone breaks down medication at a different rate, on average Zoloft has a half-life (time it takes to eliminate one half of the drug from the body) of 24 hours. Most of the drug will be out of your system 6 days after stopping Zoloft. You should always discuss any changes in your dose or stopping your dose of Zoloft with your doctor. In particular, since some people have withdrawal symptoms when they suddenly stop taking Zoloft, your doctor may suggest that you gradually decrease the dosage that you are taking before you completely stop taking the medication.

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

We do not know if taking Zoloft will make it more difficult for you to become pregnant. Currently, there are no reports linking Zoloft to human infertility or an inability to become pregnant.

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

Studies have followed over 300 pregnancies during which the mothers took Zoloft, both during the first trimester and later in pregnancy. The available data suggests that using Zoloft during pregnancy is unlikely to increase the risk for birth defects above the 3-5% risk seen in the general population.

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

Based on one study and a few case reports, Zoloft may increase the chance for certain

complications if taken during the third trimester. The main finding was an increased risk for prematurity (babies being born before 37 weeks gestation). For full term babies, there may be an increased risk for special care nursery admission and an increased risk for certain temporary problems which may include low blood sugar, jitteriness, and respiratory difficulty in the newborn period. While these problems occur at all doses of Zoloft, they may occur more often with higher doses of Zoloft.

There is one report of neonatal nystagmus (an involuntary movement of the eye) seen in a baby whose mother took sertraline for two weeks before delivery. The condition resolved itself over several days. Nystagmus has been reported as a side effect in adults who take sertraline. More information is needed in this area.

### ***Should I stop taking Zoloft before the third trimester?***

It is important to discuss with your doctor the risks associated with taking Zoloft during any trimester of pregnancy. Ask your doctor about the risks associated with taking Zoloft in the third trimester as compared to the risks of stopping Zoloft. Only you and your doctor know your medical history and can best determine whether or not you should stop taking Zoloft during pregnancy. Some women can gradually wean off of Zoloft before 28 weeks; for other women, the effects from stopping Zoloft may be more harmful than the possible risks to the baby if she stays on Zoloft. The benefits of taking Zoloft for your specific situation and the potential risks to the baby should be considered before a decision is made.

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

There is one case report of suspected withdrawal in the newborn when the mother had taken Zoloft throughout her pregnancy and after her baby's birth. She was also breastfeeding while taking Zoloft and abruptly stopped the medication when the baby was 3 weeks old. The baby developed

symptoms of agitation, poor feeding, constant crying, and insomnia that lasted about 2 days before gradually resolving. It is important to remember that one case report is not enough information to conclude whether withdrawal symptoms may occur in the newborn. Further studies are needed in this area.

***What about long term effects? Will my child have behavioral and learning problems if I take Zoloft in pregnancy?***

Studies are now being done to determine if prenatal exposure to Zoloft has long-term effects on children. Currently, no one knows if there will be long-term effects or not. The only SSRI class drug with information on long-term development is Prozac (fluoxetine). One study looked at children of 55 mothers who were taking Prozac during pregnancy. The children's overall IQ and language development tests were done between 16 and 86 months. This study found that prenatal exposure to Prozac does not significantly affect IQ, language development, or behavioral development in preschool children. While reassuring, possible long-term effects on children whose mothers took Zoloft is currently not known.

***Can I take Zoloft while breastfeeding?***

Very small amounts of Zoloft and its breakdown product, norsesertraline, are found in breast milk. When a mother takes Zoloft, about 1-2% of the drug passes into the breast milk. There are several published reports on Zoloft and breastfeeding. These reports have found no adverse effects on the nursing infant. According to the American Academy of Pediatrics Committee on Drugs, you can minimize Zoloft exposure in the nursing infant by taking the medication just after you have breastfed or just before you know your baby is due for a long nap. Long-term studies on infants exposed to Zoloft in breast milk have not been conducted. Please talk with your health care provider if you need to take Zoloft while breastfeeding.

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