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## Paroxetine (Paxil®) 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. A common brand name for paroxetine is Paxil®.

### ***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. There are case reports of people who have had withdrawal symptoms when suddenly stopping use of paroxetine. It may be preferable to gradually reduce the dosage before quitting completely. The benefits of taking the medication for your specific situation, and any possible adverse outcomes from not taking it, or any potential risks to the baby if you find out you are already pregnant, should be discussed with your health care provider before you decide to stop taking paroxetine.

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

We do not know if taking paroxetine will make it harder for you to become pregnant. Animal studies suggest a reduced pregnancy rate with the use of paroxetine as a result of decreased male fertility. However, there are no reports linking paroxetine to human infertility or an inability to become pregnant.

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

Several studies have found no increased risk for having a baby with a birth defect when

paroxetine is used during pregnancy. However, a study performed by the manufacturer of paroxetine and another study performed by a teratogen information service found that paroxetine use during the first trimester may increase the risk of having a baby born with a heart defect. The background risk for heart defects in the general population is one percent, and these studies showed that paroxetine use during pregnancy may increase this risk to two percent. More studies need to be performed to determine if paroxetine use during pregnancy increases the risk of birth defects over that of the general population.

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

If you are taking paroxetine during the third trimester until the time of delivery, your baby may experience some complications for the first few days of life. Symptoms of withdrawal such as problems breathing, jitteriness, increased muscle tone, irritability, altered sleep patterns, tremors and difficulty eating may occur. Your baby may need to stay in a special care nursery for several days until the withdrawal symptoms go away. While these problems can occur at all doses of paroxetine, they may occur more often with higher doses of paroxetine.

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

One study showed that babies whose mothers take SSRIs like paroxetine during the third trimester may be at an increased risk for pulmonary hypertension, a serious lung problem at birth. 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 stop taking paroxetine when I find out I'm pregnant? What about weaning 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 paroxetine. 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 28 weeks; for other women, the effects from stopping paroxetine may be more harmful than the possible risks to the baby if they stay on paroxetine. 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 are no studies on the long-term development of infants exposed to paroxetine during pregnancy. However, two studies reported that another SSRI (fluoxetine) does not appear to have any significant long-term effects on brain development in babies exposed during pregnancy. Yet, since paroxetine is not structurally similar to fluoxetine (even though both are SSRIs), it is unclear whether this data can be applied. 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?***

Several studies have shown that one to two percent of the amount of paroxetine that the mother takes passes into the breast milk. There were no harmful effects in the breastfed infants in these studies. Long term studies on infants exposed to paroxetine in breast milk have not been conducted. Please talk to your pediatrician if you need to take paroxetine while breastfeeding.

***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.*