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Sertraline (Zoloft®) and Pregnancy

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

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

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

While everyone breaks down medication at a different rate, on average sertraline 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 sertraline. You should always discuss any changes in your dose or stopping your dose of sertraline with your doctor. In particular, since some people have withdrawal symptoms when they suddenly stop taking sertraline, your doctor may suggest that you gradually decrease the dosage that you are taking before you completely stop taking the medication.

Can taking sertraline make it more difficult for me to become pregnant?

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

Can taking sertraline during my pregnancy cause birth defects?

Studies have followed over 300 pregnancies during which the mothers took sertraline, both during the first trimester and later

in pregnancy. The available data suggest that using sertraline during pregnancy is unlikely to increase the risk for birth defects above the 3-5% risk seen in the general population. More studies need to be performed to determine if sertraline use during pregnancy increases the risk of birth defects.

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

If you are taking sertraline during the third trimester until the time of delivery, your baby may experience some complications for the first few days of life requiring extra care. 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 occur at all doses of sertraline, they may occur more often with higher doses of sertraline.

Are there any other problems sertraline can cause when used in the third trimester?

One study showed that babies whose mothers take SSRIs like sertraline 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 sertraline so that any extra care can be readily provided.

Should I stop taking sertraline before the third trimester?

It is important to discuss with your doctor the risks associated with taking sertraline during pregnancy as compared to the risks of stopping sertraline. 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 sertraline during pregnancy. Some women can gradually wean off of sertraline before 28 weeks; for other women, the effects from stopping sertraline may be more harmful than the possible risks to the baby if they stay on sertraline. The benefits of taking sertraline for your specific situation and the potential risks to the baby should be considered before a decision is made.

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

One study found that children whose mothers took SSRIs during pregnancy scored lower on motor skill tests than other children. This was a very small study of 31 children; about half of these children were exposed to sertraline. Two other studies looked at the children of 55 and 66 women who were taking another SSRI (fluoxetine) during pregnancy. The children in these studies did not have any differences in IQ, language, or motor skills compared to other children. More studies are needed to determine if Sertraline use during pregnancy has long-term effects on behavior and learning.

Can I take sertraline while breastfeeding?

Very small amounts of sertraline and its breakdown product, nortriptyline, are found in breast milk. When a mother takes sertraline, about 1-2% of the drug passes into the breast milk. There are several published reports on sertraline and breastfeeding. These reports have found no harmful effects on the nursing infant. Long-term studies on infants exposed to sertraline in breast milk have not been conducted. Please talk with your health care provider if you need to take sertraline 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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References:

- Bonari L, et al. 2004. Perinatal risks of untreated depression during pregnancy. *Can J Psychiatry* 49(11):726-735.
- Casper R, et al. 2003. Follow-up of children of depressed mothers exposed or not exposed to antidepressant drugs during pregnancy. *J Pediatr* 142:402-408.
- Chambers C, et al. 1999. Pregnancy outcome in women who use sertraline [abstract]. In: *Teratology* 59:376.
- Chambers C, et al. 2006. Selective serotonin-reuptake inhibitors and risk of persistent pulmonary hypertension of the newborn. *N Engl J Med* 354(6):579-587.
- Epperson CN, Anderson GM, and McDougle CJ. 1997. Sertraline and breastfeeding [letter]. *N Engl J Med* 336:1189-1190.
- Ericson A, Kallen B, and Wiholm BE. 1999. Delivery outcome after the use of antidepressants in early pregnancy. *Eur J Clin Pharmacol* 55:503-508.
- Hendrick V, et al. 2001. Use of sertraline, paroxetine and fluvoxamine by nursing women. *British Journal of Psychiatry*. 179:163-166.
- Hendrick V, et al. 2003. Birth outcomes after prenatal exposure to antidepressant medication. *Am J Obstet Gynecol* 188:812-815.
- Kristensen JH, et al. 1998. Distribution and excretion of sertraline and N-desmethylsertraline in human milk. *Br J Clin Pharmacol* 45:453-457.
- Kulin NA, et al. 1998. Pregnancy outcome following maternal use of the new selective serotonin reuptake inhibitors. *JAMA* 279:609-610.
- Levinson-Castiel R, et al. 2006. Neonatal abstinence syndrome after in utero exposure to selective serotonin reuptake inhibitors in term infants. *Arch Pediatr Adolesc Med* 160:173-176.
- Mammen OK, et al. 1997. Sertraline and nortriptyline levels in three breastfed infants. *J Clin Psychiatry* 58:100-103.
- Mattson S, et al. 1999. Neurobehavioral follow-up of children prenatally exposed to fluoxetine [abstract]. In: *Teratology* 59:376.
- Nulman I, et al. 1997. Neurodevelopment of children exposed in utero to antidepressant drugs. *N Engl J Med* 336 (4):258-262.
- Sanz E, et al. 2005. Selective serotonin reuptake inhibitors in pregnant women and neonatal withdrawal syndrome: a database analysis. *Lancet* 365:482-487.
- Stowe ZN, et al. 1997. Sertraline and desmethylsertraline in human breast milk and nursing infants. *Am J Psychiatry* 154:1255-1260.
- Wilton L, et al. 1998. The outcomes of pregnancy in women exposed to newly marketed drugs in general practice in England. *British Journal of Obstetrics and Gynecology* 105: 882-889.
- Wisner KL, Perel JM, and Blumer J. 1998. Serum sertraline and N-desmethylsertraline levels in breastfeeding mother-infant pairs. *Am J Psychiatry* 155:690-692.

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