

## A handy fact sheet on trazodone in pregnancy and breastfeeding

*There is also a Choice and Medication leaflet with general help and advice, including other medicines*

### What should I do if I am taking trazodone and want to start a family?

If possible, the best option is to plan in advance. If you think you could become pregnant, or plan to, talk about this with your doctor. It may be possible to:

- Switch to another medicine that might carry less risk
- Take other steps to reduce the risks, such as taking a lower dose and stopping any other medication you don't really need.

### If I have just found out I am pregnant should I stop trazodone straight away?

- You must see your doctor as soon as possible, in the next day or two
- You can then decide a plan of action together, once you have got all the information and had time to think about your choices. This also makes sure your prescriber is aware should anything go wrong
- Stopping trazodone near the time of conception may have a risk of you becoming unwell again
- **If** stopping trazodone becomes part of your plan, you should come off it over several weeks or longer.

If you become unwell again you may find it more difficult to care for, or bond with, your baby. Your relationship with your baby may be affected and your baby may develop learning or behaviour problems, so it is important for mental health symptoms to be properly managed

### What are the problems with stopping trazodone suddenly?

- The risk of becoming unwell again may be high if you suddenly stop taking trazodone
- If you then have untreated depression there is a higher risk of having a baby born early or with a low birth weight or a slower growth rate

- You may end up needing more medicines, higher doses or having to go into hospital for treatment if you become unwell.

### What are the options if I have been taking trazodone?

1. Use non-drug ways of managing anxiety and sleep e.g. relaxation therapy
2. Think about having some talking therapies to help
3. Slowly stop trazodone and switch to another medicine
4. Slowly stop the trazodone for the first trimester (months 1-3). This is the time where the baby is developing and is at greatest risk of getting problems. Then you can restart if you need to during the second trimester (month 4) onwards using the lowest dose that still works for you
5. Stay on trazodone throughout the pregnancy, using the lowest dose that still works for you. This may be the best option if you have a high risk of becoming unwell again and where the overall risks to the baby (which could include the treatments needed to manage a relapse) are greater than that of the trazodone.

If sleep is a problem, you can look at our leaflet on 'sleep hygiene' which has some advice on sleeping better

### Are there any problems with trazodone in the first trimester (months 1-3)?

- There is very little research about trazodone being taken in pregnancy
- There does not appear to be a clear link with an increased risk of malformations when recommended doses (up to 300mg a day) have been taken.

### Are there any problems with trazodone in the second and third trimesters (months 4-9)?

- There is a higher risk of complications in pregnancy if depression is untreated. These can include pre-eclampsia and slower growth.

### Are there any problems with trazodone at delivery time?

- Untreated depression may lead to a higher risk of sudden infant death syndrome (SIDS), lower birth weight or having a baby born early
- If you take trazodone daily in the weeks before delivery the baby may have discontinuation symptoms, such as being irritable, crying, shivering, or problems eating and sleeping. These are usually mild, and go away in a few days without treatment.
- They can be helped if you carry on taking trazodone whilst breastfeeding as the baby may get some of the medication via the milk
- To reduce the risk of discontinuation symptoms the dose of trazodone may be reduced or stopped before your due date.

### Are there any problems with trazodone in breastfeeding?

- Trazodone gets into breast milk usually in small amounts and not usually enough to affect the baby
- However, if baby is born early or has any difficulties, they may not be able to break down trazodone in the body very well so it might build up. This might create more of a problem
- Baby should be checked for side-effects such as drowsiness and poor feeding
- There are rarely any problems at normal doses but the long-term effects on the baby of taking trazodone during breastfeeding are not known. But so far there do not seem to be any major problems

The best ways to reduce the risks are:

- Take trazodone once a day
- Take it straight after a main feed
- Use expressed milk or formula feeds when levels of medicine in your body are likely to be highest (e.g. if having to do a feed soon after taking a dose of trazodone).

### Are there any problems with trazodone to the baby later in life?

- If you have taken trazodone throughout pregnancy and breastfeeding it does not seem to have any effects on physical or mental development or behaviour over the first years of the child's life.

### How can I minimise the risk of any problems?

- Do not take any other medication you don't need
- Exercise regularly
- Eat a healthy balanced diet
- Take vitamin supplements such as folic acid from before becoming pregnant if you can or as soon as you do know or suspect you might be
- Don't mix up some symptoms of pregnancy with becoming unwell e.g. poor sleep, no energy
- If you become unwell you may not take good care of yourself or get the care you need so it is important to get help and support if you need it
- Use non-drug ways of managing sleep and anxiety problems.

**Remember:**  
**Babies do better with well mums**

With many thanks to Norfolk and Suffolk NHS Trust for support and Roz Gittins for help and advice

**The small print:** This leaflet is to help you understand about trazodone and pregnancy. Go to our website for fuller answers to many other questions.

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