

Lexapro

The safety of escitalopram (lexapro) during pregnancy or breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

This medication is considered to have a low risk when used during pregnancy

What is escitalopram?

Escitalopram is an antidepressant known as a selective serotonin reuptake inhibitor (SSRI). It has a similar structure to the SSRI citalopram. SSRIs help to alleviate symptoms of anxiety and depression.

What is escitalopram used to treat?

Escitalopram is a prescription medication used to treat anxiety and depression.

How does escitalopram work?

SSRIs such as escitalopram increase the presence of the neurotransmitter serotonin in the brain, which can improve symptoms of depression and anxiety.

If I am taking escitalopram, can it harm my baby?

In animal studies, doses of escitalopram that were 50-70 times greater than standard human doses were associated with maternal toxicity and growth delays in the developing baby. Defects in the baby's eye development have also been documented. Evidence is limited to determine if escitalopram crosses the placenta, but it is generally assumed it does cross the placenta and reach the developing baby. Large data analyses from the U.S., Canada, and Sweden found that only the SSRI paroxetine was associated with birth defects such as cardiac malformations, particularly during the first trimester of pregnancy. Although findings are inconsistent, some studies have linked maternal citalopram use to cardiac malformations and urinary tract defects in the baby. A 2007 literature review that included 15 studies found no increased risk of birth defects with other SSRIs including citalopram. In a study of 928 pregnancies, escitalopram exposure during the first trimester was not associated with an increased risk of birth defects compared to pregnancies without SSRI exposure. There may be an association

between escitalopram use in early pregnancy and complications in the baby. Maternal use of escitalopram during the the third trimester may cause problems in the baby including irritability, difficulty feeding, or other complications causing prolonged hospitalization. One study found that antidepressant use during the second or third trimesters was linked to the development of autism.

If I am taking escitalopram and become pregnant, what should I do?

It is important that depression and anxiety therapy be individualized to each patient. The risks should be compared with the benefits of continuing antidepressant therapy during pregnancy. Women who are attempting to conceive or become pregnant while on escitalopram should speak with their doctor. Your doctor can always restart antidepressant therapy following delivery if it is discontinued during pregnancy.

If I am taking escitalopram, can I safely breastfeed my baby?

Escitalopram does pass into breast milk. An infant is exposed to less than 5% of the mother's dose. Despite reports of adverse events with citalopram exposure through breast milk, no adverse events have been reported in babies exposed to escitalopram through breastfeeding. SSRIs have been associated with reduced milk supply during breastfeeding. Mothers taking escitalopram and breastfeeding their babies should be monitored, and they may require breastfeeding support. Mothers taking this medication may need to use formula to feed their infant. Two different case reports detailed an association between escitalopram use during breastfeeding and infant irritability and enterocolitis, but these findings were limited to these few reported instances. The American Academy of Pediatrics states that antidepressants such as escitalopram pose some risk to the breastfeeding infant. If you need support with breastfeeding, a lactation consultant can help you.

If I am taking escitalopram, will it be more difficult to get pregnant?

Escitalopram and other SSRIs are associated with reduced sex drive and inability to orgasm. Men on escitalopram may have decreases in sperm count or sperm motility. The overall effect of this medication on fertility is unknown.

If I am taking escitalopram, what should I know?

It is important to speak with your doctor to determine if you should continue escitalopram therapy during pregnancy. Escitalopram should only be used during pregnancy if the benefits to the mother outweigh the risks to the developing baby. Exposure to escitalopram during the third trimester of pregnancy may cause complications in the baby such as irritability and difficulty feeding. The risk of

birth defects is unknown. Breastfeeding mothers who are taking escitalopram should monitor their baby for any adverse effects.

If I am taking any medication, what should I know?

This report provides a summary of available information about the use of SSRIs during pregnancy and breastfeeding. Content is from the product label unless otherwise indicated.

You may find Pregistry's expert report about depression [here](#), anxiety [here](#), and reports about the individual medications used to treat mental health conditions [here](#). Additional information can also be found in the resources below.

For more information about **escitalopram** during and after pregnancy, contact <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or check the following link:

Allergan: [Lexapro Prescribing Information](#)

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General information

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy.

Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.