

Gabapentin

This sheet is about exposure to gabapentin in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is gabapentin?

Gabapentin is a medication used to prevent and control partial seizures, treat some forms of nerve pain, and treat moderate-to-severe restless legs syndrome. Some brand names are Horizant®, Gralise® and Neurontin®.

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

I take gabapentin. Can it make it harder for me to get pregnant?

It is not known if gabapentin can make it harder to get pregnant. Sexual dysfunction (including loss of desire to have sex and loss of ability to have an orgasm) has been reported among people who take gabapentin.

Does taking gabapentin increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. Based on the studies reviewed, it is not known if gabapentin increases the chance for miscarriage in humans. Animal studies reported an increased chance for miscarriage.

Does taking gabapentin increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Small, controlled studies have not suggested an increased chance for birth defects above the background risk, and there is also no known pattern of birth defects associated with the use of gabapentin in pregnancy.

One study was done looking at the pregnancy outcomes of people who received prescriptions for gabapentin. When looking at the outcomes of all the study participants, gabapentin exposure during early pregnancy does not appear to increase the chance for birth defects above the background risk. When the authors only looked at the data from participants who filled at least two prescriptions for gabapentin in the first trimester, an increased chance of heart defects could not be ruled out. Studies based on prescriptions cannot tell if a person took the medication, so it is hard to know if the outcomes are related to the medication being studied or other factors.

Does taking gabapentin in pregnancy increase the chance of other pregnancy-related problems?

Pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) have been reported. However, it is hard to know if these problems are from the gabapentin, from the underlying health condition(s) being treated, or other factors.

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

There are reports on the use of gabapentin during pregnancy and temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. In the cases reported, the infants with symptoms were also exposed to other medications during pregnancy (including opioids). If gabapentin is used during pregnancy, the baby can be watched for withdrawal symptoms such as unusual eye, tongue, and/or muscle movements, restlessness of the arms and legs, and arching of the back after birth.

Does taking gabapentin in pregnancy affect future behavior or learning for the child?

One study that looked at 378 children exposed to gabapentin during pregnancy did not find an increased chance of conditions that affect how the brain works (neurodevelopmental disorders), conditions that cause social and communication skills (pervasive developmental disorders), intellectual disability, or communication-related disorders.

Breastfeeding while taking gabapentin:

Gabapentin enters breastmilk in low levels. Blood tests on breastfed infants found low levels or levels too low to be detected. Reports of 8 infants who were breastfed found no side effects with short term follow-up. If you suspect the baby has any symptoms such as drowsiness or trouble gaining weight gain, contact the child's healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male takes gabapentin, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Sexual dysfunction, such as loss of desire to have sex and loss of ability to have an erection, ejaculate, and/or have an orgasm, has been reported in people using gabapentin. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click here to view references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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