

A handy fact sheet on olanzapine in pregnancy and breastfeeding

This fact sheet should be read alongside our other Choice and Medication leaflets, which include more information on this medicine and its side effects

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

The best option is always to plan in advance. If you plan to start a family talk about this with your prescriber.

Olanzapine is an antipsychotic that can increase the levels of a hormone called prolactin in the body. If your prolactin is high it may be more difficult to get pregnant. This can be checked by your prescriber by a simple blood test.

Possible options may include:

- **Continuing olanzapine** if it is the best option for your health
- **Reducing the dose**, but only under guidance from your prescriber. Staying well is very important for both you and your baby
- **Switching to another medicine** that may carry fewer risks in pregnancy (although olanzapine is low risk in pregnancy)
- **Reviewing other medicines** you are taking and stopping those you no longer need.

Olanzapine is often used for serious mental health conditions such as **bipolar disorder** and **schizophrenia**. These illnesses can be high risk in pregnancy and after birth if not well managed. **Staying on the right medication can reduce those risks and help keep both you and your baby safe and well.**

I have just found out I am pregnant - should I stop taking olanzapine?

- There is no urgent need to stop olanzapine as your baby will have already been exposed to the medicine
- Speak to your prescriber within the next day or two to discuss your options.
- Together, you can decide on a plan that works best for you. You may need some time to review the information and make an informed choice. The rest of this leaflet can help guide your decision.
- Without the olanzapine you will be at risk of becoming unwell and making risky choices so if it has been helpful, it is usually best to carry on taking

- **If** stopping olanzapine becomes part of your plan, agree with your care team on how you want to do this
- If you only use olanzapine occasionally (rather than every day), you should be able to stop it more easily.
- If you are taking olanzapine regularly then stopping quickly may risk your symptoms coming back. Coming off it over several weeks or longer gives the body more time to adjust
- If you are taking these medicines as depot/long-acting injections, they are likely to stay in your system for a long part of the pregnancy, so stopping may not have any impact on baby but might increase your risk of getting unwell
- If you stop during pregnancy, you might want to go back on olanzapine again after your baby has been born
- **Untreated bipolar disorder or schizophrenia in pregnancy is high risk.** It can lead to relapse, hospital admission, self-harm, or difficulties caring for yourself and your baby.
- The perinatal period (pregnancy and the year after birth) is the highest risk time for relapse in bipolar disorder and schizophrenia
- Research shows:
 - Women with bipolar disorder or schizophrenia who stop medication during pregnancy have a higher chance of relapse.
 - Even if you continue medication, there is still a risk of relapse, but it is much lower than if you stop
- Staying on the right treatment greatly reduces the chance of relapse, which helps protect both you and your baby.

What are the risks of continuing olanzapine during early pregnancy?

- The first trimester (months 1–3) is when your baby's organs are developing.
- Current evidence from over 2,500 pregnancies exposed to olanzapine in early pregnancy is reassuring and does not suggest a clear

increase in the risk of birth defects

- Miscarriage is common and can happen for many different reasons. Limited studies so far do not indicate that olanzapine increases the chance of miscarriage
- There is no clear evidence that olanzapine increases the risk of your baby being born small, preterm (early), or stillborn
- Some research suggests that olanzapine may slightly increase the risk of gestational diabetes or higher birth weight (macrosomia), but the overall risk is small
- Overall, the current evidence is reassuring, but information is still limited and ongoing monitoring in pregnancy is recommended.

What about later on in pregnancy?

- During the second and third trimesters (month 4 onwards) increases in body weight and fluid dilute the olanzapine. At the same time one of the enzymes that breaks down olanzapine becomes slower
- You will **not** usually need an increase in dose
- But, if you start to feel that the olanzapine is not working quite as well or you feel it is too strong (e.g. you feel extra sleepy or slowed down) then this could be the reason, and you should see your prescriber
- Olanzapine may slightly increase your chances of putting on extra weight and gestational diabetes (you will have blood tests for this)
- Olanzapine may increase your baby's birth weight, so the baby's growth may be checked
- You are likely to have your blood sugar levels tested and a close check kept on your weight and blood pressure.

What about delivery time?

- If you take olanzapine right up to delivery, your baby may have some temporary symptoms after birth, sometimes referred to as withdrawal or discontinuation symptoms.
- These symptoms can include being unusually sleepy, restless or agitated, having stiff or floppy muscles, tremors, or problems with feeding or breathing.
- Not all babies will be affected, and if symptoms do occur, they are usually mild and go away within a few days.
- Your baby will be checked closely after birth, especially if you are taking more than one medication that acts on the brain

- In most cases, these symptoms settle on their own, but hospital monitoring helps make sure your baby gets the right care if needed.

What about olanzapine and breastfeeding?

- Olanzapine should not affect your ability to breastfeed
- Olanzapine is considered very low risk in breastfeeding
- If your baby is born early (pre-term) or has any health concerns, get advice from a healthcare professional first
- Olanzapine passes into breast milk in very small amounts. Studies following infants whose mothers took olanzapine during breastfeeding have not reported any short- or long-term developmental or clinical problems
- If you feel sleepy or sedated from olanzapine, take care when handling your baby and avoid co-sleeping to reduce the risk of accidental harm.
- Always monitor your baby for unusual sleepiness, feeding difficulties, or irritability, and contact your healthcare provider promptly if you have concerns.
- Your healthcare team can help you weigh the benefits of breastfeeding while on olanzapine against any potential risks and suggest strategies for safe feeding.

What about later on in baby's development?

- A large study following children exposed to olanzapine during pregnancy for up to 14 years found **no increased risk** of neurodevelopmental disorders, including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), learning difficulties, speech and language disorders, developmental coordination disorder, intellectual disability, or behavioural problems
- Overall, current evidence suggests that olanzapine use during pregnancy is unlikely to have a lasting impact on a child's behaviour or learning abilities.

What else can I do to help myself stay well?

- Depending on why you are taking olanzapine, consider **talking therapies**, which can be helpful on their own or alongside medication.
- Avoid taking any unnecessary medications. **Check with a pharmacist** before using over-the-counter medicines.
- Eat a **healthy, balanced diet** with plenty of fruits and vegetables.

- Stay **active** with regular exercise, as recommended by your healthcare provider.
- **Drink enough water** to stay hydrated, especially if you feel thirsty.
- If you experience **morning sickness**, you may be at higher risk of dehydration. Drink plenty of fluids and speak to your doctor—there are treatments that can help.
- Ask your healthcare team if you need any **vitamin supplements**, such as folic acid, iron,

or vitamin D.

- Attend any **recommended blood tests** or health check-ups.
- If you're feeling **stressed**, explore non-medication ways to relax, but try to distinguish between normal pregnancy changes and signs of becoming unwell.

Remember:
Babies do better with well mums

Make your own notes here. Write down some questions you may want to ask your health care team

The small print: This leaflet is to help you understand more about olanzapine and pregnancy. You **must** also read the manufacturer's Patient Information Leaflet (PIL). Go to our website for fuller answers to many other questions.

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