Persistent tackycardia (4 days) portpartum); n = 1 (patient had been on a stable dose of 400 mg of CLZ for piptor to conception) Precedingsia: n = 0 (0%) GMC n = 0 (6%; 50%) (all with pre-pregnancy BMIs in the overweight or obese range) Medication controlled: n = 2 (22.2%) Medicatio	Table 3. Studies D	Describing Maternal Outcome	s of Clozapine Treatment During Pregnancy
Neguen 2020 ²⁹ N=8 (9) No psychotric relapse during the course of the 9 pregnances (constitutions and 525 Ship, including 1 East impaction during blob (Smptomatic or thostalist) (see 1 Spiss), including 1 East impaction, with onservative management until delivery processing the second of 400 mg of CLZ for prior to conception) Predication; controlled, 1 days postpartumin; n = 1 (patient had been on a stable dose of 400 mg of CLZ for prior to conception) Predication; not more not pregnancy BMIs in the overweight or obese range) (More and predication) Marayanaswamy 2018 ²² N = 1 (2) Pregnancy: 2 (Molth in = 6 (66,7%) (all with pre-pregnancy BMIs in the overweight or obese range) (More and predication) Imaz 2018 ²⁰ N = 3 (4) Minaz 2018 ²⁰ N = 1 (1) Minaz 2018 ²⁰ N = 2 (2) Minaz 2018 ²⁰ N = 1 (2) Minaz 2018 ²⁰ N = 2 (2) Minaz 2018 ²⁰ N = 1 (1) Minaz 2018 ²⁰ N = 2 (2) Minaz 2018 ²⁰ N = 1 (2) Minaz 2018 ²⁰ N = 2 (2) Minaz 2018 ²⁰ N = 1 (2) Minaz 2018 ²⁰ N = 1 (2) Minaz			Maternal outcomes
Dygur 2019 ¹³	Nguyen 2020 ²⁹	N = 8 (9)	No psychotic relapse during the course of the 9 pregnancies Constipation: $n=5$ (55.5%), including 1 fecal impaction during labor Symptomatic orthostatic hypotension, at 34 weeks' gestation, with conservative management until delivery: $n=1$ Persistent tachycardia (4 days postpartum): $n=1$ (patient had been on a stable dose of 400 mg of CLZ for 1.5 years prior to conception) Preeclampsia: $n=0$ (0%) GDM: $n=6$ (66.7%) (all with pre-pregnancy BMIs in the overweight or obese range) Medication controlled: $n=2$ (22.2%) Diet controlled: $n=4$ (44.4%)
Pregnancy 2. GDM in the 18th week (unknown pre-pregnancy BMI, but no family history of diabetes), with successful dietary control No psychotic exacerbation Mr. 14 No complications Mr. 2018 ¹⁰³ Mr. 2018 ¹⁰⁴ Mr. 2018 ¹⁰⁵ Mr. 2018 ¹⁰⁶ Mr. 2018 ¹⁰⁶ Mr. 2018 ¹⁰⁶ Mr. 2018 ¹⁰⁷ Mr.		N = 1 (1)	GDM at the 36th week (normal pre-pregnancy BMI)
M2: GDM from week 14 Bitef psychiatric hospitalization 5 days after deliwery due to a relapse of manic psychotic symptoms, with response to an increase in CLZ to 200 mg/d M3-1: Psychiatric hospitalization in line week 25 until the end of pregnancy M3-2: Psychiatric hospitalization and 6 weeks of pregnancy after alterations in the mother's behavior, without evidence of a relapse in Standarfice tree disorder Hatters Friedman 2016	Uygur 2019 ³³	N = 1 (2)	Pregnancy 2: GDM in the 18th week (unknown pre-pregnancy BMI, but no family history of diabetes), with successful dietary control
Köse (inar 2016 ¹⁵⁵ N=1 (1) Clinical admission with paranoid and persecution delusions at week 33 Non etabloid (ideases during pregnancy with normal pre-pregnancy BMI (incal admission with paranoid and persecution delusions at week 33 Non etabloid (ideases during pregnancy) with normal pre-pregnancy BMI (incal 2015 ²⁴⁴ N=33 (33) Psychotic relapse in 3 CLZ-using mothers (FDM in 2 CLZ-using		N = 3 (4)	M2: GDM from week 14 Brief psychiatric hospitalization 5 days after delivery due to a relapse of manic psychotic symptoms, with rapid response to an increase in CLZ to 200 mg/d M3-1: Psychiatric hospitalization in week 26 until the end of pregnancy M3-2: Psychiatric hospitalization at 6 weeks of pregnancy after alterations in the mother's behavior, without
Source S	Hatters Friedman 2016 ¹⁸	N = 1 (1)	GDM in the single pregnancy exposed to CLZ (unknown pre-pregnancy BMI)
Shao 2015 ²⁴ N = 33 (33) Psychotic relapse in 3 CLZ-using mothers 6DM in Z CLZ-using mothers Pregnancy-induced hypertension in Z CLZ-using mothers Pregnancy induced hypertension in Deth pregnancies Pregnancy induced hypertension in both pregnancies Pregnancy in Z D Pregnancy induced hypertension in both pregnancies Pregnancy in Z D Pregnancy in Z D Pregnancy BMI) Pregnancy in Z D Pregnancy in D D Pregnancy BMI) Pregnancy in Z D Pregnancy in D D Pregnancy BMI) Pregnancy in Z D Pregnancy in D D D Pregnancy BMI) Pregnancy in Z D D Pregnancy in D D D Pregnancy BMI) Pregnancy in Z D D Pregnancy in D D D Pregnancy BMI) Pregnancy in Z D D Pregnancy in D D D Pregnancy BMI) Pregnancy in Z D D D Pregnancy in D D D Pregnancy BMI) Pregnancy in Z D D D D Pregnancy BMI Pregnancy in D D D Pregnancy BMI Pregnancy in	Köse Çinar 2016 ³⁵	N = 1 (1)	
GDM in 2 CLZ-using mothers Pregnancy-induced hypertension in 2 CLZ-using mothers	Guyon 2015 ³⁷	N = 1 (1)	GDM at the 26th week, with successful dietary management (unknown pre-pregnancy BMI)
olanzapine-exposed mothers (169) Group 2: N = 388 OAP-exposed mothers (388) Risk of Gown 2: OR 2.54 (95% CI, 1.44—4.24) Group 2: OR 2.55 (95% CI, 1.48—4.34) Risk of Gown 2: OR 2.55 (95% CI, 0.82—3.56) Increased early pregnancy BMI seemed to be the major cause of GDM Coston 2012 ³⁸ N = 2 (2) M1: GDM (unknown pre-pregnancy BMI) M2: GDM (unknown pre-pregnancy BMI) M3: GDM (unknown pre-pregnancy BMI) M4: No psychotic exacerbation Normal fasting blood glucose levels Normal lipid profile Normal hemoglobin A _{1c} levels No history of GDM in the medical records (normal pre-pregnancy BMI) M2: No history of GDM in the medical records (normal pre-pregnancy BMI) M3: No history of GDM in the medical records (normal pre-pregnancy BMI) M3: No history of GDM in the medical records (normal pre-pregnancy BMI) M3: No history of GDM in the medical records (normal pre-pregnancy BMI) M3: No history of GDM in the medical records (normal pre-pregnancy BMI) M3: No history of GDM in the medical records (normal pre-pregnancy BMI) M3: No history of GDM in the medical records (normal pre-pregnancy BMI) M3: M3	Shao 2015 ²⁴	N = 33 (33)	GDM in 2 CLZ-using mothers
M2: GDM (unknown pre-pregnancy BMI) Moreno-Bruna 2012 ³⁹ N = 1 (1) No known GDM, but a weight gain of 16 kg Duran 2008 ⁴¹ N = 2 (3) M1-1: No psychotic exacerbation Normal fasting blood glucose levels Normal lipid profile Normal hemoglobin A _{1c} levels Normal lipid profile Normal hemoglobin A _{1c} levels Normal lipid profile Normal hemoglobin A _{1c} levels Normal fixed in the medical records (no pre-pregnancy BMI information) M2: No history of GDM in the medical records (no pre-pregnancy BMI) Mendhekar 2007 ⁴³ N = 1 (1) Good nutritional care No exacerbation throughout the pregnancy Normal routine laboratory investigations (including blood glucose, hemoglobin, and white blood cell count by the pregnancy and the pregnancy in the pregnancy in the pregnancy by Normal blood sugar at regular antenatal visits Sethi 2006 ⁴⁴ N = 1 (1) No GDM (unknown pre-pregnancy BMI) Gupta 2004 ⁴⁷ N = 1 (2) Pregnancy induced hypertension in both pregnancies Karakula 2003 ⁴⁹ N = 1 (1) GDM (unknown pre-pregnancy BMI) Mendhekar 2003 ⁴⁹ N = 1 (1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Bodén 2012 ²⁰	olanzapine-exposed mothers (169) Group 2: N = 388 OAP-exposed	Group 1: OR 2.44 (95% CI, 1.14–4.24) Group 2: OR 2.53 (95% CI, 1.48–4.34) Risk of GDM compared to nonexposed women after adjustment for early pregnancy BMI: Group 1: OR 1.46 (95% CI, 0.84–2.53) Group 2: OR 1.71 (95% CI, 0.82–3.56)
Duran 2008 ⁴¹ N = 2 (3) M1-1: No psychotic exacerbation Normal fasting blood glucose levels Normal lipid profile Normal hemoglobin A _{Tc} levels No history of GDM in the medical records (normal pre-pregnancy BMI polymer) M2: No history of GDM in the medical records (normal pre-pregnancy BMI polymer) Mendhekar 2007 ⁴³ N = 1 (1) Good nutritional care No exacerbation throughout the pregnancy Normal routine laboratory investigations (including blood glucose, hemoglobin, and white blood cell cound pre-pregnancy BMI) N = 1 (1) BMI 34 mg/kg² at delivery Normal blood sugar at regular antenatal visits Sethi 2006 ⁴⁴ N = 1 (1) No GDM (unknown pre-pregnancy BMI) Gupta 2004 ⁴⁷ N = 1 (2) Pregnancy induced hypertension in both pregnancies Karakula 2004 ⁴⁸ N = 1 (1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Mendhekar 2003 ⁴⁹ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 2: no GDM (unknown pre-pregnancy BMI) No syschlatric exacerbation during in both pregnancies Stoner 1997 ⁵⁴ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Coston 2012 ³⁸	N = 2 (2)	
No psychotic exacerbation Normal fasting blood glucose levels Normal lipid profile Normal hemoglobin A _{Tc} levels No history of GDM in the medical records (normal pre-pregnancy BMI information) M2: No history of GDM in the medical records (normal pre-pregnancy BMI information) M2: No history of GDM in the medical records (normal pre-pregnancy BMI) Mendhekar 2007 ⁴³ N=1(1) Good nutritional care No exacerbation throughout the pregnancy Normal routine laboratory investigations (including blood glucose, hemoglobin, and white blood cell cound be pregnancy at delivery Normal blood sugar at regular antenatal visits Sethi 2006 ⁴⁴ N=1(1) No GDM (unknown pre-pregnancy BMI) Gupta 2004 ⁴⁷ N=1(2) Pregnancy induced hypertension in both pregnancies Karakula 2004 ⁴⁸ N=1(1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Negnancy 1: GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (normal pre-pregnancy BMI) No psychiatric exacerbations during in both pregnancies Stoner 1997 ⁵⁴ N=2(2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Moreno-Bruna 2012 ³⁹	N = 1 (1)	No known GDM, but a weight gain of 16 kg
No exacerbation throughout the pregnancy Normal routine laboratory investigations (including blood glucose, hemoglobin, and white blood cell coun Doherty 2006 ⁴⁵ N = 1 (1) BMI 34 mg/kg² at delivery Normal blood sugar at regular antenatal visits Sethi 2006 ⁴⁴ N = 1 (1) No GDM (unknown pre-pregnancy BMI) Gupta 2004 ⁴⁷ N = 1 (2) Pregnancy induced hypertension in both pregnancies Karakula 2004 ⁴⁸ N = 1 (1) GDM (unknown pre-pregnancy BMI) Mendhekar 2003 ⁴⁹ N = 1 (1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (normal pre-pregnancy BMI) No psychiatric exacerbations during in both pregnancy Stoner 1997 ⁵⁴ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Duran 2008 ⁴¹	N = 2 (3)	No psychotic exacerbation Normal fasting blood glucose levels Normal lipid profile Normal hemoglobin A _{1c} levels No history of GDM in the medical records (normal pre-pregnancy BMI M1-2: No history of GDM in the medical records (no pre-pregnancy BMI information)
Doherty 2006 ⁴⁵ N = 1 (1) BMI 34 mg/kg² at delivery Normal blood sugar at regular antenatal visits Sethi 2006 ⁴⁴ N = 1 (1) No GDM (unknown pre-pregnancy BMI) Gupta 2004 ⁴⁷ N = 1 (2) Pregnancy induced hypertension in both pregnancies Karakula 2004 ⁴⁸ N = 1 (1) GDM (unknown pre-pregnancy BMI) Mendhekar 2003 ⁴⁹ N = 1 (1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (normal pre-pregnancy BMI) No psychiatric exacerbations during in both pregnancies Stoner 1997 ⁵⁴ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Mendhekar 2007 ⁴³	N = 1 (1)	No exacerbation throughout the pregnancy
Sethi 2006 ⁴⁴ N = 1 (1) No GDM (unknown pre-pregnancy BMI) Gupta 2004 ⁴⁷ N = 1 (2) Pregnancy induced hypertension in both pregnancies Karakula 2004 ⁴⁸ N = 1 (1) GDM (unknown pre-pregnancy BMI) Mendhekar 2003 ⁴⁹ N = 1 (1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (normal pre-pregnancy BMI) No psychiatric exacerbations during in both pregnancies Stoner 1997 ⁵⁴ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Doherty 2006 ⁴⁵	N = 1 (1)	BMI 34 mg/kg ² at delivery
Gupta 2004 ⁴⁷ N = 1 (2) Pregnancy induced hypertension in both pregnancies Karakula 2004 ⁴⁸ N = 1 (1) GDM (unknown pre-pregnancy BMI) Mendhekar 2003 ⁴⁹ N = 1 (1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (normal pre-pregnancy BMI) No psychiatric exacerbations during in both pregnancies Stoner 1997 ⁵⁴ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Sethi 2006 ⁴⁴	N = 1 (1)	, ,
Mendhekar 2003 ⁴⁹ N = 1 (1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (normal pre-pregnancy BMI) No psychiatric exacerbations during in both pregnancies Stoner 1997 ⁵⁴ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Gupta 2004 ⁴⁷	N = 1 (2)	Pregnancy induced hypertension in both pregnancies
Mendhekar 2003 ⁴⁹ N = 1 (1) Normal routine laboratory investigations, including glucose monitoring No GDM (unknown pre-pregnancy BMI) Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (normal pre-pregnancy BMI) No psychiatric exacerbations during in both pregnancies Stoner 1997 ⁵⁴ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Karakula 2004 ⁴⁸	N = 1 (1)	GDM (unknown pre-pregnancy BMI)
Nguyen 2003 ⁵⁰ N = 1 (2) Pregnancy 1: GDM (unknown pre-pregnancy BMI) Pregnancy 2: no GDM (normal pre-pregnancy BMI) No psychiatric exacerbations during in both pregnancies Stoner 1997 ⁵⁴ N = 2 (2) M1 and M2: Psychiatric symptoms intensified during pregnancy	Mendhekar 2003 ⁴⁹		Normal routine laboratory investigations, including glucose monitoring
, , , , , , , , , , , , , , , , , , , ,	Nguyen 2003 ⁵⁰	N = 1 (2)	Pregnancy 2: no GDM (normal pre-pregnancy BMI)
	Stoner 1997 ⁵⁴	N = 2 (2)	
Waldman 1993 ⁵⁸ N = 1 (1) GDM in the second trimester (unknown pre-pregnancy BMI) Otherwise uneventful No exacerbation of psychiatric illness throughout gestation, labor, and delivery	Waldman 1993 ⁵⁸	N = 1 (1)	Otherwise uneventful

 $Abbreviations: BMI = body \ mass \ index, CLZ = clozapine, NorCLZ = norclozapine, GDM = gestational \ diabetes \ mellitus, M1 = mother 1 \ (and so on), M2-1 = mother 2, pregnancy 1 \ (and so on), OAP = other \ antipsychotics, OR = odds \ ratio.$