Amitriptyline

This sheet is about exposure to amitriptyline in pregnancy and while breastfeeding. This information is based on published research. It should not take the place of medical care and advice from your healthcare providers.

What is amitriptyline?

Amitriptyline is a medication that has been used to treat depression, pain, tinnitus (noise or ringing sounds in the ear), irritable bowel syndrome, neuropathy (nerve damage) due to diabetes mellitus, and migraine headaches. Amitriptyline belongs to a class of medications known as tricyclic antidepressants. It has been sold under many different brand names, including Amaril®, Amitrid®, Elavil®, Endep®, and Vanatrip®. Amitriptyline has also been sold in combination with other medications.

Sometimes when women 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 your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

Pregnancy might affect how the body breaks down this medication. Some women might need to have their medication doses changed as pregnancy progresses.

Some women could have a return of their symptoms (relapse) if they stop taking this medication during pregnancy. If you plan to stop this medication, your healthcare provider might suggest that you slowly lower the dose instead of stopping it all at once. Stopping this medication suddenly can cause some people to have withdrawal symptoms. It is not known if or how withdrawal might affect a pregnancy,

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

Studies have not been done to see if amitriptyline could make it harder to get pregnant.

Does taking amitriptyline increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if amitriptyline can increase the chance of miscarriage. One study suggested that amitriptyline use to treat migraines might increase the chance of miscarriage. Untreated depression might increase the chance of miscarriage. More information on depression can be found in our sheet here: https://mothertobaby.org/fact-sheets/depression-pregnancy/.

Does taking amitriptyline increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like amitriptyline, might increase the chance of birth defects in a pregnancy. A small number of human studies have not found a higher chance for birth defects with doses of amitriptyline used for treatment of depression.

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

It is not known if amitriptyline can increase the chance of other 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). One report found a small increase in the chance of preeclampsia (high blood pressure and problems with organs, such as the kidneys) when amitriptyline was used in the second and third trimester of pregnancy.

Research has shown that when depression is left untreated during pregnancy, there could be an increased chance of pregnancy complications. This makes it hard to know if the medication, untreated depression, or other factors are increasing the chance of these problems.

I need to take amitriptyline during my pregnancy. Will it cause withdrawal symptoms in my baby after birth?

The use of some tricyclic antidepressants during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Symptoms seen during the first month of life included colic, low oxygen levels, breathing problems, and irritability. If a baby develops these symptoms, they usually go away in a few days without any long-term health effects.

There is one case report of an infant who had temporary withdrawal symptoms after exposure to amitriptyline during pregnancy. The infant and the mother were found to have high blood levels of amitriptyline. Not all babies exposed to amitriptyline will have these symptoms. It is important that your healthcare providers know you are taking amitriptyline so that if symptoms occur, your baby can get the care that is best for them.

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

One study looking at 29 children exposed to amitriptyline during pregnancy did not find any behavioral or learning problems.

Breastfeeding while taking amitriptyline:

Amitriptyline gets into breast milk in small amounts. There are several reports of amitriptyline being used during breast feeding. No side effects have been reported in most nursing infants.

There was one report of a woman who was taking 10 mg of amitriptyline per day while breastfeeding. The breastfeeding baby (15 days old) was reported to be very sleepy. When the medication was stopped, the infant's sleepiness resolved.

The benefits of using amitriptyline might outweigh the risks of an untreated medical condition. If you suspect the baby has any symptoms (being too sleepy), contact the child's healthcare provider. Your healthcare providers can talk with you about using amitriptyline and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes amitriptyline, could it affect his fertility or increase the chance of birth defects?

Some studies report amitriptyline lowered sex drive and caused sexual dysfunction in men, which can affect fertility (ability to make healthy sperm). These problems can also be side effects of untreated depression. Studies have not been done to see if amitriptyline could increase the chance of birth defects. In general, exposures that men have are unlikely to increase 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 for references.

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