Amitriptyline

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

**What is amitriptyline?**

Amitriptyline is a medication approved to treat depression. It has also been used to treat pain and tinnitus (noise or ringing sounds in the ear) and to prevent migraine headaches. Amitriptyline belongs to class of medications known as tricyclic antidepressants. Some brand names are Amaril®, Amitrid®, Elavil® and Endep®. It is also sold in combination with other medications.

**I am taking amitriptyline. Should I stop taking it before becoming pregnant?**

Talk with your healthcare provider before making any changes to your medications. Studies have shown that when psychiatric disorders are left untreated during pregnancy, there could be an increased chance for pregnancy complications. Please see our fact sheet on Depression at [https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/) or the fact sheet on Anxiety at [https://mothertobaby.org/fact-sheets/anxiety/pdf/](https://mothertobaby.org/fact-sheets/anxiety/pdf/). For some women, the benefits of staying on their medication during pregnancy can outweigh potential risks.

**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 for a woman to get pregnant, but untreated psychiatric disorders and symptoms may affect fertility.

**Does taking amitriptyline during my pregnancy increase the chance of miscarriage?**

Miscarriage may occur in any pregnancy. There are no studies looking at whether the use of amitriptyline in pregnancy increases the chances for miscarriage. Some studies suggest that taking antidepressant medications may slightly increase the chance for miscarriage. However, depression itself may increase the risk for miscarriage, which makes it difficult to find out whether the medications used to treat depression can also cause miscarriage.

**Does taking amitriptyline increase the chance of having a baby with a birth defect?**

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. A small number of studies have shown no increased chance for birth defects when amitriptyline is used in the first trimester of pregnancy.

**Could amitriptyline cause other pregnancy complications?**

One report found a small increased chance of preeclampsia (high blood pressure in mom) when amitriptyline was used in the second and early third trimester of pregnancy.

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

There are no published studies looking at the chance of withdrawal or toxicity in a newborn when the mother takes amitriptyline throughout pregnancy. There is one case report of an infant who had temporary withdrawal symptoms after being exposed throughout pregnancy. The infant and the mother were found to have high blood levels of amitriptyline. Babies exposed to other tricyclic antidepressants have shown withdrawal symptoms in the newborn period. The symptoms seen during the first month of life included colic, low oxygen levels, breathing problems and irritability. If a baby developed these symptoms, in most cases the symptoms would go away in a few days without any
long term health effects.

**Will taking amitriptyline during pregnancy affect my baby’s behavior or cause learning problems?**

One study looking at 29 children whose mothers took amitriptyline during pregnancy did not find any behavioral or learning problems.

**Can I breastfeed my baby if I am taking amitriptyline?**

Amitriptyline is found in breastmilk in very small amounts. There was one case of a mother who was taking 10 mg per day and her 15 day old infant was reported to be very sleepy. When the mother stopped taking amitriptyline the infant recovered. In several other cases no side effects in nursing infants have been reported with a mother’s dose of 75 mg to 175 mg per day. If you suspect that the baby has symptoms, contact the child’s healthcare provider. Be sure to talk with your healthcare providers about your breastfeeding questions.

**What if the baby’s father takes amitriptyline?**

In some studies it was reported that amitriptyline lowered sex drive and caused sexual dysfunction in men, which may make it harder to get a partner pregnant. These problems can also be side effects of untreated depression. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

**Please click here for references.**

**National Pregnancy Registry for Psychiatric Medications:**

There is a pregnancy registry for women who take psychiatric medications, such as amitriptyline. For more information you can look at their website: [https://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/](https://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/).

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If you have questions about the information on this fact sheet or other exposures during pregnancy and breastfeeding, call MotherToBaby at (866) 626-6847. Copyright by OTIS.