Desipramine (Norpramin®, Pertofrane®)

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

What is desipramine?

Desipramine is a prescription medication that has been approved to treat depression. It has also been used to treat pain caused by the nervous system (neurogenic pain), and attention deficit hyperactivity disorder (ADHD). Desipramine belongs to a class of antidepressants known as tricyclic antidepressants. Two brand names for desipramine are Norpramin® and Pertofrane®. Desipramine is a metabolite of another antidepressant called imipramine. This means that imipramine turns into desipramine in the body.

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 this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. Some women may have a return of their symptoms (relapse) if they stop this medication during pregnancy.

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

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

Should my levels of desipramine be monitored during pregnancy?

Pregnancy might affect how some women break down this medication. Some women may need to have their medication doses changed during pregnancy. Your healthcare provider can discuss testing your blood and monitoring your symptoms to help determine if you need to adjust your medication dose to keep this medication working for you.

Does taking desipramine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if desipramine could increase the chance of miscarriage.

Does taking desipramine 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 desipramine, might increase the chance of birth defects in a pregnancy. Studies have not been done to see if desipramine increases the chance of birth defects

There are a small number of studies on imipramine, which is an older tricyclic similar to desipramine. Based on those studies, it is unlikely that using desipramine would significantly increase the chance of birth defects.

MotherToBaby has a fact sheet on imipramine, which can be found at:
https://mothertobaby.org/fact-sheets/imipramine/.

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

Studies have not been done to see if desipramine increases the chance for 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).

However, when depression is left untreated during pregnancy, there could be an increase in pregnancy complications. If you are taking desipramine for depression, please see our fact sheet on depression at
https://mothertobaby.org/fact-sheets/depression-pregnancy/.

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

It is possible that the use of desipramine during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. However, this has not been well studied with desipramine. Babies exposed to desipramine near delivery can be monitored for symptoms such as irritability, jitteriness, tremors, fast heart rate, and/or fast breathing. If a baby develops withdrawal symptoms, in most cases the symptoms can be treated and will go away without long-term health effects.

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

Studies have not been done to see if desipramine can cause behavior or learning issues for the child.

Breastfeeding while taking desipramine:

Small amounts of desipramine can get into breast milk. Case reports on 4 infants who were exposed to desipramine through breastmilk could not detect the medication in the baby's blood. No harmful effects have been reported for 1 nursing infant who was followed up to 3 years of age. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a man takes desipramine, could it affect fertility (ability to get a woman pregnant) or increase the chance of birth defects?

Some reports have suggested that desipramine and other tricyclic antidepressants might reduce a man's sex drive or ability to have sex (causing erectile and ejaculatory dysfunction), which could make it harder to conceive a pregnancy. In general, exposures that men 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 for references.

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