



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Desipramine (Norpramin®, Pertofrane®)

This sheet talks 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 used to treat depression. It has also been used to treat pain caused by the nervous system (neurogenic pain) and attention deficit hyperactivity disorder. Desipramine belongs to a class of antidepressants known as tricyclic antidepressants. Two brand names for desipramine are Norpramin® and Pertofrane®.

I am taking desipramine, can it make it harder for me to get pregnant?

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

I just found out that I am pregnant. Should I stop taking desipramine?

You should speak with your healthcare providers before making any changes to this medication. For some women, the benefits of staying on an antidepressant during pregnancy may outweigh any potential risk.

Should my levels of desipramine be monitored during pregnancy?

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

Can taking desipramine during my pregnancy increase the chance of miscarriage?

Miscarriage can occur in any pregnancy. Studies have not been done to see if desipramine could increase the chance of a miscarriage.

Can taking desipramine during my pregnancy cause birth defects?

Desipramine has not been well studied in pregnancy. However, the tricyclic antidepressant imipramine turns into desipramine in the body. There are studies on imipramine use during pregnancy that did not find an increased chance for birth defects when imipramine was used in the first trimester. Based on this information, it is unlikely that using desipramine would increase the chance of birth defects.

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

Can taking desipramine cause other pregnancy complications?

Desipramine has not been well studied in pregnancy. 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 and Pregnancy at <https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/>.

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

It is possible that taking desipramine could increase the chance of withdrawal symptoms in a newborn. However, this has not been well studied. Babies born to women taking 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 they can be treated and will go away without long term health effects.

Will my child have behavioral or learning problems if I take desipramine in pregnancy?

This is not known. There are no well controlled studies on desipramine use during pregnancy in humans.

Can I take desipramine while breastfeeding?

Amounts of desipramine in breast milk are low. Case reports on four breastfeeding infants, whose mothers used desipramine, could not detect the medication in the baby's blood. No harmful effects have been reported for one nursing infant who was followed up to age 3 years. Long-term studies on infants exposed to desipramine in breast milk have not been done. Be sure to talk to your healthcare provider about your breastfeeding questions.

What if the father of the baby takes desipramine?

Some reports have suggested that desipramine and other tricyclic antidepressants might reduce a man's sex drive or ability to have sex (cause erectile and ejaculatory dysfunction), which could make it harder to get a partner pregnant. 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/>.

Selected References

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National Pregnancy Registry for Psychiatric Medications:

There is a pregnancy registry for women who take psychiatric medications, such as desipramine. For more information you can look at their website: <https://womensmentalhealth.org/research/pregnancyregistry/>.

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