This fact sheet talks about exposure to imipramine during pregnancy and breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is imipramine?**

Imipramine is a prescription medication that has been approved to treat depression and bedwetting. It has also been used to treat anxiety, panic disorder, diabetic neuropathy, and urinary incontinence. Imipramine belongs to a class of antidepressants known as tricyclic antidepressants. A brand name for imipramine is Tofranil®.

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

Studies have not been done to see if imipramine could make it harder for a woman to get pregnant.

**I just found out I am pregnant. Should I stop taking imipramine?**

Talk with your healthcare providers before making any changes to how you take this medication. If for any reason you plan to stop imipramine, your healthcare provider might suggest that you gradually lower the dosage instead of stopping all at once. This is because some people can have withdrawal symptoms (nausea, headache, fatigue, lack of coordination, among others) when they suddenly stop taking imipramine.

If you are taking this medication for depression, there is a MotherToBaby fact sheet on depression and pregnancy at: https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/. Untreated depression can lead to pregnancy complications. For some women, the benefits of staying on an antidepressant during pregnancy might outweigh any potential risks.

**Should my levels of imipramine be monitored during pregnancy?**

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 imipramine during my pregnancy increase the chance of miscarriage?**

Miscarriage can occur in any pregnancy. Imipramine has not been studied for miscarriage. Some studies suggested that taking antidepressants might increase the chance of miscarriage but these studies did not fully look at factors that are known to increase the risk such as untreated mental health conditions, smoking and obesity.

**Can taking imipramine during my pregnancy cause birth defects?**

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. There are a limited number of studies on imipramine use during pregnancy. Studies in women who were taking imipramine during the first trimester did not find an increased chance of birth defects.

**Can taking imipramine cause other pregnancy complications?**

It is unclear. Older studies on tricyclic antidepressant use during pregnancy, including imipramine, found a possible association with low birth weight and preterm delivery, but newer studies have not reported these findings. Because depression alone may increase the risk of pregnancy complications, more research is needed to confirm if these outcomes are a result of the medication itself or more related to the untreated mental health condition.

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

If you are taking imipramine just before or at the time of delivery, your baby might have some mild and temporary difficulties for the first couple of weeks of life. Symptoms that might been seen include jitteriness, vomiting, constant crying, increased muscle tone, fussiness, changes in sleep patterns, tremors, difficulty eating and regulating body temperature and some problems with breathing. In most cases these symptoms are mild and go away on their own.
within a week or two after birth. Sometimes a baby may need to stay in a special care nursery for a few days until the symptoms go away. Not all babies exposed to imipramine will have these symptoms. It is not clear if the symptoms are due to withdrawal from the medication or to other factors.

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

Small studies with a total of 32 preschoolers exposed to imipramine during pregnancy found no change in IQ, language development, or temperament.

**Can I take imipramine while breastfeeding?**

Small amounts of imipramine have been found in breast milk. However, no harmful effects have been reported for a nursing infant. At this time, there are no studies on the possible long-term effects on infants exposed to imipramine in breast milk. Speak with your healthcare provider about your breastfeeding questions.

**If a man takes imipramine, could it affect his fertility (ability to get partner pregnant) or increase the chance of birth defects?**

There are no studies looking at possible risks to a pregnancy when the father takes imipramine. 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 at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

Please click here for references.

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**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.**

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