



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

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

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## Imipramine (Tofranil®)

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. This sheet talks about whether exposure to imipramine may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

### ***What is imipramine?***

Imipramine is a prescription medication that has been used to treat depression, panic disorder, and insomnia. Imipramine belongs to a class of antidepressants known as tricyclic antidepressants. A brand name for imipramine is Tofranil®.

### ***I am taking imipramine, but I would like to stop taking it before becoming pregnant. How long does imipramine stay in my body?***

While everyone breaks down medications at a different rate, on average almost all of the imipramine would be out of your system about four days after taking your last dose.

You should always discuss any changes in your dose, or stopping your medication, with your healthcare providers who will also discuss the risks of not taking this medication. If you plan to stop this medication, 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 when they suddenly stop taking imipramine. See our fact sheet on depression and pregnancy at <https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/>.

Pregnancy might affect how some women break down this medication. Therefore, some women may need to have their medication doses changed as pregnancy progresses.

### ***Can taking imipramine during my pregnancy increase the chance of miscarriage?***

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 investigate other factors that are known to increase the risk such as untreated mental health conditions, smoking and obesity. Other studies have not found an increased chance of miscarriage.

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

*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 in their babies.*

### ***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?***

Possibly. If you are taking imipramine just before or at the time of delivery, your baby may have some mild and temporary difficulties for the first couple of weeks of life. Your baby may have some of the following: jitteriness, vomiting, constant crying, increased muscle tone, fussiness, altered sleep patterns, tremors, difficulty eating and regulating body temperature and some problems with breathing. In most cases these symptoms are generally mild and go away on their own within a week or two after birth. Sometimes the babies 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.

***Should I stop taking imipramine before the third trimester?***

Talk with your doctor first. By stopping the medication there is a risk of relapse of the underlying medical condition. If the symptoms return, there may be risks to the pregnancy from the untreated disease. Always talk with your healthcare provider before changing your medications. It is important to discuss the risks associated with taking imipramine during pregnancy as compared to the risks of stopping the medication. Studies have shown that when depression is left untreated during pregnancy, there may be an increased chance for pregnancy complications.

***What about long term effects? 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?***

Yes. Small amounts of imipramine have been found in breast milk. However, no harmful effects have been reported for a nursing infant. Long-term studies on infants exposed to imipramine 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 imipramine?***

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 and Pregnancy at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

Please click [here](#) for references.

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