

# Imipramine (Tofranil®)

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

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

Imipramine is medication that has been used 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 medications known as tricyclic antidepressants. A brand name for imipramine is Tofranil®.

Sometimes when people 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 people may have a return of their symptoms (relapse) if they stop this medication. If you plan to stop imipramine, your healthcare provider might suggest that you slowly lower the dosage instead of stopping all at once. Some people can have withdrawal symptoms (nausea, headache, fatigue, lack of coordination, among others) when they suddenly stop taking imipramine. It is not known if or how withdrawal symptoms can affect a pregnancy. For more information on depression during pregnancy, please see our fact sheet at: <https://mothertobaby.org/fact-sheets/depression-pregnancy/>

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

It is not known if imipramine can make it harder to get pregnant.

## ***Does taking imipramine increase the chance for miscarriage?***

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

## ***Does taking imipramine increase the chance of birth defects?***

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Based on the studies reviewed, imipramine is not expected to increase the chance of birth defects above the background risk.

## ***Does taking imipramine in pregnancy increase the chance of other pregnancy-related problems?***

Older studies on tricyclic antidepressant used during pregnancy, including imipramine, suggest a possible link with preterm delivery (birth before week 37) and low birth weight (weighing less than 5 pounds, 8 ounces [about 2500 grams] at birth). Newer studies have not reported these findings. Conditions such as depression can increase the chance of pregnancy complications, so it is hard to know if these outcomes are related to the medication, the condition being treated, or other factors.

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

The use of imipramine during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Symptoms can include jitteriness, vomiting, constant crying, increased muscle tone, fussiness, changes in sleep patterns, tremors, trouble with eating, trouble with regulating body temperature, and 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 important that your healthcare providers know you are taking imipramine so that if symptoms occur your baby can get appropriate care.

## ***Does taking imipramine in pregnancy affect future behavior or learning for the child?***

Based on the studies reviewed, it is not known if imipramine increases the chance for behavior or learning issues.

Small studies with a total of 32 preschoolers exposed to imipramine during pregnancy found no effect on IQ, language development, or mood.

***Breastfeeding while taking imipramine:***

Imipramine gets into breastmilk in small amounts. Side effects have not been reported in nursing infants. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

Some studies suggest that imipramine can lower sex drive and may cause trouble getting and keeping an erection (erectile dysfunction) and/or trouble with ejaculation. These effects could make it harder to conceive a pregnancy. These effects could be related to the condition being treated, the medication, or other factors. In general, exposures that fathers or sperm donors have are unlikely to increase the risks of pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

***National Pregnancy Registry for Psychiatric Medications: There is a pregnancy registry for people who take psychiatric medications, such as imipramine. For more information you can look at their website: <https://womensmentalhealth.org/research/pregnancyregistry/>.***

**Please click [here](#) for references.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

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