Imipramine (Tofranil®)

This sheet is about exposure to imipramine in pregnancy and while breastfeeding. This information is based on published research studies. It should not take the place of medical care and advice from your healthcare providers.

What is imipramine?

Imipramine is a 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 called tricyclic antidepressants. A brand name for imipramine is Tofranil®.

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 your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. For more information on depression or anxiety during pregnancy, please see our fact sheets at: https://mothertobaby.org/fact-sheets/depression-pregnancy/ and https://mothertobaby.org/fact-sheets/anxiety-fact/.

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 when they suddenly stop taking imipramine. It is not known if or how withdrawal symptoms can affect a 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 of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if imipramine can increase the chance of miscarriage. However, depression itself might increase the chance of miscarriage.

Does taking imipramine 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 imipramine, might increase the chance of birth defects in a pregnancy. Use of imipramine in pregnancy is not expected to increase the chance of birth defects.

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. Research has also shown that when depression is left untreated during pregnancy, there could be an increased chance for pregnancy complications. This makes it hard to know if it is the medication, untreated depression, or factors that are increasing the chance for these problems.

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, hypotonia (low muscle tone), 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 the care that is best for them.

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

It is not known if imipramine can increase the chance for behavior or learning issues. Small studies with a total of 32 preschool-aged children exposed to imipramine during pregnancy found no effect on IQ, language development, or mood.

Breastfeeding while taking imipramine:

Imipramine passes into breast milk in small amounts. Side effects have not been reported in nursing infants. While follow-up information is limited, no negative effects on infant growth and development have been reported. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes imipramine, could it affect his fertility or increase the chance of birth defects?

Some studies suggest that imipramine can lower sex drive and might cause trouble getting and keeping an erection (erectile dysfunction) and/or trouble with ejaculation. These issues can affect male fertility (ability to make healthy sperm). In general, exposures that fathers or sperm donors 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/.

Please click here for references.

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