Nortriptyline (Aventyl®)

This sheet is about exposure to nortriptyline 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 provider.

What is nortriptyline?

Nortriptyline is a medication that has been used to treat depression, attention deficit hyperactivity disorder (ADHD), eating disorders, irritable bowel syndrome, migraines, and pain. It belongs to a class of medications called tricyclic antidepressants. Some brand names for nortriptyline are Aventyl® and Pamelor®.

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. Some women may have a return of their symptoms (relapse) if they stop this medication during pregnancy. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. More information on depression can be found in our fact sheet here: https://mothertobaby.org/fact-sheets/depression-pregnancy/.

Pregnancy can change how your body processes this medication. As a result, your healthcare provider may adjust your dose during pregnancy if needed.

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

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

Does taking nortriptyline increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if nortriptyline can increase the chance of miscarriage. However, depression itself might increase the chance of miscarriage.

Does taking nortriptyline 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 nortriptyline, might increase the chance of birth defects in a pregnancy.

Information on the use of nortriptyline in pregnancy is limited. A small number of human studies have not found a higher chance of birth defects with doses of nortriptyline used for treatment of depression.

Does taking nortriptyline in pregnancy increase the chance of other pregnancy-related problems?

It is not known if nortriptyline can increase the chance of pregnancy-related problems such as preterm delivery (birth before week 37 of pregnancy) or low birth weight (weighing less than 5 pounds, 8 ounces [2,500 grams] at birth).

One study found that use of other tricyclic antidepressants (not nortriptyline) might increase the chance of preterm delivery or low birth weight. However, research has shown that untreated depression during pregnancy can increase the chance of pregnancy complications. This makes it hard to know if it is the medication, untreated depression, or other factors that might increase the chance for these problems.

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

The use of other tricyclic antidepressants (not nortriptyline) during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal and can include colic, cyanosis (skin that looks blue), breathing problems, and irritability. In most cases, the symptoms go away in a few days without long-term health effects. Not all babies exposed to tricyclic antidepressants will have these symptoms. It is important that your healthcare providers know you are taking nortriptyline so that if symptoms occur your baby can get the care that is best for them.

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

It is not known if taking nortriptyline in pregnancy can affect future behavior and learning for the child. Reports of 11 children who were exposed to nortriptyline in pregnancy showed no differences in IQ, language, or behavior compared to children exposed to a different antidepressant or children who were not exposed to antidepressants during pregnancy.

Breastfeeding while taking nortriptyline:

Nortriptyline passes into breast milk in small amounts. A limited number of cases have reported no side effects or negative effects on infant growth and development. The benefit of continuing nortriptyline while breastfeeding might outweigh the risks of an untreated mental health condition. Your healthcare provider can talk with you about nortriptyline and what treatment is best for you.

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

Some studies suggest that nortriptyline might lower sex drive (desire to have sex) and increase the chance of sexual dysfunction (problems during any stage of typical sexual activity). This could affect a man's fertility (ability to make healthy sperm). However, depression might also affect a man's fertility. It is not known if a man taking nortriptyline can increase the chance of birth defects. In general, exposures that fathers or sperm donors have are less likely 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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