This sheet is about exposure to nortriptyline in pregnancy and while breastfeeding. This information 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. It is part of a group of medications called tricyclic antidepressants. Nortriptyline has also been used to treat attention deficit hyperactivity disorder (ADHD), eating disorders, irritable bowel syndrome, and pain. Some brand names for nortriptyline are Aventyl® and Pamelor®. For more information on depression, please see our fact sheet at https://mothertobaby.org/fact-sheets/depression-pregnancy/.

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. Some people 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.

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 for miscarriage?

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

Does taking nortriptyline 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, it is not known if nortriptyline increases the chance for birth defects above the background risk.

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

Studies have not been done to see if nortriptyline increases the chance for pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

There is one report of urinary retention (when the bladder cannot empty all the urine) in an infant exposed to nortriptyline during pregnancy.

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

The use of tricyclic antidepressants (including nortriptyline) during pregnancy may cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. The symptoms include colic, cyanosis (skin 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?

One study tested 80 children (ages 16 – 86 months) who were exposed to tricyclic antidepressants in the first trimester of pregnancy. Eight of those children had been exposed to nortriptyline. The exposed children showed no differences in IQ, language, or behavior compared to children with exposure to a different antidepressant (fluoxetine) and children who were not exposed to antidepressants during pregnancy.

Breastfeeding while taking nortriptyline:
Nortriptyline passes into breastmilk in small amounts. A limited number of cases have reported no side effects or negative effects on infant growth and development. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

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

Based on the studies reviewed, it is not known if nortriptyline could affect male fertility. Some studies have reported that nortriptyline lowers sex drive and causes sexual dysfunction in males, which could affect the ability to conceive a pregnancy. However, these effects could be from the underlying condition, other factors, or a combination of factors and not necessarily the medication.

Studies have not been done to see if nortriptyline could increase the chance of birth defects above the background risk. 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.

*National Pregnancy Registry for Psychiatric Medications: There is a pregnancy registry for women who take psychiatric medications, such as nortriptyline. For more information you can look at their website: https://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/**.