This sheet talks 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 prescription medication that has been approved to treat depression. It is part of a group of medications called tricyclic antidepressants. Nortriptyline has also been used for other medical indications, such as attention deficit hyperactivity disorder (ADHD), eating disorders, irritable bowel syndrome, pain, and other disorders. Some trade names for nortriptyline are Aventyl® and Pamelor®.

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

Studies have not been done to see if nortriptyline could make it harder for a woman to get pregnant. Untreated psychiatric disorders and symptoms may affect fertility.

**I just found out I am pregnant. Should I stop taking nortriptyline?**

Do not change how you are taking this medication without talking to your healthcare provider, who will also discuss the risks of not taking nortriptyline. For some women, the benefits of staying on an antidepressant during pregnancy can outweigh the potential risks. If you plan to stop this medication, your healthcare provider might suggest that you gradually lower the dose instead of stopping all at once. Stopping this medication suddenly can cause some people to have withdrawal symptoms. Some people may have a relapse of their symptoms if they stop this medication during pregnancy.

**Does taking nortriptyline during pregnancy increase the chance of miscarriage?**

Miscarriage may occur in any pregnancy. There are no studies looking at whether the use of nortriptyline in pregnancy increases the chances for miscarriage. Some studies suggest that taking antidepressant medications might slightly increase the chance for miscarriage. However, depression itself might increase the risk for miscarriage, which makes it difficult to find out whether the medications used to treat depression can also cause miscarriage.

**Does taking nortriptyline increase the chance of having a baby with a birth defect?**

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. There are not many studies in women who were taking nortriptyline during pregnancy. However, these studies did not find an increased chance of birth defects above the background risk in their babies.

**Could taking nortriptyline cause other pregnancy complications?**

There are no studies on pregnancy complications other than a possible withdrawal syndrome, mentioned below. Research has shown that when depression is left untreated during pregnancy, there could be an increased chance for pregnancy complications. Please see our fact sheet on Depression and Pregnancy at https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/.

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

Babies exposed to tricyclic antidepressants (including nortriptyline) may have withdrawal symptoms in the newborn period. The symptoms include colic, cyanosis (bluish discoloration of the skin), breathing problems and irritability. If a baby develops these symptoms, in most cases the symptoms would go away in a few days without any long term health effects.

**Will taking nortriptyline during pregnancy affect my baby’s behavior or cause learning problems?**

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.

**Can I breastfeed my baby if I am taking nortriptyline?**

Nortriptyline passes into breast milk at low levels, so the amount of medication that the baby receives is small. A limited number of studies have reported no side effects. Be sure to talk to your health care provider about all of your breastfeeding questions.

**What if the baby’s father takes nortriptyline?**

Some studies have reported that nortriptyline lowers sex drive and causes sexual dysfunction in men. These effects could be from the depression and not necessarily the medication. 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 at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

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/.