

Perphenazine

This sheet is about exposure to perphenazine in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is perphenazine?

Perphenazine is a medication that has been used to treat schizophrenia and other mental health conditions. It has also been used to treat a severe type of nausea and vomiting during pregnancy (hyperemesis gravidarum). More information on nausea and vomiting in pregnancy can be found here:

<https://mothertobaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/>. A brand name for perphenazine is Trilafon®. A combination of perphenazine and amitriptyline has been sold as Triavil® and Etrafon®. MotherToBaby has a fact sheet on amitriptyline here: <https://mothertobaby.org/fact-sheets/amitriptyline/>.

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 your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

It is not known if perphenazine can make it harder to get pregnant. Perphenazine may cause a higher level of prolactin (a hormone that helps the body make milk) in the blood than usual. This is called hyperprolactinemia. Hyperprolactinemia might make it harder to get pregnant.

Does taking perphenazine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. One study looking at over 200 pregnancies exposed to perphenazine did not report an increased chance of miscarriage.

Does taking perphenazine 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. While animal studies have suggested an increased chance of birth defects with high doses of perphenazine, limited information in human pregnancy has not confirmed this.

Animal studies using 30 to 300 times the dose given to humans reported an increased chance of birth defects, including cleft palate (opening in the roof of the mouth), retrognathia (the lower jaw is set further back than the upper jaw), and micromelia (one or more limbs are smaller than usual). At lower doses (1.5 and 14 times higher than the dose given to humans), no increased chance of birth defects was noted in animals.

Information on the use of perphenazine in human pregnancy is limited. There are case reports of two children who were born with birth defects after being exposed to perphenazine and other drugs during the first trimester. No increased chance of birth defects was reported in 119 people who were pregnant and treated with perphenazine early in pregnancy. A birth registry report on 90 pregnancies with early exposure to perphenazine also did not report an increase in the chance of birth defects.

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

The use of perphenazine during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. It has been suggested that babies exposed to perphenazine during late pregnancy be monitored for possible symptoms such as too much or too little muscle tone (stiff or floppy), sleepiness, agitation, problems with breathing and feeding, or unusual muscle movements (tremors). Not all babies exposed to perphenazine will have these symptoms. It is important that your healthcare providers know you are taking perphenazine so that if symptoms occur your baby can get the care that is best for them.

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

It is not known if perphenazine can increase the chance of other 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).

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

A prescription review study looked at 134 children born to people who filled at least 1 prescription for perphenazine during pregnancy. The report found no association with poorer school performance. Prescription-based studies cannot tell us if the person who filled the prescription took the medication during their pregnancy.

Breastfeeding while taking perphenazine:

Information on the use of perphenazine while breastfeeding is limited. Based on information from 1 person, low levels of perphenazine were found in breastmilk when doses of 16 or 24 mg per day were taken. When this person was taking 16 mg of perphenazine daily and breastfed her infant from 1 month to 4.5 months of age, no effects on infant growth or development were reported. If you suspect the baby has any symptoms (such as being too sleepy), contact the child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

It is not known if taking perphenazine could affect male fertility (ability to get partner pregnant). Males who take perphenazine might develop a higher level of prolactin, which can cause problems with sexual desire or the ability to have an orgasm. There was 1 report of a male taking perphenazine who experienced an uncontrolled erection that lasted for hours (priapism). Studies have not been done to see if perphenazine use by males 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.

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

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