Perphenazine

This sheet is about exposure to perphenazine in pregnancy and while breastfeeding. This information is based on research studies. 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 severe nausea and vomiting during pregnancy (hyperemesis gravidarum). A brand name for perphenazine is Trilafon®. A combination of perphenazine and amitriptyline has been sold as Triavil® and Etrafon®.

MotherToBaby has fact sheets on nausea and vomiting in pregnancy here: https://mothertobaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/ and amitriptyline here: https://mothertobaby.org/fact-sheets/amitriptyline/.

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.

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. In some women, perphenazine might raise the levels of a hormone called prolactin. High levels of prolactin can stop ovulation (part of the menstrual cycle when an ovary releases an egg). This 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?

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 perphenazine, might increase the chance of birth defects in a pregnancy.

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 women who were treated with perphenazine early in pregnancy. A birth registry report on 90 pregnancies with early exposure to perphenazine also did not report an increased chance of birth defects.

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.

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).

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. Babies exposed to perphenazine during late pregnancy can be

monitored for 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 affect future behavior or learning for the child?

It is not known if perphenazine can increase the chance for behavior or learning issues for the child. A prescription review study looked at 134 children born to women 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 man takes perphenazine, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if perphenazine could affect men's fertility (ability to get a woman pregnant) or increase the chance of birth defects. Using perphenazine could raise a man's levels of the hormone prolactin, which might affect fertility. There is a report of a man taking perphenazine who experienced an uncontrolled erection that lasted for hours (priapism). 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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