

Tramadol

This sheet is about exposure to tramadol in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is tramadol?

Tramadol is a narcotic prescribed to treat pain. It is in a group of medications called opioids. Ultram®, Ryzolt®, and Conzip® are all brand names for tramadol. Some forms of tramadol can also contain other medications, such as acetaminophen. An example is Ultracet®. For more information on acetaminophen, please see the MotherToBaby fact sheet at <https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/>.

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

If you have been taking tramadol regularly or have a dependency (also called opioid use disorder), you should not just stop suddenly (also called “cold turkey”). Stopping an opioid medication suddenly could cause you to go into withdrawal. It is not known if or how withdrawal might affect a pregnancy. It is suggested that any reduction in tramadol be done slowly, and under the direction of your healthcare provider.

I am taking tramadol, but I would like to stop taking it before becoming pregnant. How long does the drug stay in my body?

People eliminate medication at different rates. In healthy non-pregnant adults, it takes between 2 or 3 days, on average, for most of the tramadol to be gone from the body.

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

Studies have not been done to see if taking tramadol can make it harder to get pregnant.

Does taking tramadol increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. One study did not find a risk for miscarriage among women who filled a tramadol prescription during the first 22 weeks of pregnancy.

Does taking tramadol 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 tramadol increases the chance for birth defects above the background risk. Two studies found no increase in birth defects with tramadol use in the first trimester. Another study found an increase in the chance of birth defects, including small increases in heart defects and clubfoot. This study did not consider why the woman who was pregnant was taking tramadol. It is not known if tramadol was the cause of the birth defects or if they were due to other factors such as the medical condition being treated.

Some studies that have looked at opioids as a group suggest that opioids in general might be associated with birth defects. However, studies have not found a specific pattern of birth defects caused by opioids. Based on these studies, if there is an increased chance for birth defects with opioid use in pregnancy, it is likely to be small.

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

Based on the studies reviewed, it is not known if tramadol can cause 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). One study did not find an increased chance for preterm delivery with tramadol use.

Studies involving women who often use some opioids during their pregnancy have found an increased chance for adverse outcomes including poor growth of the baby, stillbirth, preterm delivery, and the need for C-section. This is more commonly reported in those who are taking a drug like heroin or who are using prescribed pain medications in

greater amounts or for longer than recommended by their healthcare provider. Use of an opioid close to the time of delivery can result in withdrawal symptoms in the baby (see the section of this fact sheet on Neonatal Abstinence Syndrome).

Will my baby have withdrawal (Neonatal Abstinence Syndrome) if I continue to take tramadol?

Studies have reported a chance of neonatal abstinence syndrome (NAS) with tramadol and some of the other opioid medications. NAS is the term used to describe withdrawal symptoms in newborns from opioid medication(s) that a woman takes during pregnancy. In the reports of NAS after tramadol use, doses of 200mg to 400mg were taken daily throughout pregnancy. NAS symptoms began within the first week of life and included irritability, vomiting, stiff muscles, and a fast heart rate.

For any opioid, symptoms can include irritability, crying, sneezing, stuffy nose, poor sleep, extreme drowsiness (very tired), yawning, poor feeding, sweating, tremors, seizures, vomiting, and diarrhea. Most often, symptoms of NAS appear two days after birth and may last more than two weeks. The chance that NAS will occur depends on the length of time and/or the dose of opioid taken during pregnancy, if other medications were also taken, if baby was born preterm, and/or size of the baby at birth. If opioids were taken in pregnancy, it is important to let your baby's healthcare providers know so that they can check for symptoms of NAS and provide the best care for your newborn. Most babies can be successfully treated for withdrawal while in the hospital. If you used opioids in pregnancy, it is important that your baby's healthcare providers know to check for symptoms of NAS, so your newborn gets the best possible care.

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

Based on the studies reviewed, it is not known if tramadol increases the chance for behavior or learning issues. Some studies on opioids as a general group have found more problems with learning and behavior in children exposed to opioids for a long period of time during pregnancy. It is hard to tell if this is due to the medication exposure or other factors that may increase the chances of these problems.

What if I have an opioid use disorder?

Studies find that women who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers (i.e. misuse or "abuse" opioids) have an increased chance for pregnancy problems. These problems include poor growth of the baby, stillbirth, preterm delivery, and the need for C-section, and NAS.

Breastfeeding while taking tramadol

Tramadol passes into breast milk in small amounts. Two studies looking at the use of tramadol for postpartum pain control did not identify any side effects among exposed infants.

The United States Food and Drug Administration (FDA) and the manufacturer recommend that tramadol not be used during breastfeeding due to concerns that the medication could build up to high levels in the baby's system and cause problems, such as trouble breathing or not waking to feed. Speak to your healthcare provider about your pain and medications that may be used while you are breastfeeding.

Use of some opioids in breastfeeding might cause babies to be very sleepy and have trouble latching on. Some opioids can cause trouble with breathing. If you are using any opioid, talk to your healthcare provider about how to use the least amount for the shortest time and how to monitor (watch) your baby for any signs of concern. Contact the baby's healthcare provider immediately if your baby has any problems such as increased sleepiness (more than usual), trouble feeding, trouble breathing, or limpness. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes tramadol, could it affect fertility (ability to get a woman pregnant) or increase the chance of birth defects in a woman's pregnancy?

Use or misuse of opioids in general has been shown to lower fertility in men. Studies have not been done to see if a man's use of tramadol could increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase the 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://www.MotherToBaby.org).

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