This sheet talks about using tramadol in a 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® and Conzip® are some brand names for tramadol. Some forms of tramadol can also contain another medication, such as acetaminophen. An example is Ultracet®. For information on acetaminophen, please see https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/pdf/.

Can taking tramadol make it harder for me to get pregnant?

It is not known if taking tramadol could make it harder to get pregnant.

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

People eliminate medication at different rates. In healthy adults, it takes up to 2 days, on average, for most of the tramadol to be gone from the body.

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

Talk with your healthcare providers before making any changes to how you take your medication(s). If you have been taking tramadol regularly, or have a dependency (also called opioid use disorder), you should not stop suddenly (also called “cold turkey”). Stopping tramadol suddenly could cause you to go into withdrawal. More research is needed to know how going through withdrawal might affect a pregnancy. It is suggested that any reduction in tramadol be done slowly, and under the direction of your healthcare provider.

Does taking tramadol during my pregnancy increase the chance of miscarriage?*

Miscarriage can occur in any pregnancy. It is not known if tramadol increases the chance for miscarriage.

I have heard that opioids may cause birth defects. Is this true?*

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Not every opioid medication has been studied on its own; therefore, we do not know if these medications increase the chance for birth defects or not. Some studies suggest that opioids as a general group might be associated with birth defects including heart defects and cleft lip and palate. However, these and other studies have not found a specific pattern of birth defects caused by opioids. Based on available studies, if there is an increased chance for birth defects with opioid use in pregnancy, it is likely to be small.

Also, there is no confirmed increased chance for birth defects with tramadol use. One study found no increase in birth defects with tramadol use in the first trimester. A second study found an increase in birth defects, including small increases in heart defects and clubfoot. This study did not consider why the person 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.

Could tramadol cause other pregnancy complications?*

One study did not find an increased chance for preterm delivery (birth before 37 weeks of pregnancy) with tramadol use. However, studies among those who use opioids during pregnancy have found an increased chance for pregnancy complications such as poor growth of the baby, stillbirth, preterm delivery, and fetal distress during labor. 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?*

Tramadol
November 1, 2019
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 medication that a person takes during pregnancy. In the reports on tramadol, doses of 200mg to 800mg 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. Symptoms of NAS reported with opioid use in general have included difficulty breathing, extreme drowsiness (sleepiness), poor feeding, irritability, sweating, tremors, vomiting and diarrhea. The reports on tramadol and NAS do not tell us how often NAS will occur. If needed, babies can be treated for withdrawal. If you used an opioid in pregnancy, tell your healthcare providers so they can check for NAS in your newborn.

**Will taking tramadol during pregnancy affect my child’s behavior or cause learning problems?**

It is not known if tramadol can cause for long-term problems. One animal study found that taking tramadol while pregnant might cause a change in fetal brain development. We do not know if the same effects could happen in humans. 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 been taking more tramadol than recommended by my healthcare provider?**

Studies find that people who take opioids during pregnancy 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 include poor growth of the baby, stillbirth, preterm delivery, and the need for C-section. Some people who misuse opioids also have other habits that can result in health problems for themselves and their pregnancy. For example, poor diet choices can lead to not having enough nutrients to support a healthy pregnancy and could increase the chance of miscarriage and preterm birth. Sharing needles to inject opioids increases the chance of getting diseases like hepatitis C and/or HIV, which can cross the placenta and infect the baby.

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

Tramadol has been found to enter breast milk in low levels. A study of 75 newborns exposed to tramadol through breastmilk found no extra problems compared to other opioid medications that the person who was breastfeeding took after delivery.

The FDA recommends 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.

Use of some opioids in breastfeeding can cause babies to be very sleepy and have trouble latching on. Some medications 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.

**I take tramadol. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

Studies have not looked at a father’s or sperm donor’s use of tramadol. However, use or misuse of opioids in general has been shown to lower fertility in men. 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/.

*Section Updated November 2020*

Please click here for references.