Tramadol

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 Ultracef®. For information on acetaminophen, please see [https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/pdf/).

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

Studies have not been done to see if taking tramadol could make it harder for you 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?**

Talk with your healthcare provider before making any changes to this medication. People can break down medication at different rates. However, it usually takes up to 2 days for tramadol to be gone from the body in healthy adults.

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

No. If you have been taking tramadol regularly you should not just stop suddenly (also called “cold turkey”). Stopping an opioid medication suddenly could cause you to go into withdrawal. More research is needed to know how going through withdrawal might affect a pregnancy. Talk with your healthcare provider about the risks and benefits of continuing or stopping your medication. Any reduction in your tramadol should be done under the direction of your healthcare provider.

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

Miscarriage can occur in any pregnancy. There is only one small abstract on tramadol and miscarriage. That report did not find a higher chance for miscarriage. Studies are needed to answer this question.

**I have heard that opioids may cause birth defects when used in early pregnancy. Is this true?**

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. 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.

In addition, there is no confirmed risk for birth defects with tramadol use. One study found no increase in birth defects with tramadol use in the first trimester. However, a second study found an increase in birth defects, including small increases in heart defects and clubfoot. This study did not take into account the reason the mother was taking tramadol. It cannot be known if tramadol was the cause of the birth defects or if they were due to other factors such as the medical condition.
Could tramadol cause other pregnancy complications?

One study did not find a risk for premature delivery with tramadol use. However, studies among women who use opioids during pregnancy have found an increased chance for pregnancy complications such as poor growth of the baby, stillbirth, premature delivery, and fetal distress during labor. This is more commonly reported in women 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 risk for 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 mother takes during pregnancy. In the reports on tramadol, the mothers had taken 200mg to 800mg, 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?

There are not enough studies on tramadol to know whether there is a chance for long-term problems. In one animal study, it was found that taking tramadol while pregnant might cause a change in 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 such as use of tobacco, alcohol, and/or other substances that can increase the chances of these problems.

What if I have been taking more tramadol than recommended by my healthcare provider?

Studies find that pregnant women who take opioids in higher doses or for longer than recommended by their healthcare providers (i.e. misuse or abuse opioids) have an increased risk for pregnancy problems. These include poor growth of the baby, stillbirth, premature delivery, and the need for C-section. Some women who misuse opioids also have unhealthy lifestyles that can result in health problems for both the mother and the baby. For example, poor diet choices can lead to mothers not having enough nutrients to support a healthy pregnancy and could increase the chance of miscarriage and premature birth. Sharing needles to inject opioids increases the risk 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?

Speak to your health care provider about your pain and medications that may be used while you are breastfeeding. Tramadol has been found to enter breast milk in low levels. A study of 75 newborns whose mother took tramadol for c-section pain found no extra problems compared to other opioid medications that the mother took after delivery.

However, 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 difficulty breathing or not waking to feed. There have been a few case reports of infant death with the use of some opioids while breastfeeding. If tramadol is used during breastfeeding, the baby should be watched very carefully for any signs of being very sleepy or having a hard time breathing. The baby’s healthcare provider should be contacted right away if there are any problems. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes tramadol, could it affect his fertility (ability to get partner pregnant) or increase the chance of birth defects?

Studies have not looked at the father’s use of tramadol. 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 and Pregnancy at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.
Selected References


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