Tramadol

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

What is tramadol?

Tramadol is an opioid medication that has been used to treat pain. Opioids are sometimes called narcotics. Some brand names for tramadol are Conzip®, Ryzolt®, and Ultram®. Tramadol is also available combined with 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 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.

If you have been taking tramadol regularly or have a dependency or opioid use disorder, talk with your healthcare provider before you stop taking this medication. 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 getting pregnant. How long does the drug stay in my body?

The time it takes the body to metabolize (to process) medication is not the same for everyone. In healthy non-pregnant adults, it takes up to 4 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. It is not known if taking tramadol can increase the chance of miscarriage. Two studies have looked at the rates of miscarriage among women who filled at least one prescription for tramadol during pregnancy. One of the studies found a higher rate of miscarriage in these pregnancies, and the other study did not. Studies based on prescriptions/prescription records cannot tell if a person took the medication. This makes it hard to know if the study outcomes are related to medication or other factors. As there can be many causes of miscarriage, it is hard to know if a medication, the medical condition, or other factors are the cause of a miscarriage.

Does taking tramadol 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 tramadol, might increase the chance of birth defects in a pregnancy.

It is not known if tramadol can increase the chance of birth defects. At least 3 studies have not found an increase in the chance of birth defects with the use of tramadol. Another study found a small increase in the chance of birth defects, including heart defects and clubfoot. However, this study did not consider the reasons why tramadol was being used. This makes it hard to know if the medication, an underlying health condition, or other factors might have been the cause of birth defects.

Some studies on 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?

It is not known if tramadol 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). One study did not find a higher chance of preterm delivery with tramadol use.

Studies involving people who often use some opioids during their pregnancy have found an increased chance for pregnancy-related problems, including poor growth of the fetus, low levels of amniotic fluid (fluid that surrounds baby in uterus), stillbirth, preterm delivery, and 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 on *neonatal opioid withdrawal syndrome*).

Will my baby have neonatal opioid withdrawal syndrome if I continue to take tramadol?

Neonatal opioid withdrawal syndrome (NOWS) is the term used to describe withdrawal symptoms in newborns from exposure to opioids during pregnancy. There are reports of NOWS with use of tramadol in pregnancy. In these reports , the medication was taken daily at doses of 200mg to 400mg throughout pregnancy. NOWS symptoms began in the infants within the first week of life and included irritability, vomiting, stiff muscles, and a fast heart rate. Not all babies exposed to tramadol during pregnancy will have NOWS.

For any opioid, NOWS 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 NOWS appear 2 days after birth and may last more than 2 weeks. The chance that NOWS 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 NOWS and provide the best care for your newborn.

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

It is not known if tramadol can increase the chance of 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 medication exposure or other factors that might increase the chances of these problems.

What if I have an opioid use disorder?

Talk with your healthcare provider about your use of opioids. Studies find that those who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers have an increased chance of pregnancy problems. These problems include poor growth of the fetus, stillbirth, preterm delivery, and the need for C-section.

What screenings or tests are available to see if my pregnancy has birth defects or other issues?

Prenatal ultrasounds can be used to screen for some birth defects, such as heart defects and clubfoot. Ultrasound can also be used to monitor the growth of the pregnancy. Talk with your healthcare provider about any prenatal screenings or testing that are available to you. There are no tests available during pregnancy that can tell how much effect there could be on future behavior or learning.

Tramadol and breastfeeding:

Tramadol can pass into breast milk. Two studies looking at the use of tramadol for postpartum pain did not report side effects in the infants. Some babies might have problems with the amounts of tramadol in breast milk. Talk with your healthcare provider or a MotherToBaby specialist about your specific situation, as information on breastfeeding might change based on the age of your baby, the medication dosage, and/or other factors. Also, talk with your healthcare provider about your pain and treatment while breastfeeding.

The United States Food and Drug Administration (FDA) recommends that tramadol not be used during breastfeeding due to the risk of serious problems in some breastfed infants such as being too sleepy, trouble breastfeeding, and

serious breathing problems that might result in death.

The 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 or increase the chance of birth defects?

Use or misuse of opioids in general has been shown to lower fertility (ability to get a partner pregnant) in men. Studies have not been done to see if a man's use of tramadol could increase the chance of birth defects. 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.

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