Mirtazapine (Remeron®) and Pregnancy

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. This sheet talks about whether exposure to mirtazapine may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

What is mirtazapine?

Mirtazapine is a tetracyclic antidepressant used in the treatment of major depressive disorders. Mirtazapine is sold under the brand name Remeron®.

I would like to stop taking mirtazapine before becoming pregnant. How long does the medication stay in my body?

Individuals break down medicines at different rates. It takes about five days for most of the mirtazapine to be gone from the body after taking the last dose. Stopping antidepressant treatment can increase the chance for a return of depression. Be sure to talk with your health care provider if you are thinking about stopping treatment.

I am currently taking mirtazapine and I am already pregnant. Should I stop taking it?

You should not stop taking any medication without first talking with your health care provider. Studies have shown that when depression is left untreated during pregnancy, there is an increased chance for miscarriage, preeclampsia (dangerously high blood pressure), a baby born before 37 weeks of pregnancy (preterm delivery), low birth weight and a number of other harmful effects for the mother and the baby. The benefits of taking mirtazapine and treating your depression during pregnancy need to be weighed against the possible risks of staying on the medication.

If you and your health care provider decide together that stopping mirtazapine is right for you, you should slowly decrease the dose over a period of time to avoid withdrawal symptoms.

Can taking mirtazapine during my pregnancy cause birth defects or problems in my pregnancy?

Studies and case reports that looked at mirtazapine use in over 300 pregnancies have not found an increased chance for birth defects.

A possible association with mirtazapine use in pregnancy and a small increased chance for miscarriage and preterm delivery has been raised, but more studies are needed to confirm these findings.

I need to take mirtazapine throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby at birth?

There have been a few reports of babies experiencing irritability, faster than usual heart rate, jitteriness and/or problems regulating their temperature shortly after birth when their mothers used mirtazapine during pregnancy. In most cases, these effects are mild and go away on their own. Rarely, some babies may need to stay in a special care nursery until the symptoms go away.

Can I take mirtazapine while breastfeeding?

Most case reports have found that mirtazapine enters breast milk in low amounts, and that breastfed babies do not have any side effects from the medication. Studies are needed to confirm these findings and to determine if there are any long term effects from exposure through breast milk. Be sure to talk to your health care provider about all your choices for breastfeeding.

What if the father of the baby takes mirtazapine?

There are no studies looking at when the father of a pregnancy uses of mirtazapine. 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: http://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

References:


November, 2014