Molnupiravir

This sheet is about exposure to molnupiravir 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 providers.

What is molnupiravir?

Molnupiravir is an antiviral medication that has been given emergency permission by the U.S. Food and Drug Administration (FDA) to treat mild to moderate COVID-19 in certain patients. Molnupiravir must be started within 5 days of having symptoms of COVID-19 to be effective. A brand name for molnupiravir is Lagevrio®.

The FDA emergency use guidelines for molnupiravir recommend that pregnant women not use this medication unless there are no other treatment options and treatment is clearly needed. This is because there is not enough information available on the use of molnupiravir to know if/how it could affect a pregnancy. However, the benefit of using molnupiravir may outweigh possible risks. Your healthcare provider can talk with you about using molnupiravir and what treatment is best for you. For more information about COVID-19, please the see the MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/covid-19/.

I am taking molnupiravir, but I would like to get pregnant after taking it. 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 1 day, on average, for most of the molnupiravir to be gone from the body. The FDA emergency use guidelines recommend that woman avoid trying to get pregnant while they are taking molnupiravir and for 4 days after the last dose.

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

It is not known if molnupiravir can make it harder to get pregnant. The FDA emergency use guidelines recommend that woman who can get pregnant use effective contraception correctly and consistently while they are taking molnupiravir and for 4 days after the last dose.

Does taking molnupiravir increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done in humans to see if molnupiravir can increase the chance of miscarriage. In experimental animal studies, molnupiravir in doses that were harmful to pregnant animals did not increase the chance of miscarriage.

Does taking molnupiravir 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 molnupiravir, might increase the chance of birth defects in a pregnancy. Studies have not been done in humans to see if molnupiravir can increase the chance of birth defects.

In experimental animal studies, molnupiravir in doses that were harmful to pregnant animals did not increase the chance of birth defects.

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

Studies have not been done in humans to see if molnupiravir can increase the chance of 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). Having COVID-19 during pregnancy can increase the chance of preterm delivery, stillbirth, and other pregnancy complications.

In experimental animal studies, molnupiravir in doses that were harmful to pregnant animals increased the chance of low birth weights. It is not known if this same result could happen in humans.

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

Studies have not been done to see if molnupiravir can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking molnupiravir:

The FDA emergency use guidelines for molnupiravir recommend that woman who are breastfeeding not use this medication unless there are no other treatment options and treatment is clearly needed. This is because there is not enough information available on the use of molnupiravir to know if/how it could affect breastfeeding. But the benefit of using molnupiravir along with the benefits of breastfeeding your baby may outweigh possible risks. Women who are breastfeeding can consider pumping and discarding breast milk during treatment with molnupiravir and for 4 days after the last dose. Your healthcare providers can talk with you about using molnupiravir and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes molnupiravir, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if molnupiravir could affect male fertility (ability to make healthy sperm) or increase the chance of birth defects. The FDA emergency use guidelines recommend that men use a reliable method of contraception correctly and consistently during treatment and for at least 3 months after the last dose of molnupiravir In general, men's exposures are less likely to increase risks to a pregnancy. For more general 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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