

# Remdesivir (Veklury®)

---

This sheet is about exposure to remdesivir in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

## ***What is remdesivir?***

Remdesivir is an antiviral medication approved to treat SARS-CoV-2 virus, which causes COVID-19. Remdesivir may also be used to treat Ebola virus infections. Remdesivir is sold under the brand name Veklury®. For more information about COVID-19, please see the MotherToBaby fact sheet at <https://mothertobaby.org/fact-sheets/covid-19/>.

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 this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

## ***I take remdesivir. Can it make it harder for me to get pregnant?***

Studies have not been done to see if remdesivir could make it harder to get pregnant.

## ***Does taking remdesivir increase the chance for miscarriage?***

Miscarriage can occur in any pregnancy. Studies have not been done to see if remdesivir increases the chance for miscarriage.

## ***Does taking remdesivir increase the chance of birth defects?***

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Based on the studies reviewed, it is not known if remdesivir increases the chance for birth defects above the background risk. Animal studies have not shown an increased chance for birth defects. There are no human studies looking at the chance for birth defects with remdesivir use in pregnancy.

## ***Does taking remdesivir in pregnancy increase the chance of other pregnancy related problems?***

Based on reports of 70 people who were treated with remdesivir for COVID-19 infections in the second and third trimesters of pregnancy, there was a higher chance for preterm delivery (birth before week 37), low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth), and cesarean section. However, these people were also very ill with COVID-19. Pregnancy related problems, including preterm birth, have also been associated with COVID-19 infection in pregnancy. Based on these reports, it is not yet clear if these outcomes were due to the COVID-19 illness, the medication, or a combination of both.

One study looked at 39 people who were pregnant and treated with remdesivir for COVID-19 infections and compared them to 56 people who were pregnant but were not treated with remdesivir for their COVID-19 infections. This study showed that the rate of preterm delivery was similar between those two groups. This suggests that the COVID-19 illness is what might increase the chance for preterm delivery, not the medication.

## ***Does taking remdesivir in pregnancy affect future behavior or learning for the child ?***

Studies have not been done to see if remdesivir causes long-term behavior or learning problems. There are reports of newborns diagnosed with Ebola and COVID-19 who were treated directly with remdesivir. These babies had no reported serious reactions to remdesivir. The child who was treated with remdesivir for Ebola was reported to have appropriate weight and development at one year of age.

## ***Breastfeeding while taking remdesivir:***

Based on 1 case report, levels of remdesivir in milk seem to be very low. Remdesivir is also poorly absorbed when given by mouth (orally). This means nursing infants are not likely to absorb large amounts of the medication from milk. Reports from two newborn babies that were given remdesivir after birth to treat Ebola and COVID-19 did not have any reactions to the medications.

Because there is very limited information about remdesivir use during breastfeeding, if remdesivir is used during breastfeeding, a healthcare provider may watch for issues with the way the baby's liver and kidneys works, the baby's blood pressure, and for diarrhea or rash. If you suspect the baby has any reaction or symptoms, contact the child's healthcare provider. If a person wants to breastfeed but cannot due to feeling very ill from COVID-19, they can work with their healthcare provider or lactation consultant to help establish or keep up their milk supply for breastfeeding once they feel better. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

***If a male takes remdesivir, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?***

Studies have not been done to see if remdesivir affects fertility. In general, exposures that fathers or sperm donors 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/>.

**Please click here for references.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

---

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). *OTIS/MotherToBaby encourages inclusive and person-centered language. While our name still contains a reference to mothers, we are updating our resources with more inclusive terms. Use of the term mother or maternal refers to a person who is pregnant. Use of the term father or paternal refers to a person who contributes sperm.* Copyright by OTIS, May 1, 2022.