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Mirtazapine (Remeron®) and Pregnancy

This sheet talks about the risks that exposure to mirtazapine can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is mirtazapine?

Mirtazapine is a medication used in the treatment of major depressive disorders. The brand name for mirtazapine is Remeron®. Mirtazapine is a tetracyclic antidepressant.

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

While everyone breaks down medication at a different rate, on average 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 recurrence of depression. Be sure to discuss your decision to stop treatment with your health care provider.

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 risk for miscarriage, preeclampsia (dangerously high blood pressure), preterm delivery, low birth weight and a number of other harmful effects on the mother and the baby. The benefits of taking mirtazapine for your specific situation and the potential risks to the baby should be

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

Can taking mirtazapine during my pregnancy cause birth defects or have other harmful effects?

Various studies and case reports totaling over 300 pregnancies looking at mirtazapine use during pregnancy have not found an increased risk for birth defects.

A possible association with mirtazapine use in pregnancy and a small increased risk for miscarriage and preterm birth has been raised, but additional studies are needed to confirm these risks.

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 excitability, rapid heart rate, tremors and problems regulating their temperature shortly after birth when their mothers used mirtazapine during pregnancy. These newborn complications are similar to what has been seen with other types of antidepressants. In most cases, signs of neonatal withdrawal are mild and go away on their own, but some babies may need to stay in a special care nursery until the symptoms go

away. You should inform your obstetrician and your baby's pediatrician that you are taking mirtazapine so that any extra care can be readily provided.

Can I take mirtazapine while breastfeeding?

Most studies have found that mirtazapine enters breast milk in low amounts, and that breastfed babies do not have any side effects from the medication. Further studies are needed to confirm these findings and to determine if there are any long term effects from exposure through breast milk.

The father of my baby was using mirtazapine when we got pregnant. Should I be concerned?

There are no studies looking at paternal use of mirtazapine prior to or at the time of conception. In general, medications that the father takes do not increase risk to a pregnancy because the father does not share a blood connection with the developing baby. For more information, please see the OTIS fact sheet [Paternal Exposures and Pregnancy](#).

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References:

- Biswas PN, et al. 2003. The pharmacovigilance of mirtazapine: results of a prescription event monitoring study on 13,554 patients in England. *J Psychopharmacol* 17:121-6.
- Djulus J, et al. 2006. Exposure to mirtazapine during pregnancy: a prospective, comparative study of birth outcomes. *J Clin Psychiatry* 67(8):1280-4.
- Einarson A, et al. 2009. Incidence of major malformations in infants following antidepressant exposure in pregnancy: results of a large prospective cohort study. *Can J Psychiatry* 54(4): 242-246.

Guclu S, et al. 2005. Mirtazapine use in resistant hyperemesis gravidarum: report of three cases and review of the literature. *Arch Gynecol Obstet* 272(4):298-300

Klier C, et al. 2007. Mirtazapine and breastfeeding: maternal and infant plasma levels. *Am J Psychiatry* 164:2: 348-349.

Kristensen JH, et al. 2007. Transfer of the antidepressant mirtazapine into breast milk. *Br J Clin Pharmacol* 63:322-7.

Lennestal R. 2007. Delivery outcome in relation to maternal use of some recently introduced antidepressants. *J Clin Psychopharmacology* 27(6):607-613.

Saks BR. 2001. Mirtazapine: treatment of depression, anxiety, and hyperemesis gravidarum in the pregnant patient: A report of 7 cases. *Arch Womens Ment Health* 3(4):165-170.

Schwarzer V, et al. 2008. Treatment resistant hyperemesis gravidarum in a patient with type I diabetes mellitus: neonatal withdrawal symptoms after successful antiemetic therapy with mirtazapine. *Arch Gynecol Obstet* 277:67-69.

Sokolover N, et al. 2008. Neonatal recurrent prolonged hypothermia associated with maternal mirtazapine treatment during pregnancy. *Can J Clin Pharmacol*. 15(2):e188-190.

Tonn P, et al. 2009. High mirtazapine plasma levels in infant after breastfeeding: case report and review of the literature. *J Clin Psychopharmacol* 29(2):191-192.

Yaris F, et al. 2004. Newer antidepressants in pregnancy: prospective outcome of a case series. *Reprod Toxicol* 19:235-238.

*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **OTIS** at 1-866-626-6847.*