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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 and is chemically unrelated to any other class of antidepressant medications.

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, mirtazapine has a half-life (time it takes to eliminate one-half of the medication from the body) of 20-40 hours. Most of the medication will be out of your system approximately 5 days after the last dose is taken. By stopping antidepressant treatment, you will increase the chance for a recurrence of depression. This decision should be reviewed 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. In addition, studies have shown that when depression is left untreated during pregnancy, there may be increased risks 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. Only you and your health care provider know your medical history and can best determine whether or not you should stop taking mirtazapine during pregnancy. 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 at least two weeks to avoid withdrawal symptoms. Antidepressants should never be stopped suddenly.

Can taking mirtazapine make it more difficult for me to become pregnant?

There have been no studies done to determine if taking mirtazapine will make it more difficult for a woman to become pregnant.

Can taking mirtazapine during my pregnancy cause birth defects?

To date, there are pregnancy outcome data on more than 150 women who used mirtazapine early in pregnancy. There was no increased risk for birth defects found in these reports. More studies are needed to confirm these findings.

Will taking mirtazapine during pregnancy affect my baby's behavior or cause learning problems?

There are no studies on the behavior or development of infants exposed to mirtazapine during pregnancy. Long-term studies are needed to determine if prenatal exposure to mirtazapine will cause any negative effects on the baby's brain function.

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

No cases of withdrawal symptoms or signs of toxicity in infants whose mothers took mirtazapine in late pregnancy have been reported. However, since these newborn complications have been seen with late pregnancy use of other antidepressants, all babies who have been exposed during pregnancy to any antidepressant drug should be observed carefully for at least 48 hours after birth for any signs of withdrawal from the medication.

Can I take mirtazapine while breastfeeding?

Very little mirtazapine enters the breast milk. There have been reports of breastfed infants that did not have any side effects from maternal mirtazapine use. However, further studies are needed to confirm these findings.

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

Studies in animals have shown that mirtazapine does not cause changes in genetic material. Therefore, it is unlikely that mirtazapine could cause changes to a man's sperm that would result in an increased chance for birth defects in his children.

OTIS is currently conducting a study looking at women who take antidepressants during pregnancy and choose to continue or discontinue their medication. If you are interested in taking part in this study, please call 1-877-875-7333.

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