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 professional.

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.

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 chance for birth defects.

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

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), 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.

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 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.

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:


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