

Breastfeeding and Medication



Mirtazapine and breastfeeding

Mirtazapine may be initiated if other antidepressants have proved ineffective or not been tolerated. It is structurally dissimilar to SSRIs and tricyclic antidepressants. It produces fewer symptoms of sexual dysfunction that have been reported in SSRIs. It can initially cause drowsiness and abnormal dreams. It is useful if depression and anxiety is associated with poor sleep.

Kristensen (2007) collected plasma and milk samples from eight breast-feeding women with babies average age 6,3 months, taking a median dose of 38 mg mirtazapine per day (30 to 120 mg daily). No adverse effects were seen in the infants and mirtazapine was detected in only one infant (1.5 microgramme per litre) but negative by 12 hours post dose (Klier 2007). The authors concluded that mirtazapine use by lactating women is safe for the breast-fed infant.

Hale (2017) reports that it is only 50% orally bioavailable and that the relative infant dose is 1.6% - 6.3%

The BNF notes that mirtazapine is present in milk and that it should be used only if potential benefit outweighs risk.

Compatible with use during breastfeeding from limited studies but care should be taken with co sleeping and the baby observed for drowsiness

References

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

Klier CM, Mossaheb N, Lee A, Zernig G. Mirtazapine and breastfeeding: maternal and infant plasma levels. Am J Psychiatry. 2007;164:348-9.

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October 2020 *The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email wendy@breastfeeding-and-medication.co.uk*