## **Breastfeeding and Medication**



## Mirtazapine and breastfeeding

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

Brand name: Zispin®

Mirtazapine maybe initiated if other antidepressants have proved ineffective or not been tolerated. It is also invaluable where insomnia is the predominant symptom as SSRIs do not cause drowsiness. 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.

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

LactMed notes that (based on Kristensen research) maternal doses of up to 120 mg daily produce low levels in milk and would not be expected to cause any adverse effects in breastfed infants, especially if the infant is older than 2 months. If mirtazapine is required by the mother, it is not a reason to discontinue breastfeeding.

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

©Dr Wendy Jones MBE Pharmacist Breastfeeding and Medication www.breastfeeding-and-medication.co.uk

March 2021 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 <a href="weendy@breastfeeding-and-medication.co.uk">weendy@breastfeeding-and-medication.co.uk</a>

## 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.

British National Formulary https://bnf.nice.org.uk/drug/mirtazapine.html#breastfeeding

LactMed https://www.ncbi.nlm.nih.gov/books/NBK501188/

Hale Medications and Mothers Milk online access

©Dr Wendy Jones MBE Pharmacist Breastfeeding and Medication www.breastfeeding-and-medication.co.uk

March 2021 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 <a href="weendy@breastfeeding-and-medication.co.uk">weendy@breastfeeding-and-medication.co.uk</a>