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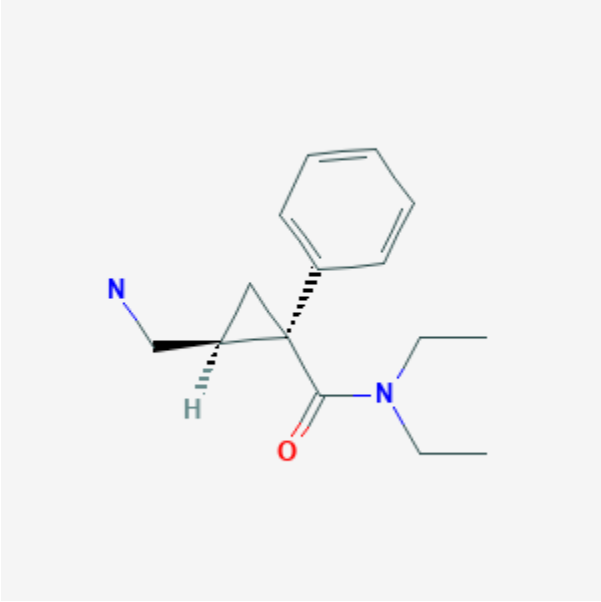
NLM Citation: Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Milnacipran. [Updated 2018 Oct 31].
Bookshelf URL: https://www.ncbi.nlm.nih.gov/books/

Milnacipran

Revised: October 31, 2018.

CASRN: 92623-85-3



Drug Levels and Effects

Summary of Use during Lactation

Milnacipran has not been studied in nursing mothers and the manufacturer recommends that nursing mothers not take milnacipran.[1] Because no information is available on the use of milnacipran during breastfeeding, an alternate drug may be preferred, especially while nursing a newborn or preterm infant.

Drug Levels

Maternal Levels. Relevant published information was not found as of the revision date.

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

Effects on Lactation and Breastmilk

Galactorrhea is reported by the manufacturer to be a side effect of milnacipran.[1] One woman who was being treated for depression took an intentional overdose of 950 mg of milnacipran orally. From day 5 to day 15 after the overdose, the patient noted a flow of milk from her left breast. The galactorrhea resolved without treatment.[2]

In a study of cases of hyperprolactinemia and its symptoms (e.g., gynecomastia) reported to a French pharmacovigilance center, milnacipran was not found to have an increased risk of causing hyperprolactinemia compared to other drugs.[3]

An observational study looked at outcomes of 2859 women who took an antidepressant during the 2 years prior to pregnancy. Compared to women who did not take an antidepressant during pregnancy, mothers who took an antidepressant during all 3 trimesters of pregnancy were 37% less likely to be breastfeeding upon hospital discharge. Mothers who took an antidepressant only during the third trimester were 75% less likely to be breastfeeding at discharge. Those who took an antidepressant only during the first and second trimesters did not have a reduced likelihood of breastfeeding at discharge.[4] The antidepressants used by the mothers were not specified.

A retrospective cohort study of hospital electronic medical records from 2001 to 2008 compared women who had been dispensed an antidepressant during late gestation (n = 575) to those who had a psychiatric illness but did not receive an antidepressant (n = 1552) and mothers who did not have a psychiatric diagnosis (n = 30,535). Women who received an antidepressant were 37% less likely to be breastfeeding at discharge than women without a psychiatric diagnosis, but no less likely to be breastfeeding than untreated mothers with a psychiatric diagnosis.[5] None of the mothers were taking milnacipran.

Alternate Drugs to Consider

Duloxetine, Pregabalin

References

1. Savella package insert. Forest Pharmaceuticals, Inc. January 2009.
2. de Haro L, Hayek-Lanthois M, Rodor F, Valli M. [Amenorrhea and galactorrhea after acute overdose with milnacipran]. Therapie. 2001;56:799-800. PubMed PMID: 11878113.
3. Trenque T, Herlem E, Auriche P, Drame M. Serotonin reuptake inhibitors and hyperprolactinaemia: a case/non-case study in the French pharmacovigilance database. Drug Saf. 2011;34:1161-6. PubMed PMID: 22077504.
4. Venkatesh KK, Castro VM, Perlis RH et al. Impact of antidepressant treatment during pregnancy on obstetric outcomes among women previously treated for depression: An observational cohort study. J Perinatol. 2017;37:1003-9. PubMed PMID: 28682318.
5. Leggett C, Costi L, Morrison JL et al. Antidepressant use in late gestation and breastfeeding rates at discharge from hospital. J Hum Lact. 2017;33:701-9. PubMed PMID: 28984528.

Substance Identification

Substance Name

Milnacipran

CAS Registry Number

92623-85-3

Drug Class

Breast Feeding

Lactation

Adrenergic Uptake Inhibitors

Antidepressive Agents

Serotonin Uptake Inhibitors