Medication during Pregnancy

The decision about medication is different for each person, and it is important that you discuss with your doctor the specific factors affecting what choice you make for yourself and your baby. It is also important to remember that the earlier you discuss this issue with your doctor, the easier it will be to make wise decisions about how to proceed. Thinking about medication before you are even pregnant can often be the best way forward.

Options for medication during pregnancy:

1) Continue all medication at the level that has been helpful before pregnancy.

2) Change the medication to one less likely to cause a problem for the baby.

3) Reduce the dose of the medication throughout pregnancy (and breastfeeding) to the lowest dose that is effective

4) Reduce (or stop) medication in the first trimester then increase it again for the later stages of pregnancy (the first trimester is when the baby's organs are forming and is therefore the time of highest potential risk).

5) Stop all medication but review this decision if symptoms recur or once the baby is born (or breastfeeding ended).

There is no perfect answer, as everyone feels differently about the risk of becoming ill and the risk to the unborn baby. Even in a pregnancy without any medication, the risk of a baby with a birth defect is 2 or 3 in 100 pregnancies, so there is never a way of ensuring that everything will go ideally. The important thing is to consider the different risk and benefits and make a decision that is informed and is right for you. This handout is intended to give you some helpful information for this decision.

Mental health problems in pregnancy are common, particularly in those who have a past history of these difficulties. The risk of developing a mood disorder is particularly high in the months following birth, so this is again a high-risk period for those who have suffered from depression or bipolar disorder previously. There is also some evidence to show that mothers who suffer with depression can struggle to interact warmly with their babies, and this can have long term implications for bonding and infant development.

Hence during pregnancy and after birth, the possible risk to the baby of using medication must be balanced against the possible benefits.

Clearly we cannot carry out studies in pregnant women, so most of our information comes from finding out all we can about babies born over the years to women who have taken medication. This takes time to gather, so we usually have more information about medications that have been in use for many years (decades for many of these medications).

However all medications used to treat mental health problems will pass through from the mother's bloodstream to the baby's during pregnancy.

Risks of medication in pregnancy:

There are several different risks to consider:

- Teratogenicity (risk of malformation)
- Withdrawal in the newborn baby
- Long term effects on the child

1) Teratogenicity

Only a few of the medications used for mental health problems are clearly known to cause malformation in developing babies, and these medications are sometimes best avoided in the first trimester of pregnancy, when the baby's organs are forming. The greatest concern is with the mood stabiliser Sodium Valproate (Epilim). Other mood stabilisers, Lithium (Priadel, Camcolit) and carbamazapine also increase the risk of malformations.

Antidepressants may be linked to a small increased risk of foetal heart defects in but the evidence is mixed and the effect is small. Your doctor will be able to give you more detailed information about the tablets you are taking.

The risk of malformation is thought to be greater is more than one medication is used in pregnancy, even if they are prescribed one after the other instead of together.

2) Withdrawal in the newborn baby

Many medications used for mental health problems have been linked to withdrawal symptoms in babies. This can include agitation, irritability and in rare cases, seizures. However this occurs in a minority of cases and usually lasts only a short period of time.

Some women choose to stop their medication a few weeks before they're due to deliver to reduce the likelihood of this happening, but in fact the risk of the

mother developing illness may be a greater concern than the small possibility of a minor and brief withdrawal in the baby. If the medication is one which is not thought to be dangerous in breastfeeding, and the mother wishes to breastfeed, then this can reduce the risk of withdrawal symptoms. This is because the baby will still be getting some of the same medication from pregnancy through the breastmilk, although the amount will be less.

3) Long term effects on the child

Sodium Valproate (Epilim) is clearly assocuiated with delayed development in the child. There is no current evidence that suggests a long-term impact of antidepressant or antipsychotic medication on a child's development. Some studies have suggested a small increased risk of autistic spectrum disorders in children born to mothers taking antidepressants but the most up-to-date evidence is more reassuring about this. Studies have also shown that a mother who is significantly mentally unwell may have a long term impact on her baby's development, so again the risks and benefits of medication must be carefully considered.

Risks of medication in breastfeeding:

All medications used to treat mental health problems pass into breast milk from the mother's bloodstream to some extent, but the amount that the baby absorbs will always be less than during pregnancy if the mother was taking the same medication while pregnant.

Often if a baby is born at full-term and has healthy brain, heart, liver and kidneys, the dangers of breastfeeding when the mother takes medication may not be significant. Monitoring the baby for signs of sedation or side effects may be sufficient. However there are some medications that cannot be taken while breastfeeding, such as Lithium (Priadel, Camcolit) and Clozapine (Denzapine, Clozaril).

Breastfeeding does not automatically have to stop because a medication has been commenced – this decision needs to be made individually. Where possible:

- Continue the same medication given in pregnancy
- Use the lowest effective dose
- Avoid using combinations of medications
- Avoid medications which are long-acting or cause drowsiness

Alternatives to medication:

It may be possible for psychological therapy to be arranged to manage your difficulties instead of medication. For mild to moderate depression

psychological therapy has been shown to be as effective as medication, and it may even be preferable with anxiety disorders.

It is also reasonable in some cases for a decision about starting medication to be delayed, and the patient's mood monitored over a period of time to assess for any improvement or deterioration. Sometimes this is combined with self-help strategies, which can guide an individual in taking the steps they need towards improving their state of mind on their own.

For more information:

More specific information about particular antidepressants in pregnancy can be found at www.medicinesinpregnancy.org which is part of the UK Teratology Information Service website (www.uktis.org).

Detailed information about safety of individual medications can be found at https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

Dr Fiona Murray, February 2010
Updated Feb 2012
Dr Robert Stewart Updated April 2017

Please be aware that this handout requires regular updates for accuracy, and ensure that your healthcare professional has given you the most recent version available from the Perinatal Mental Health Service. It is intended to aid discussion with your doctor, not as a substitute for this discussion.