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Waitemata District Health Board
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# ANTIDEPRESSANTS IN PREGNANCY & BREASTFEEDING - DELIVER SAFE CHOICES



- PROVIDE PRECONCEPTION COUNSELLING FOR YOUNG WOMEN PRESCRIBED ANTIDEPRESSANT MEDICINES
- DISCUSS NON-PHARMACOLOGICAL INTERVENTIONS
- CONSIDER ANTIDEPRESSANTS FOR MODERATE TO SEVERE DEPRESSION
- BE AWARE THAT ALL ANTIDEPRESSANTS CARRY SOME RISK DURING PREGNANCY
- PROVIDE INFORMATION ABOUT COMPATABILITY WITH BREASTFEEDING

Mental health problems during the perinatal period are common; antenatal anxiety or depression is experienced by up to 10% of women, increasing up to 16% postnatally. All pregnant women should be screened for psychosocial risk factors; mental wellbeing should be considered as important as physical health.

## PROVIDE PRECONCEPTION COUNSELLING FOR YOUNG WOMEN PRESCRIBED ANTIDEPRESSANT MEDICINE

Collaboratively discuss treatment preference, efficacy, tolerability and the risks of continuing or stopping medicines with the woman and her partner. Stopping an antidepressant may put the newborn baby at risk if the mother suffers from a relapse and is unable to provide a sufficient level of care to her baby. Substitution with another antidepressant is also associated with a risk of relapse; if a medicine is working well, it is usually preferable to continue with it rather than risk switching to a medicine that may not be effective. Consider a discussion with, or referral to a maternal mental health (MMH) team.

## DISCUSS NON-PHARMACOLOGICAL INTERVENTIONS

Enhanced social support and psychological therapy should be considered first, especially if symptoms are mild or occur during the first trimester. Up to 80% of mothers experience the 'baby blues' 3-5 days after giving birth. This usually dissipates within 10 days. Arrange follow-up to ensure persistent or worsening symptoms are effectively identified and managed.

**Note**: Worsening depression can lead to increased use of alcohol, illicit substances and smoking.

## CONSIDER ANTIDEPRESSANTS FOR MODERATE TO SEVERE DEPRESSION

If pregnant or breastfeeding women have moderate to severe depression, discuss the risks and benefits of antidepressants, and the risks of no antidepressant therapy. Untreated antenatal depression is associated with low birth weight and poor self-care of the mother and neonate, which may escalate to self-harm and infant neglect.

For moderate to severe depression, select antidepressants with the lowest risk.

**Table 1. Antidepressant Categories for Pregnancy and Breastfeeding**

| Medicine | Pregnancy | Breastfeeding |
|---|---|---|
| TCAs* | C | Compatible |
| Citalopram | C | Compatible |
| Escitalopram** | C | Compatible |
| Fluoxetine# | C | Compatible |
| Mirtazapine | C | Compatible |
| Paroxetine## | D | Compatible |
| Sertraline | B | Compatible |
| Venlafaxine | C | Compatible |

**Compatible** – An acceptably low relative infant dose or no significant plasma concentrations or no adverse effects in breastfed infants.

* Imipramine - some consider pregnancy D.

* Doxepin - avoid during breastfeeding.

** Escitalopram - preferred to citalopram during breastfeeding.

# Fluoxetine – other SSRIs are usually preferred during breastfeeding.

## Paroxetine – some consider pregnancy C and the safest SSRI for breastfeeding.

For definitions of pregnancy categories, see the full bulletin on: www.saferx.co.nz

## ALL ANTIDEPRESSANTS CARRY SOME RISK DURING PREGNANCY

The risks associated with antidepressants may include congenital abnormalities, pre-term birth, neonatal withdrawal symptoms, persistent pulmonary hypertension of the newborn (PPHN) and neurobehavioural effects.

Most studies demonstrate no significant increase in overall risk of birth defects, but some suggest that high dose paroxetine in the first trimester may be associated with congenital heart defects.

➥ continued

# ANTIDEPRESSANTS IN PREGNANCY & BREASTFEEDING



If antidepressants are used late in pregnancy, there may be a risk of neonatal withdrawal. Symptoms include behavioural changes and irritability, which are self-limiting and also linked to maternal depression itself. Venlafaxine and paroxetine have a relatively higher risk.

Antidepressants, in particular paroxetine, have been associated with pregnancy-induced hypertension (PIH). Other risk factors for hypertension should also considered, including smoking, obesity, alcohol, lack of exercise, and untreated depression.

SSRIs have been associated with persistent pulmonary hypertension of the newborn (PPHN) if taken late in pregnancy (after 20 weeks). This is very rare, and some suggest all women with depression, regardless of SSRI use, are more likely to give birth to infants with PPHN.

There is mixed evidence to suggest SSRIs potentially increase the risk post-partum haemorrhage; however the absolute increased risk is likely to be low.

TCAs have been widely used by pregnant women over many years but they are often considered second-line because of poor tolerability (eg sedation and constipation) and poor outcome in case of maternal overdose.

## PROVIDE INFORMATION ABOUT COMPATABILITY WITH BREASTFEEDING

For newly diagnosed depression in pregnant women, consider treatment options that are most compatible with breastfeeding. If an antidepressant has been used successfully during pregnancy, it is generally continued post-partum. The amount infant of exposure via breastmilk is less than in-utero, and may minimise infant withdrawal.

Sertraline or escitalopram are currently the most preferred SSRIs to use during pregnancy and breastfeeding. Fluoxetine is least preferred during breastfeeding because it has the highest infant serum levels. Paroxetine is considered safest but is less favourable during pregnancy. TCAs are a useful option if women have not responded well, and they have a very low transfer to breastmilk.

Consider **potential risk against the known benefits** of breastfeeding and the detrimental effects of psychiatric illness on the development of the infant and other children in the home. Closely observe new mothers for depressive relapse post-partum, even if no alterations are made to their medicines.

## ACKNOWLEDGEMENTS

We would like to thank Dr Aram Kim, Consultant Psychiatrist, Maternal Mental Health, and Emma McPhee, Mental Health Pharmacist, Waitemata District Health Board, for their valuable contribution to this bulletin.

## KEY REFERENCES

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CLICK HERE FOR FURTHER INFORMATION ON ANTIDEPRESSANTS IN PREGNANCY & BREASTFEEDING A FULL REFERENCE LIST



No: 0182-01-085, Issued May 2016, Review May 2019