Safety of Antidepressants in Pregnancy and Breastfeeding

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Background

Depression and anxiety disorders are common during pregnancy, affecting nearly one in every five women\(^1\). Perinatal depression (depression during pregnancy or after the baby’s birth) can be very serious for both mother and baby and it is therefore very important that mothers receive proper treatment. If depression is not treated properly it can make it hard for mothers to care for their own and their baby’s needs and may make forming emotional bonds difficult. Women who stop taking antidepressants just before they become pregnant, or early in pregnancy, have a higher chance of relapsing into depression by the time they give birth. Untreated depression can also affect the baby in the womb and result in emotional and behavioral difficulties later on in childhood\(^2\).

The decision about how best to treat depression in pregnancy is an individual one. We recommend a detailed discussion with your family doctor (GP) who may also recommend psychological support services such as those listed on the back of this leaflet. Overall it is thought that the risks of not treating more severe cases of depression outweigh the risks of antidepressants to both mother and baby.

**Can my antidepressant medication harm my baby?**

What we understand about the risks to babies of antidepressant use in mothers is based mostly on observational studies rather than experiments set out to assess them. Therefore it is hard to be certain if outcomes result from the medicines themselves or other factors in people’s lives. The information in this leaflet is based on the best evidence we have at the moment.

Antidepressants do pass through the placenta to the baby and some studies have suggested that they may be responsible for a small increase in the risk of congenital heart problems. Other studies have not shown this to be the case. It is not known if they increase rates of miscarriage, preterm birth or low birth weight due to conflicting study results.
Around one in every three babies born to mothers on antidepressants, will have mild symptoms of withdrawal which can include jitteriness, poor feeding, agitation and fast breathing. These symptoms usually disappear without the need for any treatment, within the first two weeks of life\(^4\). There is also a slightly increased risk to these babies of a condition known as Persistent Pulmonary Hypertension of the Newborn (PPHN).\(^5\) PPHN is a very rare but potentially very serious problem causing breathing difficulties in the newborn. The rate of PPHN in mothers who are not being treated with antidepressants is about 1 per 1000 and this increases to about 3 per 1000 in women who take antidepressants.\(^6\)

In order to exclude PPHN and to monitor any withdrawal symptoms we recommend that babies born to mothers who have been taking antidepressants from 28 weeks onwards are observed with their mothers on the postnatal ward for a minimum of 24 hours following delivery.

**Can I breastfeed while taking antidepressants?**

If you have been taking an antidepressant while you are pregnant, you should usually be able to continue on the same medication as the amount in breast-milk is much less than the baby would have got while you were pregnant. There is evidence to suggest that antidepressant use while breast feeding is not harmful in terms of the baby’s developmental milestones and preschool performance.

Overall, breastfeeding in women who are taking antidepressants is generally considered to be safe, although there are exceptions and it is therefore important to discuss what medication you are taking with your midwife during the pregnancy in order to have a clear plan in place for the delivery. Your midwife may choose to refer you to the Infant Feeding Specialist Midwife for advice as appropriate. If your baby is born prematurely or has any health problems it may not be advisable for you to breastfeed if you are taking antidepressants. This can be discussed with your paediatrician.
Where should I give birth if I am taking antidepressants?

It is recommended that babies born to mothers who have been taking antidepressants from 28 weeks onwards are observed on the postnatal ward for a minimum of 24 hours following delivery in order to exclude PPHN and to monitor any withdrawal symptoms. We would therefore recommend delivery at Southmead Maternity Unit (Southmead Hospital): either in the midwife-led birth suite or on the central delivery suite.

References:


List of Psychological Support Services – August 2015

Depression/Anxiety/Low Mood

LIFT Psychology:
Based at Southmead Hospital and outreach community groups, Self-referral
http://lift.awp.nhs.uk/bristolandsglos/

Anxiety UK
Tel: 08444 775 774
https://www.anxietyuk.org.uk
Anxiety UK works to relieve and support those living with anxiety disorders by providing information, support and understanding via an extensive range of services, including 1:1 therapy. We work regularly with external agencies and healthcare professionals to improve services for those living with anxiety disorders

Rightsteps
Is a confidential psychological therapies service for people experiencing anxiety or depression and is an initiative about Improving Access to Psychological Therapies (IAPT) Tel: 0117 943 1111 http://www.bristolpct.nhs.uk/Patients/All_Services/MentalHealth/Rightsteps/default.asp

Depression Alliance
Tel: 020 8768 0123
http://www.depressionalliance.org
Information and self-help groups
Leave a voicemail for us at 0845 123 23 20
Postnatal Depression:

Mothers for Mothers
Postnatal depression support group for Bristol, North Somerset, S.Glos.
Tel: 0117 975 6006  Mon-Thurs 9.30–12.30 & 2.30–9pm.
E-mail: support@mothersformothers.co.uk

Bluebell
Postnatal depression support group
http://www.bluebellcare.org
Email: info@bluebellcare.org
Tel: Ruth Jackson 0773 8628842

The Association for Post Natal Illness (APNI)
Tel: 020 786 0868  (10am – 2pm Monday – Friday)
Email:info@apni.org; website: http://www.apni.org
Provides information on postnatal depression. APNI will put affected mothers in touch with other others who have had experience of postnatal depression.

Meet-a-Mum Association (MAMA)
Tel:  Helpline 08451 228 669
Email: meet-a-mum.assoc@blueyonder.co.uk; website: http://www.MAMA.org.uk
Phobias:

**National Phobics Society**

www.anxietyuk.org.uk

Helpline for people who experience anxiety, phobias, panic attacks, phobias and compulsive disorders. Tel: 08444 775 774
Email: support@anxietyuk.org.uk

**No Panic**

www.no-panic.co.uk

Helpline for people who experience anxiety, panic attacks, phobias or compulsive disorders.

FREEPHONE 0808 808 0545 (10am–10pm every day)
E-mail: ceo@no-panic.co.uk
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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