

## Pregnancy and breastfeeding advice: Antidepressant medication

Dear Patient

Congratulations on your pregnancy!

We understand that pregnancy can be an emotionally challenging time and can have both physical and psychological effects on your wellbeing. We have produced this FAQ leaflet to help guide you on how best to manage any mental health worries that you may have during your pregnancy. Not all of the information within this leaflet will be relevant to you and if you feel that you still have concerns then please do get in touch with your midwife, health visitor or GP.

### I've just found out that I am pregnant but am currently taking an antidepressant medication - what should I do?

If you are feeling well then it is **very important that you continue taking your medication as prescribed**. The SSRI drugs (Sertraline, Fluoxetine, Citalopram, Paroxetine etc) are generally considered to be safe in pregnancy and the risk of these medicines passing through to your unborn baby and causing problems is very low. There is still some uncertainty around the exact value of this risk however it is believed that it is lower than that of being exposed to high levels of the stress hormones adrenaline and cortisol. These hormones are released in high levels during times of mental distress and are felt to be more damaging to an unborn baby than most of the SSRI medications. Other types of antidepressant medication which are not SSRI drugs may also be continued during pregnancy with advice from your doctor or specialist.

### Why is it so important that I don't simply stop my medication?

Stopping an antidepressant during pregnancy can lead to a worsening of mental illness (relapse). Relapse is associated with an increased risk of early labour, having a low birth weight baby and emotional difficulties in the newborn (which may continue into childhood and beyond). It is also likely that a higher dose of medication would be needed to treat this relapse meaning that your baby would then be exposed to a higher concentration of the drug. If the relapse continued after your baby was born then this could affect your ability to bond with the baby and may have a long-term negative effect on the child's emotional wellbeing. Keeping your mental health stable during your pregnancy is the best thing that you can do for your unborn baby.

### I have heard that some antidepressant medications are safer than others in pregnancy - is this true?

The preferred antidepressant drug in pregnancy is called Sertraline however the most important aspect of treatment is keeping your mental health well controlled. Switching to a 'safer' drug may seem like the right thing to do but if that drug doesn't work well for you then your mental health may suffer as a result. With this in mind the safest medication that you can take is one that keeps your mental health stable and well controlled.

**I still feel that I want to stop my medication during my pregnancy? What should I do?**

If you feel strongly that you would prefer to stop your antidepressant in pregnancy despite the risks explained above then please discuss this at an early stage with your GP or midwife. You can then be supported with your decision and offered additional monitoring to check for signs of relapse. Stopping medication must only be done very slowly over several weeks following the advice of your GP or psychiatrist. Talking therapies may be offered as an alternative to medication and you may need more regular follow up.

**I suffered with depression/anxiety when I was younger but am no longer taking medication. Am I more likely to get postnatal depression?**

If you have previously suffered with depression or anxiety then you are considered to be at an increased risk of developing postnatal depression. Antidepressants taken as a precaution may decrease this risk and can be started at any time during the pregnancy or as soon as the baby is born.

**I am currently in the early stages of pregnancy and am worried that I may be suffering from anxiety/depression. What are my treatment options?**

Please be reassured that there are lots of different ways that you can get help. Mental illness in pregnancy is very common affecting up to 20% of all women. It is very important that you talk to your midwife, health visitor or GP at an early stage so that you can access the right support at the right time. If your symptoms are mild or moderate then talking therapies and practical support may be enough to help you feel well again. If however your symptoms are more severe then you may be offered an antidepressant medication such as Sertraline. This would be offered at the starting dose of 50mg and is considered safe in both pregnancy and breastfeeding. If however you have responded well to an alternative antidepressant medication in the past then restarting the same medication would be the preferred option.

**I would really like to breastfeed my baby but I am worried about the medication getting into my breast milk and harming my baby?**

Please be reassured that your baby is very unlikely to come to any harm from any medication that may come through to your breast milk. The two first choice antidepressant medications in breastfeeding are Sertraline and Paroxetine however the best option is the drug which has been the most effective for you so far. Remember that the best thing for your baby is a well mummy. You may however be asked to monitor your baby for signs of increased sleepiness.

It is very normal to worry about taking medication when you are pregnant or breastfeeding however you must try not to feel guilty about doing so. We really hope that you feel able to come and talk to us should you have any worries or concerns.

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