

Safety of Antidepressants (SSRIs) in Pregnancy and Breastfeeding

Background

Depression and anxiety disorders are common during pregnancy, affecting nearly one in every five women. Perinatal depression (depression during pregnancy or after 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 behavioural difficulties later on in childhood.

The decision about how best to treat depression in pregnancy is an individual one. We recommend a detailed discussion with your GP who may recommend psychological support services. According to NICE CH192 Antenatal Postnatal mental Health (2017) guidelines the first line treatment for mild to moderate depression & anxiety is psychological therapy, this treatment can be accessed locally with the Depression & Anxiety Service. The Depression and Anxiety Service offers psychological therapies to help with these difficulties. The service is free and confidential, women who are pregnant or have recently given birth are prioritised and given swift access to the service. You can refer yourself to the service by calling the number at the back of this leaflet or by using the online referral form available on their website.

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 antidepressants 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 access them. 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. There is also a slightly increased risk to these babies of a condition known as Persistent Pulmonary Hypertension of the New-born (PPHN) this is very rare but potentially very serious problem.

Where can I deliver my baby

It is recommended that babies born to mothers who have been taking antidepressants from 28 weeks onwards are delivered at the Royal Devon & Exeter Hospital. In order to exclude PPHN and to monitor your baby you can deliver your baby on the birth unit if there are no other obstetric concerns. Babies can then be observed with their mothers on the postnatal ward for a minimum of 24 hours following delivery and until feeding is established

Can I breastfeed while taking antidepressants

If you have been taking antidepressants 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 is considered 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.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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