

## PATIENT INFORMATION

# Safety of Antidepressants (SSRIs and SNRIs) in Pregnancy and Breastfeeding

### Background

Depression and anxiety disorders are common during pregnancy, affecting nearly 1 in 5 pregnant women and people. Perinatal depression (depression during pregnancy or after the birth of a baby) can be very serious for both mother and baby, and therefore it is very important that mother 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 perinatal depression is a personal one. We recommend a detailed conversation with your GP who may recommend psychological support services. According to NICE CH192 Antenatal and Postnatal Mental Health guideline (2017) the first line treatment for mild to moderate depression and anxiety is psychological therapy. This can be accessed locally through Talkworks. The service is free of charge and confidential

and has perinatal specialists available to support you. People who are pregnant or recently given birth are prioritised and given swift access to the service. You can refer yourself to Talkworks using the contact details at the end of this leaflet.

It may be that your depression is more severe, and that antidepressants are recommended to you. Overall it is thought that the risks of not treating more severe cases of depression outweigh the risks of antidepressant use in pregnancy.

### Can antidepressant use harm my baby?

What we understand about the risks to babies from antidepressant use in pregnancy is mainly through observational studies, rather than experiments set up to discover them. The information in this leaflet is based on the best evidence that we currently have.

Antidepressants do pass through the placenta, and some studies have suggested that they may be responsible for a small increase in congenital heart problems. Other studies have not shown this to be the case. It is not known if antidepressant use increases the chances of miscarriage, premature birth, or low birth weight due to conflicting study results.

Around 1 in 3 babies who receive antidepressants across the placenta will have mild symptoms of withdrawal which can include jitteriness, agitation, poor feeding and fast breathing. These symptoms usually disappear without treatment within the first 2 weeks of life. If your baby has fast breathing, significant agitation, lethargy or jitteriness then please inform your midwife straightaway.

### **Persistent Pulmonary Hypertension of the New-born (PPHN)**

Exposure to SSRI's and SNRI's, particularly if taken after the 20th week of pregnancy, appears to be associated in some studies with PPHN. Although PPHN is a serious complication, the most recent study documents an increased risk from a very low background risk of up to 2 per 1000 to 3 per 1000 births; one study showed no increased risk when confounders were taken into account. In summary the absolute risk is very low.

### **Place of birth**

It is recommended that babies born to women and birthing people who have been taking antidepressants for 28 weeks of pregnancy give birth on the Delivery Suite at Torbay Hospital allowing us to exclude PPHN, and offer the correct care in the unlikely event that PPHN should occur. We then advise that babies are observed for 24 hours on John MacPherson ward, where you would be admitted together following the immediate post birth care that is offered on Delivery Suite.

### **Can I breastfeed while taking antidepressants?**

If you have been taking antidepressants while you are pregnant, you should be able to continue that medication whilst breastfeeding. The amount of medication

transferred via breastmilk is usually lower than the amount that crosses the placenta.

There is evidence to show that antidepressant use whilst breastfeeding is not harmful in terms of babies meeting developmental milestones or preschool performance.

Overall breastfeeding is considered safe, although there are some medications which are exceptions to the rule so it is important to discuss your medications with your midwife in pregnancy to make a clear plan for birth and the postnatal period.

### **Contact Details:**

Talkworks Tel: 0300 555 3344

<https://www.talkworks.dpt.nhs.uk/>

Specialist Public Health Midwife,

Email: [tsdft.publichealthmidwife@nhs.net](mailto:tsdft.publichealthmidwife@nhs.net)

*Working with you, for you*

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.