



## **Antidepressant Use in Pregnancy**

### ***Should I continue using my antidepressant medication during pregnancy?***

Serotonin Reuptake Inhibitors (SSRIs) include citalopram (Celexa), escitalopram (Lexapro), fluvoxamine (Luvox), fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft). The decision to continue the use of antidepressants in pregnancy requires weighing the adverse effects of antidepressants against the negative impact of untreated depression or anxiety on the pregnancy and outcomes. Often, the risks of maternal depression to the mother and the child outweigh the risks associated with antidepressants.

### ***What are the risks of untreated maternal depression?***

Untreated depression during pregnancy has been reported to lead to poor infant birth outcomes, including low birth weight, preterm delivery and lower Apgar Scores, as well as poor pregnancy outcomes including failure to pursue appropriate prenatal care, failure to recognize or report signs of labor, and increased risk of fetal abuse or maternal suicide. Following a delivery, between 50-70% of women experience the "post-partum blues" characterized by mood swings, depression, fatigue, anxiety, and difficulty with concentration. Women with a prior history of depression or anxiety are at increased risk for more severe symptoms of postpartum depression that may necessitate medical intervention.

Further, infertility and pregnancy can cause emotional instability even for those patients that have not had a psychiatric condition in the past and may worsen emotional instability in women with pre-existing anxiety or depression. Undergoing treatment for infertility is stressful and is associated with anxiety and possible disappointment. During pregnancy, some women feel "fine", while others have complaints of nausea, fatigue, loss of energy and various discomforts (i.e., lower abdominal aching, back pain). These symptoms may affect a woman's sense of well-being and ability to function at home or at work. Depending on the nature and degree of the symptoms, a woman may not be able to function at the workplace and therefore may experience lost income.



### ***What are the risks of antidepressant medications?***

**SSRIs** are category C medications according to the FDA, which means: “Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.” The potential risk associations with **third-trimester** use of SSRIs include: neonatal withdrawal syndrome (irritability, crying, eating or sleeping difficulties), neurodevelopmental effects, and Persistent Pulmonary Hypertension of the Newborn (a rare condition associated with respiratory distress and difficulty with oxygenation, which may be life-threatening; this risk is estimated at 3 per 1000 live births). There is little to no risk of teratogenicity (birth defects) with **first-trimester** exposure to SSRIs with the exception of a potential small absolute increased risk of congenital heart defects specifically with Paxil.

**Tricyclic antidepressants** (TCAs) are generally regarded as low risk; however, pregnancy complications such as preterm birth or low birth rate may be increased, and infants have a risk of transient neonatal withdrawal when TCAs are used in the third trimester. **Wellbutrin (Bupropion)** is generally considered low risk but may be associated with an increased risk of miscarriages. **Effexor (Venlafaxine)** is also generally regarded as low risk for congenital anomalies when used in the first trimester but may be associated with a small increase in risk of miscarriage, preeclampsia, and neonatal withdrawal syndrome.

**The doctors at NRM encourage you to further discuss your medication and your specific history with your antidepressant-prescribing doctor or primary care physician.**