

A guide to help you choose between the medicines to help the symptoms of anxiety problems in pregnancy and breastfeeding

This is a general guide. You must also talk to, and get advice and information from, a healthcare professional about all the options open to you.

There are also specific fact sheets for each of these medicines, with much more specific information

Any decision should be made thinking about what is best for you and your baby:

- If possible, talk to a healthcare professional *before* becoming pregnant
- If the pregnancy is unplanned see a healthcare professional as soon as you know
- Do **not** stop your medicines suddenly, unless told to by a healthcare professional.

Here are some facts and figures:

- Taking a medicine during pregnancy or when breastfeeding will have risks and benefits. No decision is completely risk-free
- Both you and your baby will do better if you can be as well as possible
- Risks are risks i.e. they do **not** happen in everyone, and many problems can be managed if they are known about in advance
- There will be a risk to mum and baby from taking a medicine during pregnancy...
- **But** there is also a risk of **not** being treated (and getting unwell again)
- There can be risks from stopping *some* medicines suddenly
- There are risks in all pregnancies (whether taking a medication or not) – no decision is completely risk free as these risks exist for all women
 - 2-3% risk of a major malformation
 - 10-20% risk of miscarriage
 - 0.5% risk of stillbirth.

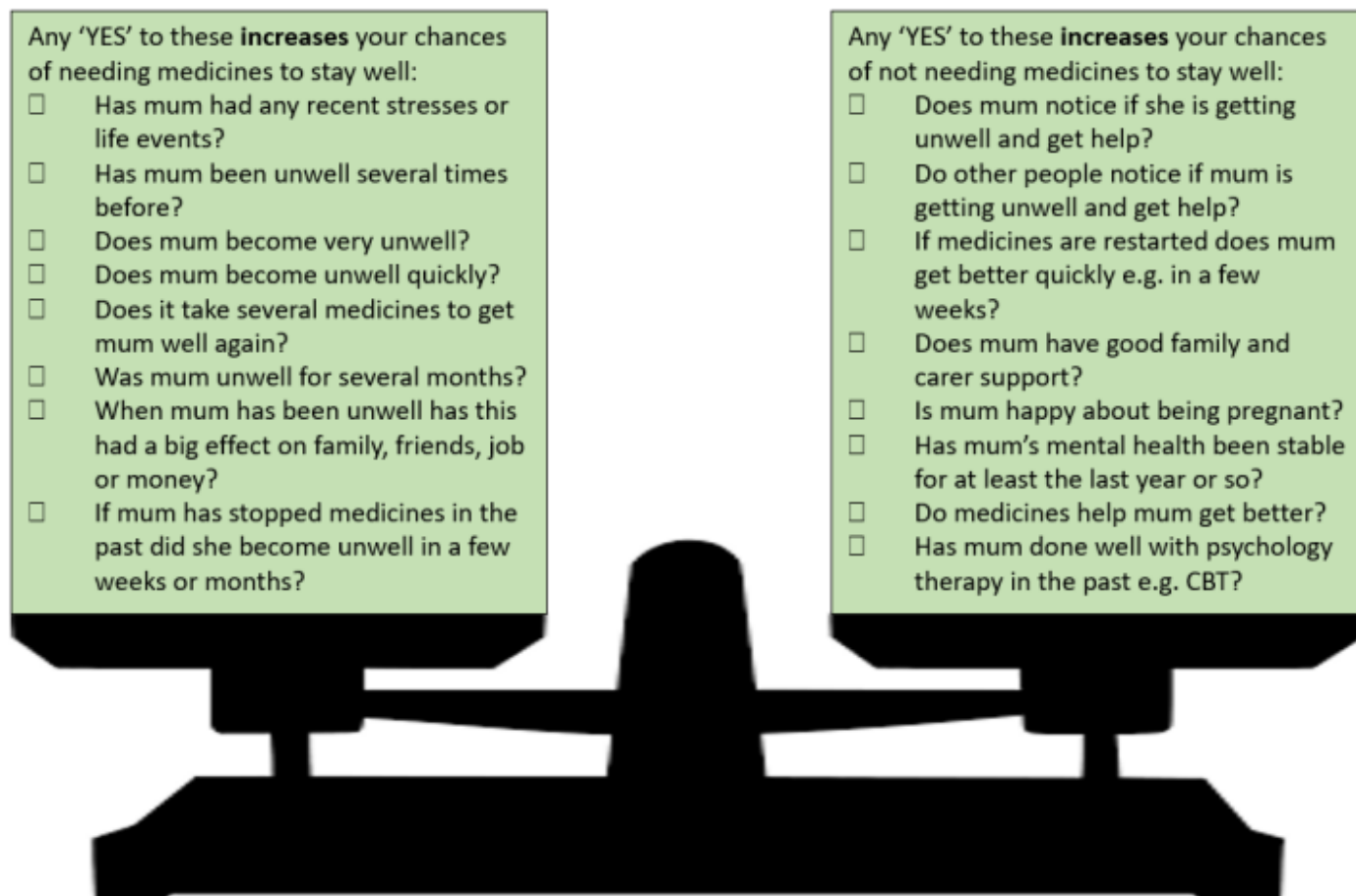
Babies do better with well mums

Anxiety and pregnancy

- Anxiety is common during pregnancy and post-natally
- We don't know what makes some women get unwell but it may be related to changes in hormones, disrupted sleep or the life changes of having a baby.
- Untreated anxiety during pregnancy may increase the risk of certain problems, such as premature birth or low birth weight. It has also been linked to potential issues with physical growth, motor skills development, and asthma in early childhood
- Untreated anxiety can also make it harder to breastfeed
- Poorly treated anxiety during pregnancy may affect early childhood development, including social, emotional, and communication skills. It can also make it harder to bond with your baby during pregnancy and after birth.
- Anxiety may increase the risk of postnatal depression, which can interfere with bonding and involvement with your baby.
- It's important to talk to your healthcare provider to get help managing anxiety and to ensure you're supported throughout your pregnancy.

Weighing up the risks to make an informed decision

A healthcare professional can help you to think carefully about taking medicines. To help you weigh up the pros and cons of taking medicines have a look at the scales below. Medicines should probably best be continued when the benefits are greater than the risks:



Any 'YES' to these **increases** your chances of needing medicines to stay well:

- ☐ Has mum had any recent stresses or life events?
- ☐ Has mum been unwell several times before?
- ☐ Does mum become very unwell?
- ☐ Does mum become unwell quickly?
- ☐ Does it take several medicines to get mum well again?
- ☐ Was mum unwell for several months?
- ☐ When mum has been unwell has this had a big effect on family, friends, job or money?
- ☐ If mum has stopped medicines in the past did she become unwell in a few weeks or months?

Any 'YES' to these **increases** your chances of not needing medicines to stay well:

- ☐ Does mum notice if she is getting unwell and get help?
- ☐ Do other people notice if mum is getting unwell and get help?
- ☐ If medicines are restarted does mum get better quickly e.g. in a few weeks?
- ☐ Does mum have good family and carer support?
- ☐ Is mum happy about being pregnant?
- ☐ Has mum's mental health been stable for at least the last year or so?
- ☐ Do medicines help mum get better?
- ☐ Has mum done well with psychology therapy in the past e.g. CBT?

What sort of risks are there with medicines in pregnancy?

Stage	Possible problems for all mental health medicines	Anxiety medication specific problems (see individual medicine leaflets for more info)
Fertility	A few medicines can reduce the chances of you getting pregnant in the first place	- Antidepressants are not known to affect women's fertility (although some can cause sexual problems) - See individual medicine leaflets for more details
1 st trimester (months 1-3 or weeks 2-16)	- The first trimester is when the baby is forming - This is the highest risk time for physical malformations or defects	- Commonly used antidepressants and anti-anxiety medications are not thought to cause malformations - See individual medicine leaflets for more details
2 nd and 3 rd trimesters (months 4-9; weeks 17-birth)	- This is the main time of growth for the baby - Medicines for the mum may become less effective because of changes to the body (or sometimes more effective) - There is a risk of the baby being stillborn or there being a miscarriage	- The available information doesn't suggest that commonly used antidepressants or anti-anxiety medicines impact the growth of baby or risk of stillbirth - Propranolol has been linked to slower baby growth but as propranolol is sometimes used for high blood pressure (which can cause the same problem) it is hard to know if it is the condition or the medication that might be the cause. - See individual medicine leaflets for more details
Birth	- Withdrawal symptoms from some medicines can occur in the baby - Risk of bleeding	- Most areas will recommend giving birth in hospital if you are taking an antidepressant or anti-anxiety medicine - Taking an antidepressant or benzodiazepine in the weeks before giving birth has a risk of 'neonatal withdrawal syndrome' but this is usually only lasts for a few days - An increased risk of persistent pulmonary hypertension of the newborn (PPHN) has been reported but the likely risk is very low - Studies have suggested a small increased risk of bleeding after birth from women taking SSRI & SNRI antidepressants - Taking a beta-blocker like propranolol regularly in late pregnancy <i>may</i> cause certain issues for baby, such as low blood sugar, low blood pressure, and slow heart rate. - See individual medicine leaflets for more details
Breastfeeding	- Medicines can get into the baby in the milk - Some can make it harder to breastfeed or for the baby to sleep	- Most commonly used antidepressants and anti-anxiety medicines should be compatible with breastfeeding - If your baby is born early or has other problems, speak to a healthcare professional

	If baby is born early or has any problems, they may be at a higher risk of problems from medicines if breastfeeding	before breastfeeding whilst taking a medicines to make sure it's still ok See individual medicine leaflets for more details
Postnatal development	These are any effects the medicine may have on the baby's brain development, behaviour or bonding with you.	- Recent studies have showed that antidepressants, benzodiazepines and pregabalin in pregnancy did not increase the risk of neurodevelopmental disorders (e.g. ADHD, autism, learning disabilities etc) in children - If you are well mentally well then problems are less likely - Tell a healthcare professional if you think there may be something wrong. - See individual medicine leaflets for more details

How you can help yourself

- Plan ahead if you can.** If not, seek advice as soon as you find out you're pregnant.
- Eat a balanced diet** and take any vitamins recommended by your doctor, such as iron and folic acid.
- Don't stop any medicines suddenly.** Always speak to your prescriber first.
- Take the lowest dose** of medication that works for you.
- Only take medicines you really need.**
- Quit smoking** and stop drinking alcohol, if possible, or cut right down.
- Rest and get enough sleep** whenever you can.
- Make time each week** to relax and do something you enjoy.
- Ask for help** with housework, shopping, and other tasks from family and friends.
- Stay active**—ask healthcare professionals about safe exercises during pregnancy and local exercise classes.
- Attend antenatal classes** to meet other expectant parents.
- Talk about your worries** with your family, friends, midwife, or GP.
- Talking therapies** can be helpful, whether you use them with or without medication.
- Know the signs** that you might be feeling unwell again and know who to contact if you need help.

Services and professionals who offer help and support during pregnancy

- Maternity services** – make sure the midwife knows about any mental health problems. Go to all your antenatal appointments during pregnancy. In some areas midwives can do home visits. Most areas will have a specialist midwife for mental health support.
- GP** – talk to your GP if you have any worries about mental health problems in pregnancy. They will give you information, advice and treatment and refer you to specialist services if needed.
- Specialist Perinatal Mental Health Services and Community Mental Health Teams (CMHTs)** – Most areas have specialist mental health services for pregnant women and new mums called Perinatal Mental Health Services. Your midwife or GP can refer you. If you work with a CMHT, make sure they know about the pregnancy and tell you what support is available locally.
- Talking therapies and Psychology** – most areas will have access to talking therapies which you should be able to self-refer to (or your GP or midwife should be able to help). These are usually specific to pregnant women or those who have recently given birth.
- Children and Families Social Services** – you may be referred to Children and Families Social Services. They focus on the child's wellbeing and provide care and support for children and families.
- Health visitors** – they see all women with new babies and offer advice and help about the baby's health, feeding, sleep and other issues. Health visitors may also visit before the baby is born.

Where you can get further information, help and support:

- **National Childbirth Trust** (www.nct.org.uk): 0300-330-0770 for practical and emotional support on all aspects of pregnancy, birth and early parenthood. Available every day 8am - midnight
- **MumsMeetUp** (<https://mumsmeetup.com/>) An online forum to connect mums locally and across the UK
- **Netmums** (www.netmums.com): a website offering support and information on pregnancy and parenting. There is a section of the website offering support and local resources and support groups
- **The Association for Postnatal Illness (APNI)** (www.apni.org): Chat line: 020-7386-0868 10am–2pm Mon-Fri; and information leaflets for women with postnatal mental illness. Also a network of volunteers (telephone and postal) who have themselves experienced postnatal mental illness
- **Family Action** (www.family-action.org.uk): helpline: 020-7254-6251. Includes support and practical help for families affected by mental illness.
- **Royal College of Psychiatrists** (www.rcpsych.ac.uk): has leaflets on postnatal psychosis and depression
- **Best Use of Medicines in Pregnancy (BUMPS)** (www.medicinesinpregnancy.org): a website produced by the UK Teratology Information Service (UKTIS) offering information leaflets about the use of medicines in pregnancy.

The small print: This leaflet is to help you understand more about medicines for anxiety and pregnancy. You **must** also read the manufacturer's Patient Information Leaflet (PIL) for your medicine(s). Go to our website for fuller answers to these and many other questions.

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