

A handy fact sheet on citalopram and escitalopram in pregnancy and breastfeeding

Please read this fact sheet with our other Choice and Medication leaflets. These give more information about citalopram or escitalopram and possible side effects.

What should I do if I am taking citalopram or escitalopram and want to start a family?

The best option is always to plan in advance. If you plan to start a family, talk about this with your prescriber.

Citalopram or escitalopram is not known to affect fertility. However, it can cause sexual side effects, which might make it harder to get pregnant.

Depending on your situation, you may be able to:

- **Continue taking citalopram or escitalopram** as they are often a good choice in pregnancy.
- **Adjust your dose**, but only with advice from your prescriber. Reducing or stopping suddenly can make you unwell.
- **Switch to another medicine**, although citalopram or escitalopram are already lower-risk options.
- **Take other steps to reduce any risks**, such as stopping any other medicines you no longer need.

Citalopram and escitalopram belong to a group of antidepressants called the SSRIs (Selective Serotonin Reuptake Inhibitors).

SSRIs are commonly used in pregnancy.

The best choice usually depends on which medicine works well for you.

I have just found out I am pregnant – should I should taking citalopram or escitalopram?

- You do **not** need to stop citalopram or escitalopram straight away. Your baby has already been exposed to the medicine, and stopping suddenly may make you unwell.
- Speak to your prescriber in the next day or two to discuss your options.
- Together, you can decide on a plan that works best for you. You may need time to read the information and make an informed choice. The rest of this leaflet can help guide your decision.
- Without the citalopram or escitalopram you might be at risk of becoming unwell again. If citalopram

or escitalopram have helped you, it is usually best to carry on taking it.

- If stopping citalopram or escitalopram becomes part of your plan, you should come off it slowly over several weeks. This gives your brain and body time to adjust
- If you stop too quickly you might get some side-effects. At worst, these could include feeling lightheaded, headache, anxiety, nausea, 'flu-like' symptoms, tiredness, 'electric shocks' in the head, stomach cramps, and sleep disturbance (e.g. more vivid dreams, insomnia). If this happens, speak to your prescriber. You may need to stop more slowly.
- You might want to start citalopram or escitalopram again after your baby has been born.

What are the risks of continuing citalopram and escitalopram during early pregnancy?

- The first trimester means months 1 to 3 of pregnancy. This is when your baby's organs are developing.
- Citalopram or escitalopram are among the safer medicines to take in pregnancy.
- Some problems can happen in pregnancy. Current studies suggest these are more likely to be linked to depression or anxiety itself, rather than citalopram or escitalopram.
- At usual doses, citalopram or escitalopram do **not** seem to increase the risk of:
 - birth defects
 - miscarriage
 - stillbirth
 - low birth weight
 - your baby being born early
 - later development problems

What about later on in pregnancy?

- During the second and third trimesters, from month 4 onwards, your body changes a lot.
- Most people do not need to change their dose of citalopram or escitalopram in pregnancy. However, if your symptoms get worse, speak to your prescriber. They can review your dose

and your treatment plan.

- SSRIs can slightly increase the risk of bleeding near delivery. This is because they can affect the blood cells that help your blood to clot.
- The risk may be higher if you also take aspirin or Clexane®.
- Make sure your healthcare team knows you are taking citalopram or escitalopram, especially if you have any bleeding problems.

Untreated depression may increase the risk of sudden infant death syndrome, known as SIDS, lower birth weight, or your baby being born early.

What about delivery time?

- You will usually be advised to give birth in hospital. This depends on your situation and how your pregnancy has gone.
- If you take citalopram or escitalopram after 20 weeks of pregnancy there is a small increased risk of something called "persistent pulmonary hypertension in the newborn" (or PPHN). PPHN is a rare but serious breathing problem in newborn babies.

- About 1 in 500 babies (0.2%) get PPHN
- Up to about 1 in 333 babies (0.3%) may get PPHN if their mum takes citalopram or escitalopram
- Some studies have shown no increase from taking SSRIs so it may not be a risk
- PPHN can be treated more quickly if your medical team knows about the possible risk

- If you take citalopram or escitalopram in the weeks before delivery, about 1 in 3 babies may have mild withdrawal symptoms after birth.

These can include:

- being unsettled or irritable
 - crying more than usual
 - shivering
 - problems feeding
 - problems sleeping
- These symptoms are usually mild and go away within a few days without treatment. Breastfeeding may also help.
- After delivery, once things have settled, citalopram or escitalopram can usually be restarted if you stopped it. Discuss this with your healthcare professional.

Is breastfeeding safe while taking citalopram or escitalopram?

- Citalopram and escitalopram should not affect your ability to breastfeed.

- Citalopram and escitalopram are considered very low risk in breastfeeding.
- Citalopram and escitalopram pass into breast milk in very small amounts.
- No short or long-term problems have been seen in babies exposed to citalopram or escitalopram through breast milk. However, it is still sensible to keep an eye on your baby and report any concerns.
- If your baby has withdrawal symptoms after birth, breastfeeding may help. This is because your baby may get a very small amount of citalopram or escitalopram through your milk
- If your baby is born early, or has any health concerns, ask a healthcare professional for advice.
- Get medical advice quickly if your baby becomes very sleepy, restless, or has feeding problems

What about later on in baby's development?

- Taking citalopram or escitalopram throughout pregnancy and breastfeeding does not seem to affect your baby's physical or mental development or behaviour.

Several large studies have looked at mums taking SSRIs in pregnancy. These studies now show no extra risk of ADHD or autism in children.

In the past, some studies suggested a small risk. We now think this was probably due to other factors, not the medicine itself.

What else can I do to help myself stay well?

- Considering talking therapy. This can help on its own or alongside medicine.
- Avoiding medicines you do not need. Check with a pharmacist before taking over-the-counter medicines.
- Eating a healthy, balanced diet with plenty of fruit and vegetables.
- Staying active.
- Drinking enough water, especially if you feel thirsty.
- Getting help for morning sickness if this makes it hard to drink enough. Your prescriber can offer treatments that may help.
- Asking your healthcare team if you need vitamins or supplements, such as folic acid, iron or vitamin D.
- Going to any recommended blood tests or health check-ups.
- Using non-medicine ways to relax if you feel stressed.

- Asking people you trust to support you and help spot early signs that you may be becoming unwell.

Remember:
Babies do better with well mums

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

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