

A guide to help you choose between the medicines to help the symptoms of depression 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 fact sheets for most of these medicines. These give more detailed information.

Any decision should be based on 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 you are pregnant
- 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
- National statistics tell us that 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 birth defect (major malformation)
 - 10-20% risk of miscarriage
 - 0.5% risk of stillbirth
 - These are called the 'background risks'.
- We do not have enough information to say that any medication is 100% safe in pregnancy
- Any risks may depend on a medicine's dose, when you take it, how long you've taken it for and any previous problems you may have had
- A risk does not mean something will definitely happen, and many problems can be managed if they are known about in advance

- There are risks to you and your baby from taking medicines in pregnancy. There are also risks if you become unwell and are not treated.
- Pregnancy does not protect you from a mental health illness
- There can be even more risks from stopping *some* medicines suddenly
- Both you and your baby will do better if you can be as well as possible
- If you become unwell during pregnancy, this can lead to:
 - worsening mental health symptoms
 - finding it harder to look after yourself
 - missing appointments and not getting the care you need
 - using more alcohol or 'as required' medicines
 - needing higher doses of medicine later on
 - needing hospital treatment
 - pregnancy complications such as low birth weight or early birth
 - finding it harder to care for your baby after birth

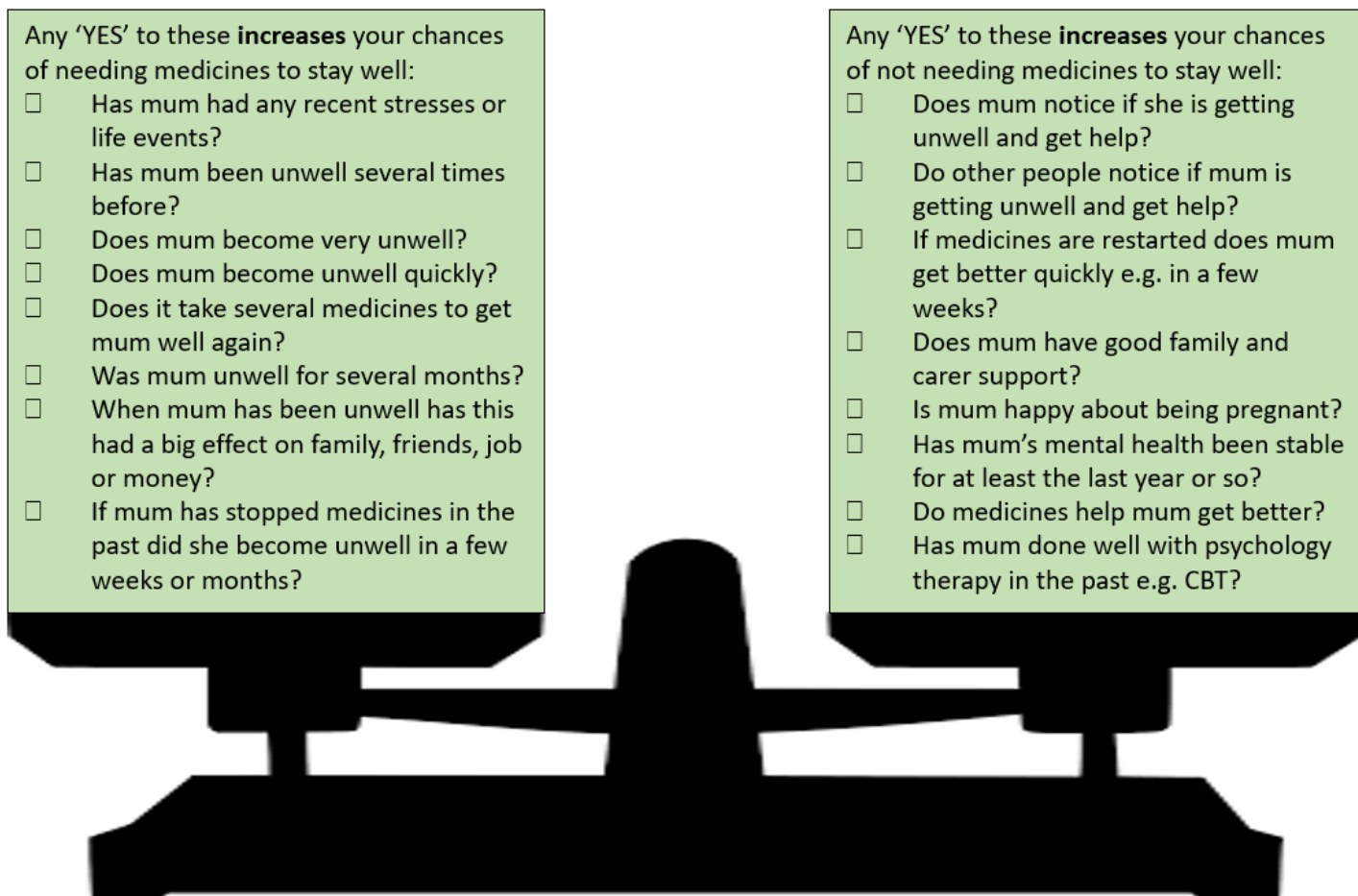
Antidepressants and pregnancy

- Depression is common during pregnancy and after birth – affecting about 10–20% (1 or 2 in every 10) of women
- Some women will be able to stop an antidepressant without a problem. However, most studies show women are more likely to get unwell if they stop their antidepressant during pregnancy – the risk is likely to be higher in women with severe or recurrent depression.

Babies do better with well mums.

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, 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 antidepressants in pregnancy and breastfeeding?

Stage	Possible problems for all mental health medicines	Antidepressant 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
1st trimester (months 1-3 or weeks 2-16)	- The first trimester is when the baby is forming - This is when birth defects are more likely to occur	- Commonly used antidepressants are not thought to cause malformations - Some studies show small risks for some antidepressants but these findings have not been repeated yet - See individual medicine leaflets for more details
2nd and 3 rd trimesters (months 4-9; weeks 17-term)	- This is the main time of growth for the baby - Medicines may work differently because your body changes during pregnancy - There are background risks in all pregnancies, including miscarriage and stillbirth	- The available information doesn't suggest that commonly used antidepressants impact the growth of baby or risk of stillbirth - Untreated depression is linked to an increased risk of low birth weight and premature birth - Keep taking vitamin supplements and injections if prescribed - See individual medicine leaflets for more details
Birth	- Withdrawal symptoms from some medicines can occur in the baby - Risk of excess bleeding (called Post-Partum Haemorrhage or PPH).	- Most areas will recommend giving birth in hospital if you are taking an antidepressant - Taking an antidepressant in the weeks' before giving birth has a risk of 'neonatal withdrawal syndrome'. These symptoms are usually mild and last a few days - A small increase in a rare breathing problem in newborn babies - persistent pulmonary hypertension of the newborn (PPHN) - has been reported. The current estimate of the absolute risk of PPHN following SSRI exposure is <0.4% (background rate 0.1 to 0.2%), suggesting that it remains uncommon - There may be a small increased risk of bleeding after birth from women taking an SSRI or SNRI - See individual medicine leaflets for more details
Breastfeeding	- Many medicines can be found in breastmilk, and then get into the baby in the milk - Some can make it harder to breastfeed or for the baby to sleep - If baby is born early or has any problems, they may be at a higher risk of problems from medicines if breastfeeding	- Most commonly used antidepressants should be compatible with breastfeeding - If your baby is born early or has other problems, speak to a healthcare professional 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 large studies have showed that antidepressants in pregnancy do not increase the risk of neurodevelopmental disorders (e.g. ADHD, autism, learning disabilities etc) in children - If your mental health is well managed, problems are less likely - Tell a healthcare professional if you think there may be something wrong.

How you can help yourself

- Plan in advance if you can. If not, get advice as soon as possible
- Eat a healthy, balanced diet and take supplements if recommended
- Do not stop medicines suddenly
- Take the lowest effective dose for you
- Only take medicines you need
- Stop smoking and avoid alcohol if possible
- Try to get regular sleep and rest
- Make time for yourself each week
- Ask family and friends for help
- Stay active – ask about safe exercise in pregnancy
- Attend antenatal classes
- Talk about any worries
- Consider talking therapies
- Know your early warning signs and who to contact.

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. 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 can give you advice, 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).
- **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:

- **PANDAS** (<https://pandasfoundation.org.uk/>) 0808-1961-776 free helpline number 11am-10pm 7 days a week, as well as WhatsApp support, email, face-to-face and online support groups. PANDAS are a charity focusing on pre- and postnatal depression advice and support
- **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 as well as an online Chat box; 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): free helpline: 0808-802-6666 Mon-Fri 9am-9pm as well as text and email support. Includes support and practical help for families affected by mental illness.
- **National Childbirth Trust** (www.nct.org.uk): 0300-330-0770 for infant feeding support. Information online for practical and emotional support on all aspects of pregnancy, birth and early parenthood. Available every day 8am – midnight [membership needed for some sections]
- **Action on Postpartum Psychosis** (www.app-network.org) for mums and families affected by postpartum psychosis
- **Breastfeeding and Medication** (<https://breastfeeding-and-medication.co.uk/>) helpful factsheets on medication in breastfeeding.

The small print: This leaflet is to help you understand more about depression, medicines 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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