

A handy fact sheet on fluoxetine in pregnancy and breastfeeding

This fact sheet should be read alongside our other Choice and Medication leaflets, which include more information on this medicine and its side effects

What should I do if I am taking fluoxetine 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. Fluoxetine is an SSRI and is not known to effect fertility but can cause sexual dysfunction, which might make it harder to conceive.

It may be possible to:

- Continue taking fluoxetine
- Switch to another medicine that has a lower risk, although fluoxetine is often a first choice
- Take other steps to reduce any risks, e.g. stop any other medicine that you no longer needed
- You could take a lower dose of fluoxetine **but** you **must** talk to your prescriber about this. Keeping you well is very important for the well-being of your baby.

Fluoxetine belongs to a group of antidepressants called the SSRIs (Selective Serotonin Reuptake Inhibitors). Risks in pregnancy are low and the choice of an SSRI is likely to depend more on how well the medicine suits you

I have just found out I am pregnant and am wondering if I should stop my fluoxetine?

- There is no need to stop fluoxetine straight away as your baby will have already been exposed to the medicine
- See your prescriber in the next day or two
- Decide together on a plan of action. You may need a little time to look through the information and make your choice
- This leaflet should help you with your decision
- Without the fluoxetine you will be at risk of becoming unwell again so, if it has been helpful, it is usually best to carry on taking it, with careful monitoring
- **If** stopping fluoxetine becomes part of your plan, you can stop it straight away. This is because it is only very slowly got rid of by the body
- If you are on a high dose and stop it quickly you might get some side-effects. At worst, they could include headache, restlessness, diarrhoea, nausea, flu-like symptoms, stomach cramps, and sleep disturbances (e.g. more vivid dreams)

- If this happens slow down the rate at which you are stopping your fluoxetine
- You might want to go back on fluoxetine again after your baby has been born.

What are the risks of continuing fluoxetine during early pregnancy?

- **The first trimester (i.e. months 1-3)** is when your baby's organs are developing
- Fluoxetine is among the safer medicines in pregnancy. A range of studies now show that, although there can be some problems, these seem to be mainly related to the mother's mental health symptoms than the medicines
- There does **not** appear to be a link with a higher risk of major malformations, miscarriage, stillbirth, low birth weight, having a baby born early or neurodevelopmental delay if you take usual doses of fluoxetine.

What about later on in pregnancy?

- During the second and third trimesters (month 4 onwards) there will be an increase in your body weight and fluids and this dilutes the fluoxetine. The body may also process medicines more quickly
- You will **not** usually need an increase in dose but, if you start to feel that fluoxetine is not working quite as well for you, this could be the reason and you should see your prescriber
- SSRIs can increase the small risk of bleeding if taken during the month before delivery. This is because SSRIs can have an effect on your blood platelets. Taking aspirin or having Clexane® (low molecular weight heparin) can increase the risk further. Make sure your team knows if you have any problems with bleeding.

Untreated depression may lead to a higher risk of sudden infant death syndrome (SIDS), lower birth weight or having a baby born early.

What about delivery time?

- You should be offered the option to have your baby in hospital. This will depend on many factors but this is more likely to depend on how

the pregnancy has gone

- If fluoxetine is taken after 20 weeks of pregnancy there is a higher risk of something called "persistent pulmonary hypertension in the newborn" (or PPHN). It can cause serious breathing problems in the baby.

- About 1 in 500 babies (0.2%) get PPHN
- Up to about 1 in 333 babies (0.3%) may get PPHN if the mum is taking fluoxetine (but this has been queried and there may in fact be no increase in risk)
- PPHN can be treated much better by your medical team if they know about it in advance and are ready

- If you take fluoxetine in the weeks before delivery about 1 in 3 (30%) babies may have discontinuation symptoms, such as being irritable, crying, shivering, or problems eating and sleeping. These are usually mild, and go away in a few days without treatment, more so if you breastfeed as well
- After delivery and when things have settled, if you stopped fluoxetine, it can usually be restarted on discussion with your healthcare professional.

What about fluoxetine and breastfeeding?

- Fluoxetine should not impact on your ability to breastfeed
- Fluoxetine is considered 'low risk' in breastfeeding and many expert groups consider taking fluoxetine safe during breastfeeding
- Fluoxetine passes into breast milk in small to moderate amounts but most studies have **not** seen any short or long term adverse effects on infant weight or neurodevelopment (brain development)
- There have been some reports of colic, insomnia and decreased weight gain some babies whose mums are taking fluoxetine
- Any discontinuation symptoms in your baby may be helped if you carry on taking fluoxetine whilst breastfeeding as your baby may get some of the medication via the milk
- If your baby is born early (pre-term) or has any health concerns then get advice from a healthcare professional
- If your baby becomes restless, very sleepy or develops feeding problems stop (if you can) breastfeeding and quickly seek medical advice.

What about later on in baby's development?

- Taking fluoxetine throughout pregnancy and breastfeeding does **not** seem to have any effects on physical or mental development or behaviour.

There had been several large studies of mums taking SSRIs in pregnancy and these now show that there is **no** extra risk of the baby developing ADHD or autism. Previously it had been thought there was a small risk of a problem but it seems this was due to other causes.

What else can I do to help myself stay well?

- Talking therapies can be helpful, with or without medicines
- Do **not** take any other medicines that you do not need. Check with your local pharmacist before buying any medicines over the counter
- Eat a healthy balanced diet rich in fruit and vegetables
- Exercise regularly
- Stop or cut down smoking
- Do **not** drink alcohol. Drinking alcohol in pregnancy can lead to long-term harm to your child. The more you drink, the greater the risk
- Don't ignore feelings of thirst - drink enough water so you do not become dehydrated
- If you are being sick during your pregnancy then you are more likely to become dehydrated. Drink plenty of water and see your prescriber. There are treatments that can help with the sickness
- Check with your healthcare team to see if you should be taking any vitamin supplements such as folic acid, iron or vitamin D
- Go for any extra blood tests needed
- If you feel stressed, look at non-drug ways to help you relax but do not mix up the effects of being pregnant with symptoms of becoming unwell
- Ensure you have a support network in place, so there is someone who can help you recognise if you are struggling.

Remember:
Babies do better with well mums

The small print: This leaflet is to help you understand more about fluoxetine in pregnancy. 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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