Using Psychotropic Medications during Pregnancy and Lactation

General Issues for all Psychotropic Medications ¹,²,³,⁴
- **Avoid** medications in first trimester, if possible
- Taper medications if discontinuing
- Use monotherapy whenever possible
- Use the lowest *effective* dose

Psychotropic Medications in Pregnancy

First Trimester:

**Antidepressants:** ²,⁵,⁶,⁷
- Evidence indicates no increased risk of major malformation in the newborn or spontaneous abortion following exposure to antidepressants in early pregnancy
- There is no indication to stop tricyclics or SSRIs as a matter of routine in early pregnancy
- If a pregnant woman becomes depressed antidepressant medication should be prescribed with caution
- Significant literature supports the safety of TCAs, especially Nortriptyline and Desipramine

**Lithium:** ⁵,⁹,⁸
- Early studies suggest that the risk of malformations and Epstein Barr, from exposure to lithium early in pregnancy may have been overestimated.
- Women with severe bipolar illness successfully maintained on lithium should carefully consider the risks and benefits of lithium.
- The risks of lithium to the fetus and the effects of lithium withdrawal on the mother should be discussed before pregnancy

**Anticonvulsants:** ⁵
- Anticonvulsants (carbamazrpine, valproate, lamotrigine increase the risk of congenital malformations.
- The risk is higher with valproate especially at doses over 1000 mg/day
- Several of these drugs are folate antagonists.
- All women on anticonvulsants should receive extra folate
- **AVOID** valproate as a mood stabilizer in pregnancy

Benzodiazepines: ⁴,⁵,¹⁰
- Evidence suggests exposure may increase risk of cleft palate
- **AVOID** benzodiazepines in the first trimester
- **AVOID** diazepam especially because of its high milk to plasma ratio
- Lorazepam has lower milk to plasma ratio

Second and Third Trimester:

**Antidepressants:** ²,⁵,⁶,⁷
- Neonates exposed to psychotropic medications during pregnancy should be monitored for withdrawal syndromes after delivery
12 out of 55 (22 percent) reported cases of treatment with paroxetine showed evidence of withdrawal requiring treatment

**Lithium:** 5, 9, 8
- Newborn infants of women treated with lithium in later pregnancy face potential risks of neonatal toxicity, thyroid and renal dysfunction

**Consideration should be given to dose reduction and/or discontinuation two to four weeks before the expected date of delivery with recommencement after delivery**

**Footnote:** 7, 11, 12
Because of the issues surrounding pregnancy and lactation there are:
- No controlled studies
- Most information comes from case reports or pharmaceutical registry
- The greatest amount of data exists for fluoxetine, TCAs and citalopram
- There is no information on trazadone, mirtazapine or nefazadone
- Sertraline has lower umbilical cord levels than fluoxetine

**Psychotropic Medications in Lactation**

*If a breast-feeding mother is taking psychotropic medication, infant development should be monitored and a careful assessment made of the risks and benefits*

**Antidepressants:** 13, 14
- TCAs: Significant literature to supports safety especially Nortriptyline and Desipramine
- Doxepin: One case of respiratory depression reported
- Sertraline, paroxetine and fluvoxamine: Relative infant dose of 0.3-0.5
- No adverse clinical effects have been reported in breast-fed infants of mothers taking paroxetine (also has the lowest milk plasma ratio of sertraline, paroxetine and fluvoxamine).
- Fluoxetine and Citalopram: Relative infant dose of 1-6 (two adverse drug reactions one infant adverse drug reaction with fluoxetine)
- Little evidence on Fluvoxamine
- Clomipramine Use with caution

**Lithium:** 13, 14
- Lithium is excreted in breast milk at 40 percent of maternal serum levels
- Lithium toxicity has been described in breast-fed infants
- **AVOID** breast feeding while taking lithium

**Anticonvulsants:** 13, 14
- Valproate is excreted at levels of 1 to 2 percent maternal serum levels and no clinical adverse effects have been noted
- Carbamazepine is excreted in ranges from 6 to 65 percent of maternal serum levels
- Valproate, Carbamazepine both considered compatible with nursing by American Academy of Pediatrics.

**Benzodiazepines:** 13, 14
- **AVOID** new prescriptions of benzodiazepines (except where there are concerns about drug dependence when breast feeding may be beneficial if the infant was exposed to benzodiazepines in utero)
- Excreted in breast milk with low milk/plasma ratio
- Clonazepam most commonly used during lactation. No adverse drug reactions reported
Anti-psychotics\textsuperscript{13,14}

- All antipsychotics are excreted in breast milk but there is no evidence to suggest that breast fed infants are at risk of toxicity or impaired development.

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\begin{itemize}
\item Hendrick V., Altshuler, L., Management of major depression during pregnancy. \textit{American Journal of Psychiatry} 2002; 159: 1667-1673.
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