

## Use of Antidepressants in Pregnancy Information for our Patients

As a patient who is considering continuation of her antidepressants while pregnant, there are several factors that you should consider. If depression is significant it can affect your life in very negative ways. Counseling often can improve depression and we recommend no matter what your choice that you contact one of the local counselors if you do not already have one. We have several medications that we use for patients while they are pregnant but you should know that all medications have certain risks to the pregnancy and the decision to use or not use the medication is yours based on the recommendations of your obstetrician and your mental health professional as well.

- We suggest cognitive behavioral or interpersonal psychotherapy as the initial treatment of mild-to-moderate symptoms of anxiety disorders and depression.
- The overall risk of birth defects following SSRI exposure appears to be low. Several studies have, however, reported an association between Paxil exposure and cardiovascular defects. These findings remain controversial and await confirmation by other studies.
- Maintaining a normal mood in the mother throughout the pregnancy and preventing postpartum recurrence are the most important goals of treatment. Untreated, or undertreated, maternal depression poses significant risks to both the mother and child. These risks often outweigh the risks associated with pharmacotherapy.
- The SSRIs, as well as other antidepressants, have been associated with transient neonatal effects. The risk of pregnancy complications such as miscarriage, stillbirth, preterm birth, shorter gestation, and low birth weight appears to be low, but this is controversial. SSRIs (Prozac, Paxil and Zoloft) have been associated with an increased risk of persistent pulmonary hypertension of the newborn. Any increased risk is probably small and needs to be considered in the context of the potentially greater risk to the mother and child that may result from the mother's depression remaining untreated.

- Although Prozac is the best studied drug in pregnancy, and the SSRI with the largest amount of long-term follow-up of exposed infants, it has a long half-life, which predisposes to accumulation in the neonate, and the rate of transfer to the baby through breastfeeding is higher than for other SSRIs. Given these concerns, we suggest avoiding Prozac as a first-line antidepressant in pregnancy

- We suggest Wellbutrin for patients who have attention deficit disorder, have not responded to other medications, or want to use it for smoking cessation.