

Megan* had been to hell and back. She had wanted to die. Major depression took hold of her last year, causing her life to spiral out of control. She was plagued by racing thoughts at night and constant exhaustion during the day. She felt a despair and a hopelessness that only someone else with depression could understand. She felt trapped; like a prisoner in her own body. Nothing brought her pleasure anymore.

A loving husband, a great psychiatrist, hours of therapy, and antidepressant medication finally helped her out of it. Megan went back to enjoy a full-time career she had once loved. Her relationship with her husband was stronger than ever. She spent time with friends on the weekends and even enrolled in an art class on Wednesday nights. She continued her weekly therapy sessions and her daily medications to keep symptoms at bay.

Now, Megan was pregnant. Her initial joy was soon overshadowed by worry. Would these medications hurt her baby? She searched the internet. She found websites and mommy blogs blaming everything from autism to heart problems on “psychiatric medication.” She read horror stories of miscarriages and birth defects. She called her psychiatrists, who told her to “Ask your OB.” She called to make an appointment with her obstetrician, but the receptionist told her she did not have any available appointments for three weeks. Megan’s instinct was to stop everything, but she was terrified to end up in that dark place again.

Understand that You are Not Alone

Psychiatric illness is incredibly common. In fact, major depressive disorder is the leading cause of disability in the United States, and worldwide, affecting 16.1 million adults in the U.S. alone.¹ Generalized anxiety disorder affects another 6.8 million while social anxiety affects a whopping 15 million.¹ These statistics do not even take into account the additional millions of people with minor depression, panic disorder, obsessive compulsive disorder, bipolar disorder, schizophrenia, and countless other mental health conditions.

Pregnant women are not immune to mental health issues and in fact, are at higher risk. 70% of pregnant women experience symptoms of depression. 17 out of 100 meet the criteria for major depression.² Depression is common, but unfortunately is often kept quiet by patients. Women do not share their symptoms, for fear of what others might think. Some women are ashamed and abruptly stop psychiatric medication prior to seeing an OB. They suffer alone, not knowing that their suffering is unnecessary. Others receive bad advice from well-meaning family members or non-OB health care providers, encouraging them to stop their treatments “for the baby.” This advice; however, can be dangerous.

Know that Antidepressant Medication is OK

Most obstetricians recommend that patients stay on their prescribed medications for depression. When a woman abruptly stops her anti-depressant or anti-anxiety medication during pregnancy, 68 out of 100 women have a relapse in symptoms.² Those symptoms are not only a problem for the patient, but for the baby.

According to the *American College of Obstetricians and Gynecologists*, untreated maternal depression can lead to numerous problems, including premature birth and low birth weight infants.² After delivery, babies born to mothers with untreated depression tend to cry more and do not console as easily.

While psychiatric drugs, like all drugs, have side effects and potential dangers, the dangers of the medication must be weighed against the dangers of the untreated illness. Many patients worry about birth defects from antidepressant drugs; however, the risk of this is incredibly small, if it exists at all.

Multiple studies have been done on the class of drugs called selective serotonin reuptake inhibitors or SSRIs. These include drugs like fluoxetine, sertraline, citalopram, and paroxetine. Results from the studies are mixed, but overall these medications appear safe. One large study showed no increase in heart defects with SSRI medication, but a possible small increase in other birth defects, such as those affecting the brain.³ Another study did not show an increase in brain defects, but showed a small increase in heart defects.⁴ Even if a risk does exist, these studies suggest it is incredibly small. If the second study is right, for example, then for every 1,000 women taking an SSRI antidepressant, one baby would have a heart defect. (Compare that to the fact that for every 1000 women that stop their antidepressant, 680 would have a relapse, increasing their baby's risk for other complications.)

Certain drugs have been shown to be a problem. Lithium, a drug used in bipolar disorder, has definitively been shown to cause cardiac defects. Certain anti-anxiety medications can lead to cleft lip and palate. However, most obstetricians still recommend against stopping these medications abruptly. While these medications can cause problems, the risk is still incredibly small.

A 2014 study showed that lithium increased the risk of heart defects from 3 out of 100 to 6.5 out of 100.⁵ While an increase, this implies that 93 to 94 out of every 100 women on lithium will have a baby WITHOUT a heart defect. Benzodiazepines increase the risk of cleft lip and palate from 6 out of 10,000 to 7 out of 10,000.⁶ This means that even if the medication is known to increase the risk of birth defects, over 95% of babies are not affected. As the risk of untreated depression is higher, most obstetricians and high risk OB specialists recommend that women stay on their medication... at least until they see their obstetrician.

Bottom Line

Ideally, a woman contemplating pregnancy should discuss her medications with her psychiatrist and an obstetrician BEFORE becoming pregnant. Together, a woman and her treating physicians can decide if continuing her current regimen or switching to another medication is most appropriate. By preparing in advance, a woman can have symptoms under control with a safe medication, knowing that her fetus will not be affected.

Yet, if a woman finds herself pregnant before having that consultation, hope is not lost! Women with psychiatric illness can rest assured that most psychiatric medications are safe, and

among those that can cause problems, the overall risk is low. If symptoms are controlled and you are feeling well, stay on your medication! A healthy mom is needed for a healthy baby.

References

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