

# Antidepressants in pregnancy and breastfeeding

(Eastern services)

## Other formats

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- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- [rduh.pals@nhs.net](mailto:rduh.pals@nhs.net)

Making the best choice for you and your baby It's natural to have questions or concerns about taking medication during pregnancy. However, it's important to know that, in most cases, the benefits of taking antidepressants for your health and wellbeing outweigh any potential risks to your baby. Women who remain well during pregnancy are more likely to experience good physical and emotional health after birth.

Women who stop taking antidepressants just before they become pregnant, or early in pregnancy have a higher chance of relapsing into depression by the time they give birth. If you have concerns about taking your medication, please discuss with your G.P and do not abruptly stop without professional advice.

## Can antidepressant medicine harm my baby?

The following information is based on the best evidence currently available. Antidepressants do cross the placenta to the baby.

There does not appear to be 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 antidepressants.

Some studies show a very slight increase in the risk of congenital heart problems and persistent pulmonary hypertension of the newborn (PPHN). This is a very rare condition causing the baby to have breathing difficulties. The rate of PPHN is approximately one in 1000 births and if you are taking antidepressants it is thought to increase to two-three in 1000 births, so it is still very rare and the vast majority of women taking antidepressants will have a baby with no complications. Routine oxygen saturation screening is carried out after your baby's birth, this has been shown to identify most babies with this condition early

SSRI and SNRI antidepressants can increase the risk of bleeding if taken during the month before delivery. This is because SSRI/SNRIs 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.

If you take an antidepressant in the weeks before delivery about one in three (30%) babies may have discontinuation symptoms in the first eight to 48 hours of life, such as:

- being irritable
- crying
- shivering
- problems eating and sleeping.

These are usually mild, and go away in a few days without treatment, more so if you breastfeed as well.

These symptoms usually disappear without treatment and are usually resolved within 72 hours but may last for two weeks.

If your baby shows signs of withdrawal your midwife will help you to minimise the symptoms; skin to skin contact is the best way to calm and sooth a fractious baby. If you are concerned that your baby is unwell in any way, you must seek immediate medical advice (for example, from NHS 111, your GP, or an emergency department).

Signs to be aware of are:

- abnormal behaviour (for example, inconsolable crying or listlessness)
- unusually floppy
- abnormal temperature unexplained by environmental factors (lower than 36°C or higher than 38°C)
- abnormal breathing (rapid breathing, difficulty in breathing or grunting)
- a change in skin colour (for example where the baby becomes very pale, blue/grey or dark yellow)
- new difficulties with feeding

Once at home if you have any non-urgent concerns please discuss with your community midwife or call Maternity Triage on **01392 406616**.

## **Will my baby need extra observations or monitoring?**

If you are prescribed a single SSRI at a routine dose, then no extra observation period is required. Before discharge from hospital a midwife will check:

- the newborn and infant physical examination (NIPE) has been completed or there is an appointment to complete it within 72 hours of your baby's birth
- oxygen saturation screening to detect for persistent pulmonary hypertension of the newborn has taken place
- there are no additional concerns about the baby

- feeding is going well
- there is adequate support at home, as well as access to a telephone and transport.

If you have concerns or would like to remain for a 24-hour period of neonatal observation we would support you.

If you are prescribed more than the standard dose of antidepressants or take them alongside certain painkillers, your midwife will refer you to the specialist midwife.

The specialist midwife will discuss your medication with a neonatologist and specialist pharmacist and agree a plan of observations for your baby.

The specialist midwife will share the plan with you.

## Can I breastfeed my baby whilst taking antidepressants?

If you have been taking antidepressants while you are pregnant, you should usually be able to continue on the same medication as the amount in breast-milk is much less than the baby would have got while you were pregnant. There is evidence to suggest that antidepressant use while breast feeding is not harmful in terms of the baby's developmental milestones and preschool performance.

Overall taking antidepressants while breastfeeding is considered safe, although there are exceptions, such as if baby is born prematurely or has other health concerns. It is important to discuss what medication you are taking with your midwife during the pregnancy in order to have a clear plan in place for the delivery.

## What else can I do to keep well?

- Eat a healthy balanced diet rich in fruit and vegetables.
- Go for a walk outside, keep mobile and active.
- Stop smoking, speak to your midwife about referral to the specialist team.
- Do not drink alcohol, there is no safe level in pregnancy.
- Keep hydrated especially if you are experiencing sickness in pregnancy. If sickness is a problem discuss with your GP, there are treatments available to reduce symptoms.
- Take any vitamin supplements recommended by your Health Care team, this includes Vitamin D and Folic acid.
- Attend all your antenatal appointments.
- Ensure you have a support network in place, so there is someone who can help you recognise if you are struggling.
- Tell your midwife or GP if you notice a negative change in your mood.



## PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact PALS:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
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You can also share your feedback on the Care Opinion website at [www.careopinion.org.uk](http://www.careopinion.org.uk) or freephone 0800 122 3135.



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