

Antidepressants: Safe during pregnancy?

By Mayo Clinic Staff

Antidepressants are a primary treatment option for most types of depression. Antidepressants can help relieve your symptoms and keep you feeling your best — but there's more to the story when you're pregnant or thinking about getting pregnant. Here's what you need to know about antidepressants and pregnancy.

How does pregnancy affect depression?

Pregnancy hormones were once thought to protect women from depression, but researchers now say this isn't true. In addition, pregnancy can trigger a range of emotions that make it more difficult to cope with depression.

Is treatment important during pregnancy?

Depression treatment during pregnancy is essential. If you have untreated depression, you might not have the energy to take good care of yourself. You might not seek optimal prenatal care or eat the healthy foods your baby needs to thrive. You might turn to smoking or drinking alcohol. The result could be premature birth, low birth weight or other problems for the baby — and an increased risk of postpartum depression for you, as well as difficulty bonding with the baby.

Are antidepressants an option during pregnancy?

A decision to use antidepressants during pregnancy is based on the balance between risks and benefits. Overall, the risk of birth defects and other problems for babies of mothers who take antidepressants during pregnancy is low. Still, few medications have been proved safe without question during pregnancy and some types of antidepressants have been associated with health problems in babies.

Which antidepressants are considered OK during pregnancy?

Generally, these antidepressants are an option during pregnancy:

- **Certain selective serotonin reuptake inhibitors (SSRIs).** Several SSRIs are generally considered an option during pregnancy, including citalopram (Celexa), fluoxetine (Prozac) and sertraline (Zoloft). Sertraline is particularly useful in that it is considered the safest in pregnancy and additionally in breast feeding.
- **Bupropion (Wellbutrin).** This medication is used for both depression and smoking cessation. Although bupropion isn't generally considered a first line treatment for depression during pregnancy, it might be an option for women who haven't responded to other medications or those who want to use it for smoking cessation as well.
- **Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).** This class of medications includes venlafaxine (Effexor) and duloxetine (Cymbalta).

The potential risks of these antidepressants during pregnancy varies. Early studies suggested a risk of limb malformation with tricyclic antidepressants, but the risk hasn't been confirmed by more-recent studies. Some research associates use of citalopram, fluoxetine and sertraline with a rare but serious newborn lung problem (persistent pulmonary hypertension of the newborn, or PPHN) when taken during the last half of pregnancy, as well as heart defects affecting the septum — the wall of tissue that separates the left side of the heart from the right side of the heart. Other rare birth defects have been suggested as a possible risk in some studies, but not others. Still, the overall risks remain extremely low.

Which antidepressants should be avoided during pregnancy?

The SSRI paroxetine (Paxil) is generally discouraged during pregnancy. Paroxetine has been associated with fetal heart defects when taken during the first three months of pregnancy.

In addition, monoamine oxidase inhibitors (MAOIs) — including phenelzine and tranylcypromine (Parnate) — are generally discouraged during pregnancy. MAOIs can limit fetal growth and aggravate maternal high blood pressure.

Are there any other risks for the baby?

If you take antidepressants throughout pregnancy or during the last trimester, your baby might experience temporary discontinuation symptoms — such as jitters or irritability — at birth. Tapering dosages near the end of pregnancy isn't generally recommended. It's not thought to minimize newborn withdrawal symptoms, and it might pose additional challenges for you as you enter the postpartum period — a time of increased risk of mood and anxiety problems.

Should I switch medications?

The decision to continue or change your antidepressant medication is up to you and your health care provider. Concerns about potential risks must be weighed against the possibility that a drug substitution could fail and cause a depression relapse. Keep in mind that switching medications during pregnancy will mean that you're exposing your baby to an additional medication, which could increase the risk of side effects and congenital problems.

What happens if I stop taking antidepressants during pregnancy?

If you stop taking antidepressants during pregnancy, you risk a depression relapse. In addition, stopping an SSRI abruptly might cause various signs and symptoms, including:

- Nausea and vomiting
- Chills
- Fatigue
- Anxiety
- Irritability

What's the bottom line?

If you have depression and are pregnant or thinking about getting pregnant, consult your health care provider. Sometimes mild depression can be managed with psychotherapy, including counseling or other therapies. If your depression is severe or you have a recent history of depression, the risk of relapse might be greater than the risks associated with antidepressants.

Deciding how to treat depression during pregnancy isn't easy. The risks and benefits of taking medication during pregnancy must be weighed carefully on a case-by-case basis. Work with your health care provider to make an informed choice that gives you — and your baby — the best chance for long-term health.