

Reproductive Mental Health Program

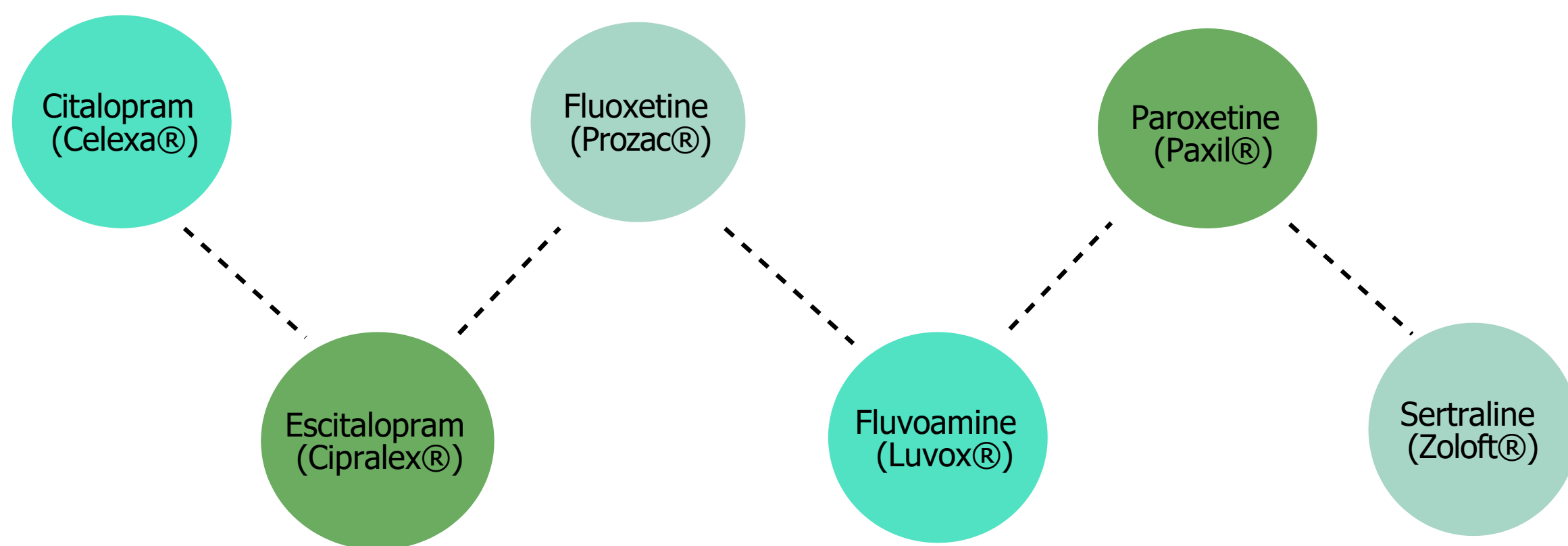


SSRI Use During Pregnancy and Breastfeeding



What are SSRIs?

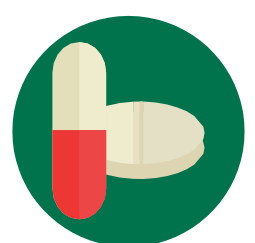
Selective Serotonin Reuptake Inhibitors (SSRIs) belong to a group of medications called antidepressants, which treat major depressive and anxiety disorders, amongst other conditions.



How do SSRIs work?



Serotonin is a brain chemical (neurotransmitter) that is less available in people who feel anxious and depressed.

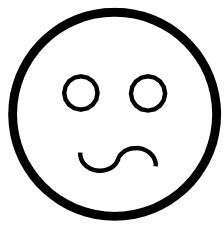


SSRIs increase the brain's levels of **serotonin**, reducing the symptoms of depression and anxiety.



What are common side effects of SSRIs?

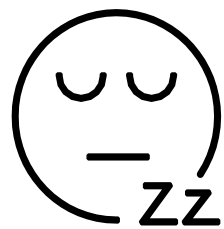
Side effects are often mild and improve within 2-4 weeks. Contact your doctor if they do not improve!



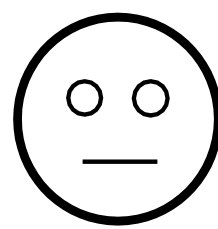
Nausea
Upset stomach
Constipation



Headache
Tingling in extremities



Sleepiness
Trouble sleeping



Nervousness
Sweating

Can SSRIs be taken during the first trimester of pregnancy?

- Yes, if psychotherapy (talk therapy) alone is not effective, SSRIs are considered first-line treatment for moderate to severe depression and anxiety in pregnancy.
- Every pregnancy has a small probability of a baby being born with a birth defect (2-4%). **Studies show that SSRI use does not increase this risk.**



Will taking SSRIs during pregnancy cause problems in my newborn?

- *No increased risk of stillbirth or infant mortality has been associated with SSRI use during pregnancy.*
- There are contradictory findings about whether taking SSRIs during pregnancy increases the risk of pre-term labour (when a mother goes into labour before the 37th week) or having a baby with low birth weight.
- Poor Neonatal Adaptation Syndrome (NAS) is a condition some newborns develop if they have been exposed to medications, including SSRIs, during pregnancy. Babies may experience symptoms such as jitteriness, irritability, and trouble sleeping. The symptoms are mild and usually resolve quickly without treatments.
- Persistent Pulmonary Hypertension of the Newborn (PPHN) is a condition that a baby can develop prior to birth, which can lead to complications like heart and breathing problems after delivery. It may be associated with exposure to SSRIs in the third trimester. The risk of PPHN is low (below 0.5%).

Can taking SSRIs cause miscarriage or pregnancy loss?

- This risk still exists even in a healthy mother.
- There is conflicting information on SSRI use and increased risk of miscarriage.
- Some studies show an increased risk of 1% for miscarriage, similar to the risk of mothers with untreated depression.

Can I breastfeed while taking an SSRI?

- SSRI use while breastfeeding is NOT associated with significant side effects in the baby.
- The actual dose of medication transferred to a baby via breast milk is either not measurable or very small; less than 10% of the dose the mother is taking.
- As babies get older they are better able to filter out any medication received through breast milk.
- Side effects for babies are rare.
- SSRI exposure to babies passed through the breast milk is less than during pregnancy.
- If you have concerns, talk with your doctor!



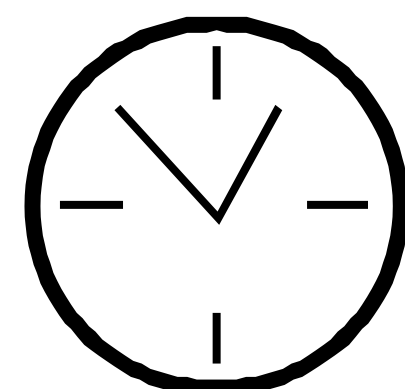
Will my child's development be affected if I take SSRIs?

- Overall, studies have shown that taking SSRIs during pregnancy does not adversely affect language, IQ or behaviour in exposed infants. There is conflicting information on how SSRI use may impact a baby's development but currently, there are few studies on the long-term developmental effects.
- Untreated depression and/or anxiety can impact the social, emotional and cognitive development of babies.
- SSRI exposure does not increase the risk of the child being diagnosed with ADHD
- Some studies suggest an association between SSRI exposure during pregnancy and Autism Spectrum Disorder (ASD), however, other studies have found that ASD is associated with maternal depression and not SSRI exposure. To date, there has been no causal link found between SSRI exposure during pregnancy and ASD.



How long do I have to take an SSRI?

- It depends on the symptoms you have, how frequent they are and how long you have had them.
- Most people experiencing their first period of depression or anxiety usually need to take this medication for at least 12 months. This allows time for your symptoms to stabilize and for you to function better.
- If you have had three or more periods of depression, you may be advised to remain on your antidepressant indefinitely.



Do NOT stop taking your SSRIs when you find out you are pregnant without discussing it with your doctor first!

- If you stop taking this medication suddenly, it is possible that you may experience withdrawal symptoms or relapse in your depression or anxiety symptoms.
- Some women will need to remain on SSRI treatment during pregnancy if, after consultation with your doctor, it is felt that the risk of untreated depression or anxiety is greater than the risk of remaining on the SSRI during pregnancy.
- If you require treatment with an SSRI during pregnancy, and you have responded to a specific SSRI in the past, this SSRI is the best option for you to continue on.
- Ideally, comprehensive treatment of depression and anxiety in pregnancy should also include non-medication treatments such as self-care, counselling and/or talk therapies.



What if I choose to not take an SSRI and my mood or anxiety gets worse?

