

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Psychopharmacotherapy in pregnancy and breastfeeding

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Rule

- Evaluation of the risk and benefits of administering psychotropic drugs during pregnancy and breastfeeding (Individual)
- Non pharmacological interventions
- Risks/Benefits (drug therapy)
- Minimum dose
- Monitoring

breastfeeding

- 1) Milk to plasma (M/P) concentration ratio.
 - 2) Relative infant dose(RID) or percent maternal dose ingested via breast milk mg/kg/day
-
- Maternal dose

- $\geq 10\%$ concerning

- 1) Sertraline

- 2) Escitalopram

(paroxetine)

Disorders

- MDD
- Bipolar disorder
- Schizophrenia
- Anxiety disorder
- O.C.D
- Insomnia
- ADHD

Mood Disorder

Un polar :

- MDD
- Dythymic disorder

1- SSRI

2- SNRI

3- Novel anti depressant (Buprppion)

4- TCA

5- Brexanolone IV (hyperactive GABA)

SAGE 217 orally

6- Antipsychotics

7- ECT

Antidepressant discontinue

- ❑ **History of relaps**
- ❑ **6 month symptoms free**
- ❑ **Family supports**

❖ Non pharmacological intervention mild-moderate

❖ Pharmacological intervention moderate-severe

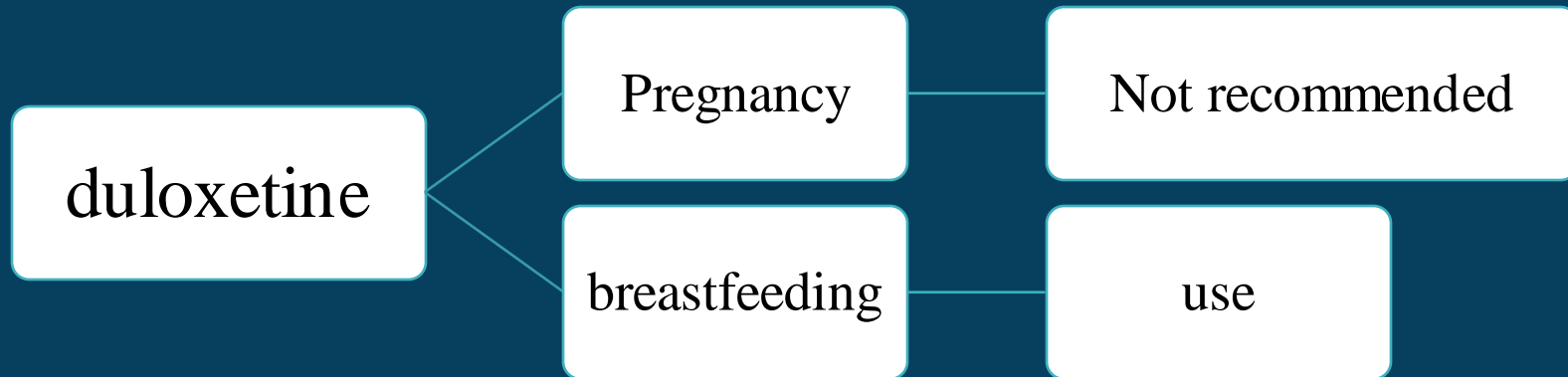
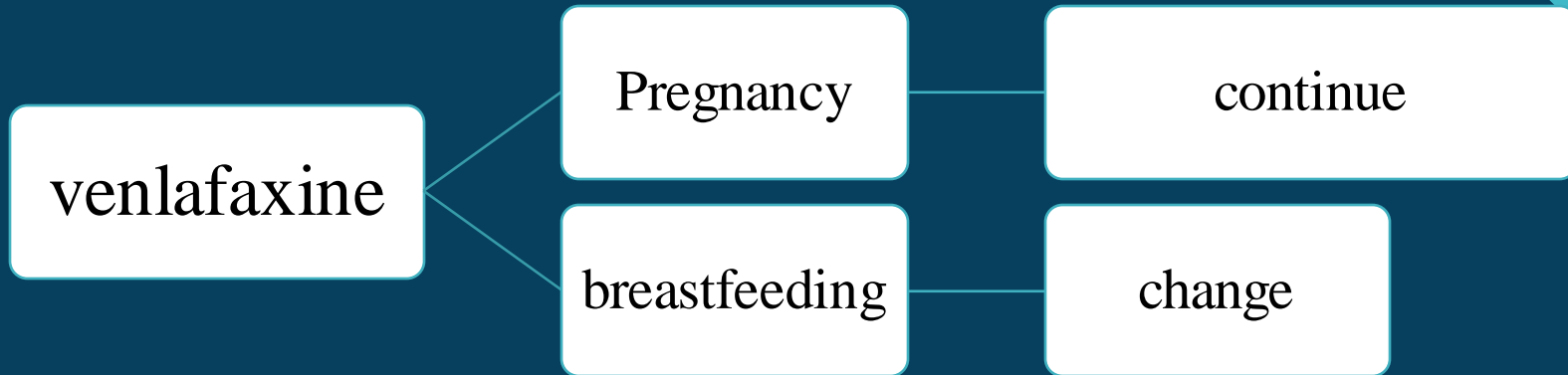
Anti depressant in pregnancy

- **Fluoxetine**
- **Citalopram**
- **Sertraline**
- **Amitriptyline**
- **Desipramine**
- **Nortriptyline**
- **Bupropion**

SSRI (side effects)

- Abortion, miscarriages (paroxetine, venlafaxine)
- no overall increased risk of congenital
- Premature birth and low birth weight
- Persistent pulmonary hypertension (PPHN)
- Complication in connection with the birth

SNRI (not first line)



TCA

Pregnancy

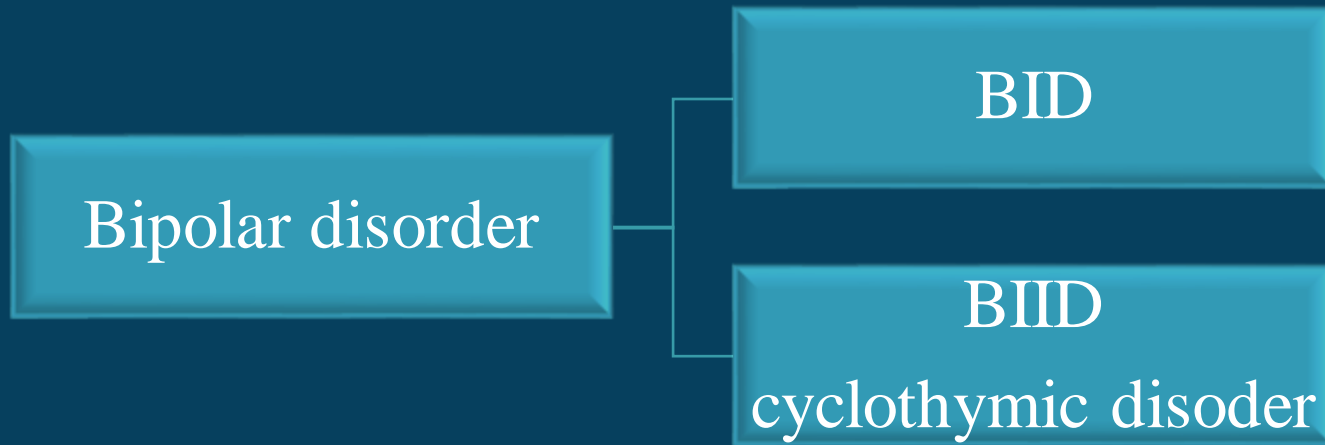
- Desipramine , nortriptyline, amitriptyline
- Trimipramine, Imipramine , Clomipramine not recommended

Breastfeeding

- Amitriptyline, Nortriptyline, Clomipramine, Imipramine no serious side effect

Novel antidepressant

- FDA approved treat women with postpartum depression (PPD)
- Brexanolone IV synthetic compound made from progesterone hyperactive GABA receptors
- SAGE-217 orally the same



1- lithium

2- valproate

3- carbamazepine

4- lamotrigine

5- antipsychotics

6- ECT

Anxiety disorder

- SSRI
- Buspiron
- SNRI
- TCA
- BZD (avoid durring weeks 5-10) Lorazepam

BZD

- Cleftlip → avoid BZD during weeks 5-10 of gestation
- The best → Medium- acting agents (lorazepam)
- Breastfeeding not recommended

SSRI

- Sertraline , Fluoxetine, Escitalopram, Citalopram
- Fluvoxamine not recommended
- Paroxetine ↑ malformation
- Breastfeeding :
 - Sertraline & paroxetine recommended
 - Fluoxetine & citalopram not recommended

PSYCHOSIS

Antipsychotics

- 1) FGA
- 2) SGA

Antipsychotic drugs

Pregnancy :

- Olanzapine → quetiapine and clozapine

Breastfeeding:

- Olanzapine → quetiapine and aripiprazole

Pregnancy

Haloperidol, Perphenazine Recommended

Breastfeeding

Haloperidol, Perphenazine not Recommended

Hypnotics

- Zolpidem
- Antihistamines

ADHD

- Methylphenidate → R/B in pregnancy
- No side effect have been described in nursed children
- Atomoxetine pregnancy and breastfeeding not recommended

Risks/Benefits

- Chronic use of psychotropic monotherapy during lactation is associated with normal growth and gross motor development as by milestone achievements reported by parents.
- Sleepiness was reported, it seemed self limited with no developmental effect.
- Nirit kronenfeld , ... (2018)

- Sleep disruption caused by late night breastfeeding session is having a significant negative impact on psychiatry symptoms,
- 1) Initiated about switching to formula feeding at night
- 2) Pumping breast milk so that the partner or spouse can handle nighttime feeding.

