

## ACOG Guidelines for Psychotropic Medication during Pregnancy and Post Partum

### **Risks of Fetal Exposure vs Untreated Maternal Illness**

It is estimated that each year in the United States, more than 500,000 women have psychiatric illnesses before or during pregnancy, and one third of all pregnant women are exposed to psychiatric medication during their pregnancy, the bulletin authors write.

"Advising a pregnant or breastfeeding woman to discontinue medication exchanges the fetal or neonatal risks of medication exposure for the risk of untreated mental illness," they note. Untreated or inadequately treated maternal mental illness "may result in poor compliance with prenatal care, inadequate nutrition, exposure to additional medications or herbal medicines, increased alcohol and tobacco use, deficits in mother-infant bonding, and disruptions within the family environment," they add.

"All psychotropic medications studied to date cross the placenta, are present in amniotic fluid and can also enter human breast milk," the authors write.

They summarized their findings in the following 15 recommendations and conclusions stratified according to the strength of the evidence supporting them:

- Level A evidence (from good and consistent scientific evidence):
  - Lithium exposure in pregnancy may be associated with a small increase in congenital cardiac malformations, with a risk ratio of 1.2 to 7.7.
  - Valproate exposure in pregnancy is associated with an increased risk for fetal abnormalities and should be avoided if possible, especially during the first trimester.
  - Carbamazepine exposure during pregnancy is associated with fetal carbamazepine syndrome and should be avoided if possible, especially during the first trimester.
  - Maternal benzodiazepine use shortly before delivery is associated with floppy infant syndrome.
- Level B evidence (from limited or inconsistent scientific evidence):
  - Paroxetine use in pregnant women and women who are planning to become pregnant should be avoided, if possible, and fetal echocardiography should be considered when fetuses are exposed to paroxetine in early pregnancy.
  - Prenatal benzodiazepine exposure increased the risk for oral cleft (absolute risk increased by 0.01%).
  - Lamotrigine is a potential maintenance therapy option for pregnant women with bipolar disorder and has a growing reproductive safety profile relative to alternative mood stabilizers.
  - Untreated or inadequately treated maternal psychiatric illness may have various negative consequences.
- Level C evidence (primarily from consensus and expert opinion):

- Multidisciplinary care management involving the patient's obstetrician, mental health clinician, primary health care provider, and pediatrician is recommended whenever possible.
- Use of a single medication at a higher dose is favored vs the use of multiple medications to treat psychiatric illness during pregnancy.
- Close monitoring of lithium during pregnancy and postpartum is recommended.
- Measuring serum drug levels in breast-fed neonates is not recommended.
- Treatment with selective serotonin-reuptake inhibitors, selective norepinephrine reuptake inhibitors, or both during pregnancy should be individualized.
- A fetal echocardiogram examination should be considered when the fetus is exposed to lithium during the first trimester of pregnancy.

*The Practice Bulletin was developed by the ACOG committee on Practice Bulletins with the assistance of Dr. Stowe and Kimberly Ragan, MSW, at the Life Enrichment Counseling Center, in Gainesville, Virginia.*

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