



Severe Mental Illness (SMI) and Special Populations: Women of Child-Bearing Age and Infants

Exposure to psychiatric medications during pregnancy is of concern as psychiatric medications studied to date have been shown to cross the placenta during pregnancy as well as enter the breast milk during lactation. Clinicians should ask female patients whether they are pregnant or planning to become pregnant, counsel patients on risks to the fetus, and advise them to consider pregnancy testing. The following discusses issues associated with use of psychiatric medications during pregnancy and lactation, and recommendations for care in pregnant and lactating women. Multi-disciplinary care should be provided to minimize adverse health outcomes for pregnant mothers and children.

Management Issues Associated with Medication Use During Pregnancy and Lactation^{1,2}

Medication Class	Management Issues*				
	Birth Defects	Pregnancy	Delivery	Neonatal	Lactation
Benzodiazepines	Possible increased incidence of cleft lip or palate	Ultrasonography for facial morphology	Floppy infant syndrome	Withdrawal syndrome	Infant sedation reported
Selective serotonin reuptake inhibitors (SSRIs), selective norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants	None confirmed	Decreased serum concentrations across pregnancy, and possible low birth weight	Decreased serum concentrations across pregnancy	Neonatal withdrawal syndrome and persistent pulmonary hypertension in the newborn	None reported/confirmed

Quality care is a team effort.
Thank you for playing a starring role!



Medication Class	Management Issues*				
	Birth Defects	Pregnancy	Delivery	Neonatal	Lactation
Lithium	Increased incidence of heart defects	Ultrasonography, fetal echocardiography, or both for heart development. Decreases serum concentrations across pregnancy	Intravenous fluids. Increased risk for lithium toxicity in mother	Increased risk for lithium toxicity in infant	Monitor infant complete blood count, thyroid stimulating hormone levels, and lithium levels
Antiepileptic Drugs	Increased incidence of birth defects	Decreased serum concentrations across pregnancy. Folate supplementation, Vitamin K for some antiepileptic drugs	None reported/confirmed	Neonatal symptoms, Vitamin K for some antiepileptic drugs	Monitor infant complete blood count, liver enzyme levels, antiepileptic drug levels
Antipsychotic Medications	None confirmed	Avoid anticholinergic medications for side effects	None reported/confirmed	Possible risk for neuroleptic malignant syndrome and intestinal obstruction	None reported/confirmed

*The use of any medication during pregnancy should be decided with consideration of risks and/or benefits by the provider and the patient.

This tool is provided as a resource and is not a substitute for the professional medical judgment of treating physicians or other health care practitioners. This guideline reflects the current state of knowledge at the time of development on effective and appropriate care. Proper use, adaptation, modifications or decisions to disregard in whole or in part are entirely the responsibility of the clinician who uses this guideline.

References

¹Adapted from *A Summary for Monitoring Physical Health and Side-Effects of Psychiatric Medications in the Severely Mentally Ill Population* (2014). The University of South Florida, Florida Medicaid Drug Therapy Management Program for Behavioral Health sponsored by the Florida Agency for Health Care Administration.

²Adapted from ACOG Practice Bulletin (2008). Clinical management guidelines for Obstetrician-Gynecologists: Use of psychiatric medications during pregnancy and lactation. *Obstetrics and Gynecology*, 111(1), 1001-1020.