PREGNANCY AND MENTAL ILLNESS

Women with a psychiatric history may wonder about the risks associated with pregnancy and parenthood. A safe pregnancy for mother and baby is often possible. It is important for the woman to work closely with a physician.

Symptoms of many psychiatric conditions (depression, mania, panic and even schizophrenia) frequently seem relatively inactive during pregnancy. Medication may be necessary however, and some medications are less risky than others.

General Guidelines

Women on psychiatric medications who want to get pregnant should follow these guidelines **in consultation with a physician.**

1. If possible, stop using the drugs before trying to conceive.
2. Allow for a "safety zone" of at least one month between your last medication and the time you try to conceive. Most psychiatric illnesses do not return immediately upon discontinuation of the drug.
3. If your physician approves, do everything possible to avoid medication during the first trimester of pregnancy, because it is the most critical time for fetal organ development.
4. If psychiatric medication is prescribed, it is preferable to use one that has been on the market for 20 years or more.

Medication Risks

Any kind of medication exposes a developing fetus to possible risks. Specific types of medications have particular risks:

Sedatives such as Valium or Klonopin and Anticonvulsants such as Tegretol and Depakene should be avoided. Anticonvulsants cause neural tube defects like spina bifida and anencephaly.

Antipsychotics: Relatively strong ones such as Haldol or Prolixin should be prescribed in small doses.

Antidepressants may cause rare cases of infant distress such as muscle spasms, fast heart rate, congestive heart failure, and respiratory disease.

Lithium carries a particularly high risk of heart malformation (about 13 times higher than usual), especially when used during the first three months of pregnancy. When used at the end of pregnancy, Lithium may cause lethargic and listless babies with irregular suck and startle responses. These newborns may also appear bluish due to problems with oxygen absorption in the blood. When used in the second trimester, Lithium is safe. When used in the third trimester, Lithium is associated with congenital hypothyroidism.

Special Consideration for Women with Mood Disorders

It may still be prudent to prescribe Lithium for severe episodes of manic depression during pregnancy. The possible consequences of an untreated episode (injury, severe psychological and/or physical stress, dehydration and malnutrition, profound sleep deprivation, and suicide) can be riskier to the fetus than the side effects of Lithium.

The safest way to treat severe depression in a pregnant woman is probably electro-convulsive therapy (ECT). Patients and families are sometimes frightened by the idea of "shock treatment, " but in fact ECT is safer than antidepressant medication for a depressed pregnant woman. It can be used during any state of pregnancy, but is less risky after the first trimester.

The most common side effect of ECT is short term memory loss. Less frequent side effects of ECT usually respond to simple treatment. These side effects may include: headaches, mild muscle soreness, nausea, adverse reactions to anesthetic or muscle relaxant, heartbeat irregularities, or rarely, heart attacks.

Breastfeeding

Women with psychiatric disorders may be at greater risk for postpartum difficulties than other women. After delivery it may be advisable for the mother to resume medication as soon as possible. Because most medications can be excreted in the breast milk, they pose some risk for a nursing infant. **Women should discuss thoroughly with their physicians whether nursing is a viable option, or whether they should plan to bottle feed their baby.** Although there are some benefits to breastfeeding, the most important consideration is keeping the mother healthy so she can appropriately care for her new infant.

For More Information on pregnancy and psychiatric medication, consult the following books:

Overcoming Depression by Demitiri Papolos, M.D. and Janet Papolos. New York, Harper & Row: 1987

Manic-Depressive Illness by Frederick Goodwin, M.D., and Kay Jamison. New York, Oxford University Press; 1990.

The Essential Guide to Psychiatric Drugs by Jack Gordon, M.D. New York, St. Martin's Press: 1990.

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