Medication Use During Pregnancy

Many mood stabilizers and antipsychotics can be used in pregnancy. Discontinuation greatly increases risk of decompensation or relapse.

Safer ← → Higher Risk

Reassuring data; do not discontinue

- Typical* or Atypical** Antipsychotics
- Lamotrigine (Lamictal)
- Lithium
  - monitor lithium levels
  - fetal echocardiogram (16-18 wks GA)

Less reassuring data; can continue if high risk

- Carbamazepine (Tegretol)
- Oxcarbazepine (Trileptal)

Avoid, change medication

- Valproic acid (Depakote)

Valproic acid is contraindicated for women of childbearing age and pregnant and lactating women because it can cause maternal metabolic syndrome and is a structural and neurodevelopmental teratogen

If patient is on lamotrigine, carbamazepine, or oxcarbazepine, supplement with folate 4mg/day preconception and during pregnancy and obtain a detailed ultrasound evaluation

Medication Use During Breastfeeding

- Mother must be clinically stable to breastfeed.
- Mother and infant must receive careful treatment plans and monitoring.
- Breastfeeding is not a benefit if it is at the expense of maternal mental health.
- Most mood stabilizers and antipsychotics can be used during breastfeeding.
- Breastfeeding while taking lithium should be done with caution and necessitates close monitoring of the infant.

Safer ← → Higher Risk

Reassuring data for antipsychotic use; do not discontinue

- Typical antipsychotics*: Monitor for stiffness
- Atypical antipsychotics**: Monitor maternal and infant weight and blood sugar

Usually considered compatible with breastfeeding

- carbamazepine (Tegretol): Monitor drug level, cbc, liver enzymes
- lamotrigine (Lamictal): Monitor rash, drug level

Must monitor the breastfeeding infant closely for lithium toxicity

- Collaborate with infant's pediatric provider to create a monitoring plan
- Monitor infant lithium level, TSH, BUN, Creatinine at least every 6-8 weeks

Always coordinate with pediatric provider

General Management Strategies

To decrease and manage risk of decompensation:

- Prophylactically treat with a mood stabilizer and/or antipsychotic
- Develop post-birth plan (e.g., clear follow-up plan for after delivery)
- Monitor closely (patient may not recognize labor cues)
- Collaborate with newborn medicine/pediatric provider
- Develop a plan for breastfeeding
- Develop a plan to support adequate sleep (e.g., partner feeds baby at night)
- Develop a plan to support maternal-infant bonding (e.g., engage family in postpartum plan)

Mania or postpartum psychosis:

Patient needs to be evaluated by a mental health provider. This can be done through psychiatric emergency services or as an outpatient depending on acuity level and safety concerns.

*Typical Antipsychotics (1st generation) include: haloperidol [Haldol], perphenazine [Trilafon], chlorpromazine [Thorazine], loxapine [Loxitane], fluphenazine [Prolixin]
**Atypical Antipsychotics (2nd generation) include: quetiapine [Seroquel], olanzapine [Zyprexa], risperidone [Risperdal], aripiprazole [Abilify], clozapine [Clozaril]

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