

Anti-depressant use in the post-partum period

FACTSHEET
11

General considerations

- The risks of exposure to post-partum depression appear to outweigh the risks of short-term exposure to anti-depressants during breastfeeding. (1)
- Most psychotropic medications pass readily into breastmilk.
- High rates of adverse events have not been found in babies exposed to antidepressants through breastmilk.
- With most anti-depressants, exposure is generally higher through placental passage than through breastmilk. (3)
- If a mother has taken a medication during pregnancy it is advisable to continue that medication during breastfeeding to minimise the number of medications to which the baby is exposed. (1)

General prescribing principles (also see factsheet 10: Prescribing for breastfeeding mothers)

- Where possible, advise mother to take medication immediately after a breastfeed to allow clearance from plasma before next feed.
- Advise the mother regarding the potential side effects of the medication.
- Provide routine clinical monitoring of the baby for potential side effects, including sedation, changes in sleep or feeding patterns, irritability or allergic reaction. (2)

Choosing a drug

- Sertraline (Lustral), paroxetine (Seroxat) and fluvoxamine (Faverin) have resulted in few adverse events and low or undetectable plasma levels in breastfed infants. (2,3)
- Fluoxetine (Prozac) has a long half-life. Use with caution and only in women who have had good results with this medication during pregnancy or a previous depressive episode. (2,3)
- Citalopram (Cipramil) in high doses has high breastmilk and plasma concentrations and

should probably not be used as first-line. (2,3)

- Venlafaxine (Effexor), trazodone (Molipaxin) and bupropion (Zyban) have positive outcomes in postnatal depression but there is not enough evidence of long-term safety to recommend their use. (3)
- There are no reports on the safety of escitalopram (Lexapro).
- No adverse effects have been reported from several studies of breastfeeding women taking amitriptyline or most of the other tricyclic antidepressants. (4, 5)
- There is one documented case of respiratory depression in a baby exposed to Prothiaden. This resolved when the drug was discontinued but it is best not to prescribe it. (4, 5)
- Transdermal oestrogen is not an effective treatment for postnatal depression and may decrease the mother's milk supply. (2)

References

1. Payne J. Antidepressant use in the Postpartum Period: Practical Considerations. *Am j Psychiatry*. 164;9 September 2007-12-20
2. Burt VK et al. The use of Psychotropic medications during breastfeeding. *Am J Psychiatry* 2001; 158:1001-1009
3. Eberhard-Gran M. et al. Use of psychotropic medications in treating mood disorders during lactation; practical recommendations. *CNS Drugs* 2006; 20;187-198
4. Medications and mothers milk 12th Edition. Hale Thomas W. Amarillo, TX: Pharmasoft Publishing, 2006.
5. Hendrick V. Treatment of postnatal depression. *BMJ* 2003;327:1003-4.

For resources see factsheet 10: Prescribing for breastfeeding mothers.