



Antidepressant medication and your baby

Patient information

Background

Depression and anxiety affect one in five pregnant women, and treatment with medication for anxiety and or depression is common.

Perinatal care provides a holistic framework for maternal and neonatal health throughout pregnancy and the postnatal period. Perinatal mental health plans are coordinated through the multidisciplinary care of the Women and Newborn Mental Health Service (WNHS).

When considering the use of medications during pregnancy, women are often faced with complex and deeply personal decisions. This process is guided by a careful risk-benefit analysis, where women, together with their healthcare providers, weigh the potential benefits of treatment against possible risks associated with a particular medication.

This decision-making process is informed by the best available scientific evidence, illness and treatment history, and the values and preferences of each woman. Recognising that untreated psychiatric illness in the mother also carries significant risks for maternal and infant wellbeing, we advocate for open dialogue, shared decision-making, and individualised care plans that support the health of mother and child.

While most newborns born to women who continue taking anxiety or depression medication during pregnancy are healthy, up to one in three babies may experience problems shortly after birth that require medical treatment by neonatologists. This may include breathing assistance at birth and ambulance transfer to hospital.



Delayed neonatal adaptation

Some studies have shown exposure to these medicines during pregnancy can increase the risk of a baby experiencing delayed neonatal adaptation. The baby's heart and lungs will need help to start to work after birth, as oxygen is no longer supplied by the placenta.

Symptoms are generally mild and can show within a few hours after birth. Your baby may show signs of more rapid breathing, difficulties with latching and feeding, and have loose stools (which can affect blood glucose levels and ability to gain weight).

Difficulties with sleeping and settling and signs of twitching or jitteriness are also common but respond well to supported care; for example, nursing skin-to-skin in a quiet, softly lit environment. Most symptoms resolve quickly or within days and your baby can be discharged home with you.

Persistent pulmonary hypertension (rare)

Persistent pulmonary hypertension (PPHN) occurs where the blood vessels in the lungs do not relax after birth. This means blood does not flow through the lungs easily to pick up oxygen or get rid of carbon dioxide.

Babies may struggle to breathe, have poor circulation and experience low oxygen levels, needing immediate medical treatment. While this can be scary, babies respond well to treatment (such as oxygen and breathing support) in a neonatal intensive care unit and recover to go back home within a few days.

What will be monitored after my baby is born?

Your midwife and/or doctors will observe your baby closely after birth to ensure there are no issues with breathing and circulation.

A small monitor will measure your baby's pulse and oxygen level (saturation). Your baby will be examined for normal muscle movements, crying, feeding and settling behaviour.

How will this be treated?

Your baby may require admission into a special care nursery or neonatal intensive care unit for assessment and treatment, including breathing support, oxygen, nutrition and medicines.

You will be supported in caring and feeding your baby in preparation for discharge home.

Can I breastfeed if I continue antidepressants?

Most antidepressants are excreted in small amounts in the breast milk and are unlikely to produce any adverse effects in your baby.

Although side effects are rare, watch your baby for signs of excessive drowsiness, irritability, poor feeding and restlessness.

Where can I get more information?

Talk to your doctor or, if you have any questions about medicines and breastfeeding, you can call the Obstetric Medicines Information Service, Monday to Friday, 8.30am to 4.30pm, on (08) 6458 2723.

References

Cornet M-C, Wu YW, Forquer H, et al. Arch Dis Child Fetal Neonatal Ed Epub ahead of print: [please include Day Month Year]. doi:10.1136/archdischild2023-326049

Care of the infant born to a mother taking psychotropic medication in pregnancy CAHS clinical guideline endorsed sept 2024 awaiting upload

<https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/WNHS/WNHS.MH.WomensandPerinatalMentalHealthReferralandManagementGuideline.pdf>

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