

Maternal Mental Health
MetroHealth Medical Center

Breastfeeding & *Psychiatric Medications*

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Conflicts of Interest

Dr Combs would like to report:

- » She receives honoraria for trainings by Merck
- » She is a member of the Baby Friendly USA Board of Directors



Learning Objectives

By the end of this discussion, attendees will be able to:

- » Describe how breastfeeding can be impacted by psychiatric medications, and how psychiatric conditions can be impacted by breastfeeding.
- » Identify paper and online tools to manage risks to breastfeeding patient dyads taking psychiatric medications.
- » Identify resources for management of complicated cases of breastfeeding parents who are being treated for psychiatric conditions.





Case 1

Rain is a 33-year-old

G2P1001 mother at 32 weeks based on her LMP



Rain reports:

- Depression since age 14
- Was on antidepressants since age 17
- Treated with escitalopram and venlafaxine in the past.
- Had stopped escitalopram use during her last pregnancy for fear of effect on developing fetus.
- Developed post partum depression 3 weeks PP and struggled with breastfeeding (BF), ceasing BF by 5 weeks.
- Was treated with escitalopram starting at 3 weeks post partum, and eventually changed to venlafaxine XR 150 mg daily at 6 months.

Rain wants to know which antidepressant would be better for her to use while breastfeeding?



Should she breastfeed?

Breastfeeding difficulties and perinatal depression often present together.

Some parents find BF enhances their mood, others find it difficult.

All efforts should be made to simplify feeding plans, maximizing time for parents and infant to enjoy one another.¹

Observational Study (n=2859) Patients who took antidepressants in the 2 years prior to pregnancy

Compared to women who did not take an antidepressant during pregnancy, those who took an antidepressant:

- » All 3 trimesters, were 37% less likely to BF at discharge
- » Only in the third trimester were 75 % less likely to BF at discharge
- » Only 1st & 2nd trimester had no decreased likelihood to BF at discharge.²



Retrospective Cohort Study

Compared: women dispensed and antidepressant during late pregnancy (n=575) to those with psychiatric illness and no dispensed antidepressant (n=1552) and mothers without a psychiatric diagnosis (n=30,535)

- » Women who received an antidepressant were **37% less likely to breastfeed at discharge** compared to those without a psychiatric diagnosis.
- » Women who received an antidepressant were **no less likely to breastfeed** compared to women with untreated psychiatric diagnosis. ³





Should she avoid medications?

Treatment is strongly preferred. Untreated maternal depression can have severe and long-term consequences

Mild to moderate symptoms: psychological/CBT is the first line treatment as there is no risk to the infant with close follow-up

Moderate to severe symptoms: Both medication and psychological/CBT are recommended.¹



What do we know about antidepressants and breastfeeding?

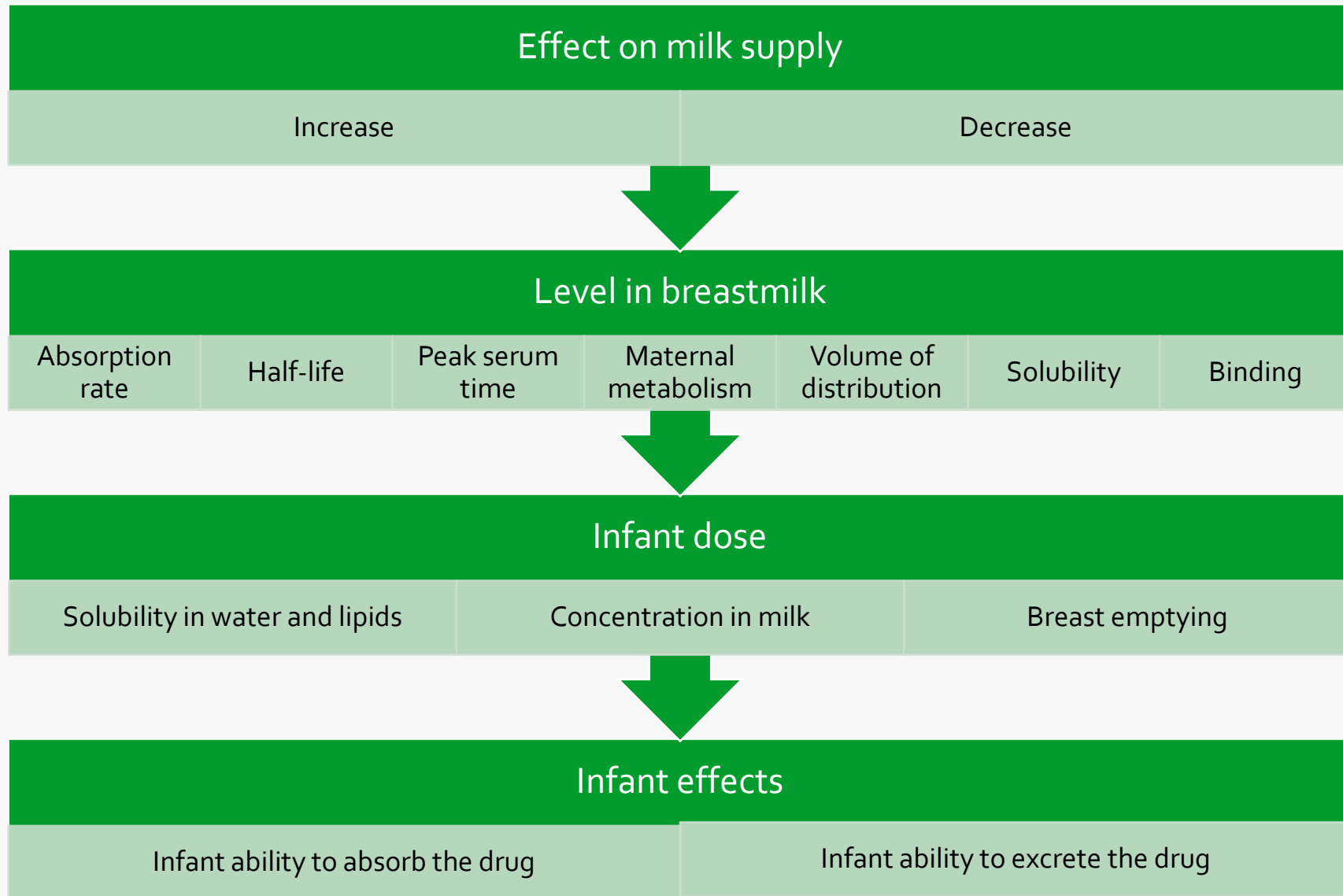
Some might say “Not much!” ⁴

Maternal medications are the most common medical problem reported to the Human Lactation Study Center.

What factors
impact
medication
selection for
breastfeeding
dyads?







Antidepressants and Poor Neonatal Adaptation (PNA)

Jitteriness, rapid breathing, increased muscle tone, irritability⁵.

- » Neonates exposed to SSRI's and SNRI's in utero are at risk for developing PNA.⁶
 - About 25-30% of infants exposed to SSRIs in late pregnancy show symptoms of PNA.⁵.
- » Transient disturbance in neonatal serotonergic system may be a part of the reason for development of PNA⁶.
- » **Exclusively breastfed infants who were exposed to SSRI/SNRI in utero have been found to be less likely to develop PNA than exclusively formula fed infants⁷.**
- » Dosage of the mother's SSRI/SNRI was not found to be associated with PNA⁷.
- » A period of observation of 48-72 hours post partum is advisable to watch for symptoms in the neonate.⁸.





Escitalopram vs Venlafaxine: Which should she take?

- Lactmed
- Academy of Breastfeeding Medicine Protocol #18

Comparison of antidepressants

Escitalopram 20 mg daily

- » Selective serotonin reuptake inhibitor, S-isomer of racemic citalopram, with two active metabolites.
- » Limited information suggests doses of up to 20 mg daily would not be likely to cause a negative impact in the neonate⁹.
- » Absolute dosage of exclusively breastfed infants was 40% lower than racemic citalopram⁹.
- » Eight women's milk samples showed average of 3.9% and 1.7% of maternal weight-adjusted dose of escitalopram and desmethylocitalopram, respectively⁹.
- » Monitor for drowsiness if taken in combination with other medications.

Venlafaxine XR 150 mg daily¹⁰

- » Serotonin-norepinephrine reuptake inhibitor
- » Venlafaxine and its active metabolite has been found in the blood of exclusively breastfed infants.
- » Side effects have been rarely reported.
- » Taking venlafaxine while breastfeeding has been proposed as a way to mitigate venlafaxine withdrawal.
- » Different studies have measured the weight-adjusted dose between 3.5 -11%¹⁰.



Shared decision making!

The best studied antidepressants in lactation are tricyclic antidepressants, paroxetine, fluoxetine, and sertraline.

In choosing with a patient, which medication to take, value what has worked well in the past for them.

Prioritize mother's mental health over breastfeeding if there needs to be a decision between the two.



Case 2

Bernadette is a 24 yo G1Po woman who delivered at term 30 minutes ago. She wants to know if she can breastfeed.

She has a history of Bipolar Depression treated successfully with lithium for 5 years.

- » Her psychiatrist and prenatal care provider decided with patient to continue lithium during her pregnancy.
- » She wants to know if she should continue to take it postpartum
- » She wants to know what she can do to succeed at breastfeeding
- » She is concerned about destabilizing her Bipolar Depression

What advice do you have for her?



Bipolar Depression and Lactation

- » On demand breastfeeding may cause disruption to the sleep wake cycle and increase the risk of relapse¹¹.
- » Many sources do not consider lithium use an absolute contraindication to breastfeeding¹².
- » Lithium is transmitted into the breastmilk , and infant toxicity has been reported in breastfed infants¹¹.
- » Monitor infants closely when they are also dehydrated¹².
- » Infants need blood monitoring including Lithium levels, TSH, and BUN measurements every 6-8 weeks while nursing¹¹.

Resources



LACTMED
Website and App

- From National Institute of Health's Toxnet Database
- Updated monthly
- Data derived from scientific literature and peer reviewed



Academy of Breastfeeding Medicine Clinical
Protocols

- Free clinical protocols on multitude of topics related to Breastfeeding Medicine
- #18 – Use of antidepressants in Breastfeeding Mothers



Human Lactation Study Center

- From University of Rochester
- Call (585) 275-0088 for provider consultation



Infant Risk Center

- From Texas Tech University Health Center
- Hotline for questions- open to patients 1 (806) 352-2519



Cleveland Regional Perinatal Network

- Cleveland based network for screening and referrals
- Referrals to Community Mental Health Centers
- <http://crpn.net/wp-content/uploads/2018/11/MBHRF-2019.pdf>



The Periscope Project

- From Medical College of Wisconsin
- Screening tools, treatment algorithms, and education modules for providers on Maternal Mental Health topics

Questions?




Maternal Mental Health


MetroHealth Medical Center

Thank You

Dr. Christine Alexander Rager,
Dr. Nazha Abughali
Ms. Sandy Wright-Esber
Dr. Neal Goldenberg
The Family Friendly Team at MetroHealth

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Breastfeeding support group
Wednesdays at noon in Peds



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