Apr 25th, 2:45 PM - 3:45 PM

Antidepressants & Pregnancy: Are the Benefits Worth the Risk?

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Antidepressants & Pregnancy: Are the Benefits Worth the Risk?
By: Shelbi Wall & Christine Connolly
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<table>
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<tr>
<th>Study</th>
<th>Description</th>
<th>Findings</th>
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<tr>
<td>Neonatal growth outcomes at birth and one month postpartum following in utero exposure to antidepressant medication (Lewis et al., 2010)</td>
<td>Level II</td>
<td>• Exposure to antidepressant medications affected gestation at birth and neonatal growth outcomes • These infants experienced statistically significant differences in their birth weight, length, and age of gestation at the time of delivery • Neonates exposed to antidepressants were eightfold more likely to weigh less than 2500 grams (significantly lowered) and 4.5 times more likely to be premature</td>
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<tr>
<td>Duration of antidepressant use during pregnancy and risk of major congenital malformations (Ramos et al., 2008)</td>
<td>Level II</td>
<td>• Approximately 8.1% of the total infants in the study presented with a minimum of one major congenital malformation • These congenital malformations were not due to one antidepressant in particular, but rather the intake of multiple antidepressants, selective serotonin reuptake inhibitors, or no antidepressants at all during their first trimester of pregnancy • No correlation was found between antidepressant use and these malformations</td>
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<tr>
<td>Use of antidepressants during pregnancy and the risk of spontaneous abortion (Nakhai-Pour et al., 2010)</td>
<td>Level II Nested-case study</td>
<td>• The majority of women who experienced a spontaneous abortion were not only clinically diagnosed with anxiety and depression, but also had several underlying factors contributing to the spontaneous abortion • 5.5% of women diagnosed with a spontaneous abortion had gotten at least one prescription of antidepressant medication during their pregnancy while 2.7% of the control group • After adjusting for underlying factors that participants may have, the research concluded that there is no direct correlation between antidepressant use and spontaneous abortion, they are independent of one another</td>
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Results:
- Because all of the studies were not conclusive, we cannot say with full confidence that antidepressant use in pregnancy does not cause an increase in fetal malformations
- Despite some increases in fetal abnormalities, three of the four studies determined that there is no significant relationship between antidepressant use during pregnancy and an increased risk of fetal malformations
- There was no correlation found between antidepressant use during pregnancy and fetal malformations, such as: low birth weight, cardiac defects, low gestational age, am spontaneous abortion

Application:
- Provide education to women who are pregnant or who are trying to become pregnant and have a history or new prescription for antidepressant medications that there is no increased risk of harm for their baby
- Encourage pregnant women who are suffering from anxiety and depression to receive help in the form of therapy and pharmacotherapy
- Monitor the mental health of pregnant women who are taking antidepressants or who suffer from depression
- Provide all pregnant women with information on the effects of depression and anxiety can have on their baby, as well as information regarding potential therapies and medications that may be helpful

Background:
- Anxiety and depression are two of the most common psychological conditions that affect women worldwide
- According to the Mayo Clinic (2016), depression occurs in 14-23% of pregnant women
- There has been an association between depression and preterm birth, preeclampsia, and low birth weight (Kaplan, 2013)
- Nearly 30% of women within child-bearing age are currently experiencing depression or have been diagnosed with depression or anxiety (Dawson et al., 2016)
- There have been some reports that claims that antidepressant use during pregnancy can cause spontaneous abortion (miscarriage), malformations, low birthweight, preterm birth, preeclampsia, and pulmonary hypertension (Yamamoto, McCormick, & Burris, 2015)

Questions:
Are pregnant women who take an antidepressant during pregnancy at a greater risk for fetal complications compared to pregnant women who do not take an antidepressant?

Key Terms:
- SSRI: selective serotonin reuptake inhibitor
- SNRI: selective norepinephrine reuptake inhibitor
- NaSSA: noradrenergic and specific serotoninergic antidepressant

This work is not an original. This is an evidence-based practice brief that includes published research conducted by professionals. Guidance was provided by Stephanie Burkholder, professor of Practice Research Methods. NU307: Evidence-Based