# Pregnancy & Breastfeeding Antipsychotics & Mood Stabilizer Medications Chart

**Generic (Trade name)** | **Dose** | **Treats** | **Maternal Risks** | **Fetal Risks** | **Blood to Cord Transmission** | **Half Life (t1/2)/metabolites** | **P450** | **Side effects in Breastfed Infants** | **Special Considerations** |
---|---|---|---|---|---|---|---|---|---|---|
**Antipsychotics**

**Aripiprazole (Abilify)**
- Dose: 2-30mg qd
- Treats: Psychosis, Bipolar disorder
- Maternal Risks: galactorrhea, hyperprolactinemia, Neuroleptic Malignant Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD), decreased milk supply
- Fetal Risks: No major congenital malformations have been shown.
- Blood to Cord Transmission: CYP2D6, CYP3A4
- Half Life (t1/2)/metabolites: 0.56 0.90% 75 hours
- P450:
- Special Considerations: No adequate studies in women for determining infant risk when using this medication during breastfeeding. Levels decrease by week 24 of pregnancy.

**Asenapine (Saphris)**
- Dose: 2.5-20mg qd
- Treats: Bipolar I & schizophrenia
- Maternal Risks: galactorrhea, hyperprolactinemia, Neuroleptic Malignant Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD)
- Fetal Risks: No human data, animal studies show no teratogenicity.
- Blood to Cord Transmission: CYP1A2, CYP 2D6, CYP3A4
- Half Life (t1/2)/metabolites: no data no data 24 hours
- P450: no data
- Special Considerations: No adequate studies in women for determining infant risk when using this medication during breastfeeding. Do not eat or drink for 10 min after taking.

**Brexpiprazole (Rexulti)**
- Dose: 0.5-3mg qd
- Treats: Psychosis, Bipolar disorder
- Maternal Risks: galactorrhea, hyperprolactinemia, Neuroleptic Malignant Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD)
- Fetal Risks: No human data, animal studies show no teratogenicity.
- Blood to Cord Transmission: CYP2D6, CYP3A4
- Half Life (t1/2)/metabolites: no data no data 91 hours
- P450:
- Special Considerations: No adequate studies in women for determining infant risk when using this medication during breastfeeding. Floppy baby syndrome. Levels decrease by week 24 of pregnancy.

**Clozapine (Clozaril)**
- Dose: 50-450mg qd
- Treats: Psychosis
- Maternal Risks: galactorrhea, hyperprolactinemia, Neuroleptic Malignant Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD), gestational diabetes
- Fetal Risks: No human data, animal studies show no teratogenicity.
- Blood to Cord Transmission: CYP1A2, CYP2C9, CYP3A4
- Half Life (t1/2)/metabolites: no data 1.40% 12 hours
- P450:
- Special Considerations: No adequate studies in women for determining infant risk when using this medication during breastfeeding. Floppy baby syndrome. Need to be monitored for agranulocytosis weekly for 6 months.

**Haloperidone (Haldol)**
- Dose: 0.5-10mg qd
- Treats: Psychosis
- Maternal Risks: galactorrhea, hyperprolactinemia, Neuroleptic Malignant Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD)
- Fetal Risks: Low placental transfer.
- Blood to Cord Transmission: CYP1A2, CYP2D6, CYP3A4
- Half Life (t1/2)/metabolites: 0.65 3% 14-36 hours
- P450:
- Special Considerations: Case reports normal infant/child development.

**Iloperidone (Fanapt)**
- Dose: 12-24mg in divided dose
- Treats: Schizophrenia
- Maternal Risks: galactorrhea, hyperprolactinemia, Neuroleptic Maligent Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD)
- Fetal Risks: No human data, animal studies show no teratogenicity.
- Blood to Cord Transmission: CYP2D6, CYP3A4
- Half Life (t1/2)/metabolites: no data no data 18-30 hours
- P450:
- Special Considerations: Levels decrease by week 24 of pregnancy.

---

Access help for your patients (MN residents) Call the HelpLine- 612/787-7776; email ppsmhelpline@gmail.com
Prescriber questions? www.mnpsychconsult.com
<table>
<thead>
<tr>
<th>Generic (Trade name)</th>
<th>Dose</th>
<th>Treats</th>
<th>Maternal Risks</th>
<th>Fetal Risks</th>
<th>P450</th>
<th>Blood to Cord Transmission</th>
<th>Half Life (t1/2)</th>
<th>Metabolites</th>
<th>Side effects in Breastfed Infants</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>lurasidone (Latuda)</td>
<td>20-120mg qd</td>
<td>Psychosis, Bipolar disorder</td>
<td>galactorrhea, hyperprolactinemia, Neuroleptic Maligent Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD)</td>
<td>No human data, animal studies show no teratogenicity, no anomalies in rat and rabbit studies</td>
<td>CYP3A4</td>
<td>no data</td>
<td>no data</td>
<td>18 hours</td>
<td>No adequate studies in women for determining infant risk when using this medication during breastfeeding.</td>
<td>Must take with food</td>
</tr>
<tr>
<td>olanzapine (Zyprexa)</td>
<td>2.5-20mg qd</td>
<td>Psychosis, Bipolar disorder</td>
<td>weight gain, gestational diabetes, galactorrhea, hyperprolactinemia, Neuroleptic Maligent Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD)</td>
<td>No major congenital malformations have been shown. Potential for large for gestational age. Low placental transfer.</td>
<td>CYP1A2, CYP2D6, CYP3A4</td>
<td>0.72</td>
<td>1.20%</td>
<td>30 hours</td>
<td>15% incidence of side effects noted including: somnolence, irritability, tremor and insomnia. No long term developmental concerns.</td>
<td>Best studied SGA. Levels increase in pregnancy. Routine ultrasound monitoring for fetal size in late pregnancy.</td>
</tr>
<tr>
<td>paliperidone (Invega)</td>
<td>1.5-9mg qd</td>
<td>Psychosis</td>
<td>weight gain, gestational diabetes, galactorrhea, hyperprolactinemia, Neuroleptic Maligent Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD)</td>
<td>No human data, animal studies show no teratogenicity</td>
<td>CYP2D6, CYP3A4</td>
<td>no data</td>
<td>no data</td>
<td>3-17 hours</td>
<td>No adequate studies in women for determining infant risk when using this medication during breastfeeding.</td>
<td></td>
</tr>
<tr>
<td>quetiapine (Seroquel)</td>
<td>25-800mg qd</td>
<td>Psychosis, Bipolar disorder; off-label for insomnia &amp; anxiety</td>
<td>weight gain, gestational diabetes, galactorrhea, hyperprolactinemia, Neuroleptic Maligent Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD)</td>
<td>No major congenital malformations have been shown. Potential for large for gestational age. Low placental transfer.</td>
<td>CYP2D6, CYP3A4</td>
<td>0.23</td>
<td>0.07-0.1%</td>
<td>6 hours</td>
<td>No adequate studies in women for determining infant risk when using this medication during breastfeeding. Multiple case reports no behavioral or developmental concerns.</td>
<td>Routine ultrasound monitoring for fetal size in late pregnancy.</td>
</tr>
<tr>
<td>risperidone (Risperdal)</td>
<td>0.5-16mg qd</td>
<td>Psychosis, Bipolar disorder</td>
<td>weight gain, gestational diabetes, galactorrhea, hyperprolactinemia, Neuroleptic Maligent Syndrome (NMS), Metabolic changes, Tardive Dyskinesia (TD)</td>
<td>Low placental transfer. No human data, animal studies show no teratogenicity</td>
<td>CYP2D6, CYP3A4</td>
<td>0.49</td>
<td>2.3-4.7%</td>
<td>3 hours</td>
<td>No adequate studies in women for determining infant risk when using this medication during breastfeeding. Case reports no developmental anomalies, no neurological or physical anomalies.</td>
<td>Levels decrease by week 24 of pregnancy</td>
</tr>
</tbody>
</table>

Access help for your patients (MN residents) Call the HelpLine- 612/787-7776; email ppsmhelpline@gmail.com  
Prescriber questions? www.mnpsychconsult.com
### Pregnancy & Breastfeeding Antipsychotics & Mood Stabilizer Medications Chart

<table>
<thead>
<tr>
<th>Generic (Trade name)</th>
<th>Dose</th>
<th>Treats</th>
<th>Maternal Risks</th>
<th>Fetal Risks</th>
<th>P450</th>
<th>Blood to Cord Transmission</th>
<th>Half Life (t1/2) /metabolites</th>
<th>Side effects in Breastfed Infants</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ziprasidone (Geodon)</td>
<td>20-200mg qd</td>
<td>Psychosis; more weight neutral</td>
<td>gestational diabetes, galactorrhea, hyperprolactinemia, Neuroleptic Malignant Syndrome (NMS), metabolic changes, Tardive Dyskinesia (TD), increased sexual arousal</td>
<td>no case controlled studies w/ humans, animal studies indication delayed ossification</td>
<td>CYP1A2, CYP3A4</td>
<td>no data</td>
<td>0.1-1.2%</td>
<td>6.6 hours</td>
<td>Must take with food</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Antiepileptics

<table>
<thead>
<tr>
<th>Antiepileptics</th>
<th>Dose</th>
<th>Treats</th>
<th>Maternal Risk</th>
<th>Fetal Risk</th>
<th>P450</th>
<th>Blood to Cord</th>
<th>t1/2</th>
<th>Breastfed infant side effects</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbamazepine (Tegretol)</td>
<td>400-1200mg qd</td>
<td>Bipolar Disorder</td>
<td>possible bleeding disorder in gestational carrier, hyponatremia, SIS</td>
<td>Spina bifida, neural tube defects, facial/skeletal abnormalities, hypospadias, diaphragmatic hernia, neonatal hemorrhage (d/t competing inhibitor of prothrombin precursors). Studies: N125= 12% congenital anomalies, N 68= 18% anomalies, N110 8.2% anomalies. Associated with developmental and neurologial delays.</td>
<td>Induces CYP3A4 reducing levels of estrogen based birth control</td>
<td>0.7-11</td>
<td>64-70%</td>
<td>35 hours and poor weight gain</td>
<td>Should be avoided in women of childbearing years. If it must be used, then 4mg/day folate supplement.</td>
</tr>
<tr>
<td>Generic (Trade name)</td>
<td>Dose</td>
<td>Treats</td>
<td>Maternal Risks</td>
<td>Fetal Risks</td>
<td>P450</td>
<td>Blood to Cord Transmissi on</td>
<td>Half Life (t1/2)</td>
<td>Side effects in Breastfed Infants</td>
<td>Special Considerations</td>
</tr>
<tr>
<td>----------------------</td>
<td>------</td>
<td>--------</td>
<td>----------------</td>
<td>-------------</td>
<td>------</td>
<td>----------------------------</td>
<td>-----------------</td>
<td>----------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>gabapentin (Neurontin)</td>
<td>300-3600mg</td>
<td>Anxiety &amp; pain</td>
<td>Lethargy, numbness</td>
<td>No major congenital malformations have been shown.</td>
<td>No isolated drug to gene concern, no effect on estrogen or progesterone</td>
<td>1.3-2.1</td>
<td>1.3-3.8 hours</td>
<td>No adverse effects reported</td>
<td>Fetal drug levels higher than maternal</td>
</tr>
<tr>
<td>lamotrigine (Lamictal)</td>
<td>100-400mg</td>
<td>Bipolar Disorder</td>
<td>SIS, psychomotor slowing</td>
<td>No major congenital malformations have been shown in monotherapy</td>
<td>No isolated drug to gene concern, estrogen can reduce level of lamictal</td>
<td>0.66</td>
<td>9.2% with some sorces statin g 20-50%</td>
<td>No neurodevelopmental delays. Case reports of hepatic clearance problem for preterm.</td>
<td>Levels may decrease over the course of pregnancy and should be monitored.</td>
</tr>
<tr>
<td>Generic (Trade name)</td>
<td>Dose</td>
<td>Treats</td>
<td>Maternal Risks</td>
<td>Fetal Risks</td>
<td>P450</td>
<td>Blood to Cord Transmission</td>
<td>Half Life (t1/2)</td>
<td>Side effects in Breastfed Infants</td>
<td>Special Considerations</td>
</tr>
<tr>
<td>----------------------</td>
<td>------</td>
<td>--------</td>
<td>----------------</td>
<td>-------------</td>
<td>------</td>
<td>---------------------------</td>
<td>-----------------</td>
<td>----------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>oxcarbazepine (Trileptal)</td>
<td>300-2400mg qd</td>
<td>Bipolar Disorder &amp; epilepsy</td>
<td>SIS, psychomotor slowing, hyponatremia</td>
<td>facial, skull, heart and skeletal defects, increased rate of miscarriages and low birth weight.</td>
<td>Induces CYP3A4 reducing levels of estrogen based birth control</td>
<td>0.5 4-6%</td>
<td>8-25 hours</td>
<td>limited information, case reports of normal child development</td>
<td>Levels decrease during pregnancy</td>
</tr>
<tr>
<td>topiramate (Topamax)</td>
<td>50-300mg qd</td>
<td>Epilepsy, migraine headache prevention</td>
<td>SIS, psychomotor slowing</td>
<td>2015 Meta-analysis prevalence of total malformations 4.28% compared to unadjusted relative risk of 2.97%. Skeletal, cleft lip most common.</td>
<td>Induces CYP3A4 reducing levels of estrogen based birth control</td>
<td>0.7-11 24.50%</td>
<td>21 hours</td>
<td>limited information, single case report of diarrhea</td>
<td></td>
</tr>
</tbody>
</table>
### Pregnancy & Breastfeeding Antidepressant Medication Chart

<table>
<thead>
<tr>
<th>Generic (Trade name)</th>
<th>Dose</th>
<th>Treats</th>
<th>Maternal Risks</th>
<th>Fetal Risks</th>
<th>P450</th>
<th>Blood to Cord Transmission</th>
<th>Half Life (t1/2) / metabolites</th>
<th>Side effects in Breastfed Infants</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>valproic Acid (Depakote)</td>
<td>500–2000mg qd</td>
<td>Increased incidence of PCOS, weight gain, metabolic changes, liver function problems</td>
<td>increased incidence of PCOS, weight gain, metabolic changes, liver function problems</td>
<td>spina bifida, limb size anomalies, decreased IQ scores in offspring</td>
<td>weak P450 inhibitor, significant drug to drug interactions including estrogen, birth control and other psychotropic medications</td>
<td>0.01–0.1</td>
<td>14–17%</td>
<td>9–16 hours</td>
<td>neonates reduced elimination, need to monitor levels</td>
</tr>
<tr>
<td>lithium (Lithobid)</td>
<td>300–1600mg qd</td>
<td>Dehydration, thyroid dysfunction</td>
<td>Increased risk of congenital malformations with 1st trimester lithium exposure, Epstein anomaly.</td>
<td>No P450 action</td>
<td>1.05 due to equilibrium with medication suggested</td>
<td>suspended dosing or reduce proximate to delivery</td>
<td>12–30%</td>
<td>24 hours for mother</td>
<td>Levels decrease during pregnancy. Monitor levels monthly in 1st and 2nd trimester, and weekly during 3rd trimester. High-resolution ultrasound with fetal anomaly scanning at 20 weeks. Dose should be held or reduced with initiation of labor.</td>
</tr>
</tbody>
</table>

**Note:** for use by prescribing clinicians only

Access help for your patients (MN residents) Call the HelpLine- 612/787-7776; email ppsmhelpline@gmail.com

Prescriber questions? www.mnpsychconsult.com
# Pregnancy & Breastfeeding Antipsychotics & Mood Stabilizer Medications Chart

©PPSM- developed by Samantha Huguelet, DNP, APRN- Psychiatric Nurse Practitioner, 2019

For prescribing professionals only

## References:
- Newport et al, Atypical Antipsychotic Administration During Late Pregnancy: Placental Passage and Obstetrical Outcomes Am J Psychiatry 2007; 164:1214-1220
- Clark et al, Lamotrigine dosing for pregnant patients with bipolar disorder, Am J Psychiatry, 2013;Nov
- Sabers & Torbjorn, Managing antiepileptic drugs during pregnancy and lactation, Current Opinion in Neurology 2009, 22:157-161
- Ohman, Vitols, Tomson, Pharmacokinetics of gabapentin during delivery, in the neonatal period, and lactation: does a fetal accumulation occur during pregnancy?, Epilepsia, 2005, 46(10) 1621-1624
- https://womensmentalhealth.org/specialty-clinics/breastfeeding-and-psychiatric-medication/
- www.reprotox.com