



Pregnancy & Breastfeeding Antidepressant Medication Chart

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

| Name/ Dose | Benefits | Maternal Risks | Fetal Risks* | P450** | Blood to Cord Transmission*** | RID | Half-life/ metabolites | Breastfeeding Side-effects | Special Considerations | |
|---|---|--|---|---------------------|---|-----------|---------------------------|--|--|------|
| SSRI's Citalopram (Celexa) 20-40 mg qd | Few drug to drug interactions; No adverse morphologic consequences for infant | Nausea, insomnia, dizziness, lethargy, QT prolongation | *Meta-analysis has documented that the use of SSRI's during the first trimester of pregnancy does NOT increase the risk of congenital malformations above that seen in the general population. Systematic review: absolute risk of anomalies low; poss. fetal growth restriction. Poss neural tube, cardiac defects; poss. pre-term birth, poss. post-natal adaption syndrome (PNAS) | 2C19, 2D6, 3A4 | **If mom is a poor metabolizer, more drug will be available for cord to placenta transfer ***Estimated fetal exposure of parent drug | 0.58-0.73 | 3.6% | 35 hrs. | Somnolence, weight loss, decreased feeding | None |
| Escitalopram (Lexapro) 10-20 mg qd | Few drug to drug interactions; no adverse morphologic consequences for infant | Nausea, insomnia, dizziness, sexual dysfunction, dry mouth | Systematic review: absolute risk of anomalies low; poss. pre-term birth, poss. PNAS | 2C19, 2D6, 3A4 | 0.73 | 5.2-8% | 30 hrs. | Somnolence, weight loss, decreased feeding | None | |
| Fluoxetine (Prozac) 20-80 mg qd | Multiple human studies, including meta-analysis, systematic review & neuro-dev. follow-up; Treats depression & anxiety. | Nausea, sexual dysfunction, lethargy, activation | Systematic review: absolute risk of anomalies low; poss. pre-term birth, poss. (PNAS) | 2C19, 2D6, 2C9, 3A4 | 0.64-0.71 | 1.6-14% | 5-7 days | Colic, fussiness, crying | Highest incidence of drug interactions; good choice if adherence issues d/t long half-life | |
| Paroxetine (Paxil) 20-80 mg qd | Highly effective at treating anxiety. Less desired in pregnancy d/t PNAS risk; can use if benefits outweigh risks. | Case reports of increased miscarriage risk; fatigue, dizziness, sexual dysfunction | Absolute risk low in systematic review; poss. risk of pre-term birth. Original cleft palate research never replicated. Poss. PNAS. | 2D6, 3A4 | 0.46 | 1.2-2.8% | 21-24 hrs. | No reported concerns | Highest incidence PNAS.; avoid in adolescents. | |
| Fluvoxamine (Luvox) 50-300 mg qd | Treats depression, anxiety, and OCD | Nausea, drowsiness, appetite loss, poss. drug interactions | Systematic review: absolute risk of anomalies low; poss. pre-term birth, poss. PNAS | 1A2, 2D6 | 0.78 | 0.3-1.4% | 12-24 hrs. | No reported concerns | None | |



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| SSRI's (cont.) | | | | | | | | | |
| Vilazodone (Viibryd) 40 mg qd | Treats depression & anxiety. Considered weight neutral. Lesser incidence of sexual dysfunction. | Nausea, diarrhea vomiting, insomnia | Case reports no adverse effects *Meta-analysis has documented that the use of SSRI's during the first trimester of pregnancy does NOT increase the risk of congenital malformations above that seen in the general population. | 2C19, 2D6, 3A4 **If mom is a poor metabolizer, more drug will be available for cord to placenta transfer | No data ***Estimated fetal exposure of parent drug | No data | 25 hours | No data | Must be taken with food. |
| Sertraline (Zoloft) 50-200 mg qd | Most studied in pregnancy. No adverse behavior/ congenital evidence. | Nausea, diarrhea, tremors, sexual dysfunction | Systematic review: absolute risk of anomalies low; poss. pre-term birth, least incidence of PNAS. | 2B6, 2C19, 2C9, 2D6, 3A4 | 0.29-0.73 | 0.4-2.2% | 12-24 hrs. | No reported concerns | None |
| Desvenlafaxine (Pristiq) 50-100 mg qd | Pregnancy data applied from venlafaxine | Poss. increased risk of miscarriage; nausea, sweating, dry mouth, dizziness, insomnia, somnolence, sexual dysfunction, hypertension. | Pregnancy data applied from venlafaxine. | 3A4 | No data | 6.8-9.3% | 11 hrs. | Monitor for adequate weight gain; poss. sleep changes- sleepless or excessive. | No active metabolites |
| SNRI's | | | | | | | | | |
| Vorflexetine (Trintellix) 5-20 mg qd | Treats depression; SSRI and serotonin modulator. | Nausea, diarrhea, constipation, vomiting, dry mouth, abnormal dreams, flatulence | No human studies; animal studies showed decreased birth weight, delayed bone development. | 2C19, 2D6, 3A4 | No data | No data | 66 hrs. | No data | Max dose 10 mg in poor 2D6 metabolizers. |
| Duloxetine (Cymbalta) 60-120 mg qd | Lowest RID Treats anxiety, depression, and chronic pain. | Nausea, dry mouth constipation, dec. appetite, fatigue, blurred vision, tremors, insomnia. | Case reports, no increased risk in malformations. | 1A2, 2D6 | 0.12 | 0.001 | 12 hrs. | No reported concerns | None |



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| SNRI's (cont.) | | | | | | | | | | |
| Venlafaxine (Effexor XR) 75-375 mg qd | No increased risk of malformations; no teratogenic effects. | Poss. increased risk of miscarriage. Nausea, sweating, dry mouth, dizziness, insomnia, somnolence, sexual dysfunction, hypertension. | *Meta-analysis has documented that the use of SSRI's during the first trimester of pregnancy does NOT increase the risk of congenital malformations above that seen in the general population. Possible low birth weight. | 2C19, 2D6, 2C9, 3A4 | **If mom is a poor metabolizer, more drug will be available for cord to placenta transfer | 0.72 | 6.8-8.1% | 15 hrs. | Sleeplessness, excessive sleeping; monitor for adequate weight gain. | None |
| Levomilnacipran (Fetzima) 40-120 mg qd | Treats anxiety, depression, and chronic pain. Helpful for focus and motivation. | Nausea, sweating, constipation, heart palpitations, inc. heart rate. | No pregnancy data. | 2C19, 2D6, 3A4 | No data | No data | 12 hrs. | No data | None | |
| Tri-cyclic Antidepressants | | | | | | | | | | |
| Amityriptaline (Elavil) 25-300 mg qd | No evidence of physical or behavior problems in infants; may be helpful if sedation is desired. Treats anxiety, depression and chronic pain. | Poss. drug interactions; Sedation, weight gain, dry mouth, orthostatic hypotension, constipation. | Possible urine retention in newborn; PNAS | 1A2, 2C19, 2C9, 2D6, 3A4 | No data | 1.9-2.8% | 20 hrs. | Monitor urination, possible lethargy and constipation | Get baseline ECG | |
| Desipramine (Norpramin) 100-300 mg qd | Treats depression | Poss. drug interactions; Nausea, lethargy, weight gain, constipation | Poss. tachycardia, urine retention, and PNAS | 2D6 | No data | 0.3-0.9% | 12-54 hrs. | No reported concerns | None | |
| Clomipramine (Anafranil) 50-250 mg qd | Treats OCD | Somnolence, tremor, dizziness, headache, insomnia, weight gain. | Poss. cardiac anomalies, No teratogenic effects. Limited information in pregnancy. | 2C19, 2D6, 3A4 | 40% | 2.80% | 19-37 hrs. | No reported concerns | None | |



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|---|--|--|---|--|--|----------|---------------------------|--|---------------------------|
| Tri-cyclic Antidepressants (cont.) | | | | | | | | | |
| Nortryptaline (Pamelor) 50-150 mg qd | Treats depression; Evidence of help with smoking cessation. | Poss. drug interactions; May cause cardiac symptoms, SVT or conduction changes. | Poss. tachycardia, urine retention, and PNAS | 2D6 | 0.68 | 1.7-3.1% | 16-38 hrs. | No reported concerns | None |
| Other | | | | | | | | | |
| Bupropion (Wellbutrin) 150-450 mg qd | Curbs smoking, improves energy and focus; treats depression. | Poss. drug interactions; Poss. increased miscarriage risk. Rare, but increased seizure risk. Tremor, agitation, anxiety, sleeplessness, headache, bruxism, sweating. | Poss. increased risk of fetal heart anomalies; PNAS | 2B6, 2D6, 3A4 | 0.53 | 0.2-2% | 33-37 hrs. | Case report of infant vomiting | Not good for anxiety |
| Mirtazapine (Remeron) 7.5-45 mg qd | Treats hyperemesis gravidarum, increases appetite. Treats depression. Useful for sleep. No reported increase malformation risk. | Somnolence, appetite increase, weight gain. | No teratogenic effects; Poss. PNAS | 1A2, 2C9, 2D6,3A4 | No data | 1.6-6.3% | 20-40 hrs. | No reported concerns | None |
| Trazadone (Desyrel) 50-400 mg qd | Antidepressant typically used in low doses for sleep. | Blurred vision, dizziness, lethargy,dry mouth, fatigue,headache, urine retention, poss. drug interactions. Poss. galactorrhea. | Poss. PNAS | 3A4 | No data | 2.80% | 10-12 hrs. | Case reports of newborn indigestion | None |

Citations:

Marroun, White, Verhulst, Tiemeier, 2014, Maternal use of antidepressant or anxiolytic medication during pregnancy and childhood neurodevelopmental outcomes: a systemic review, Eur Child Adol. Psychiatry

<http://womensmentalhealth.emory.edu/Blog%20Entries/Blog%20-%202012.01.01>

Ewing, Tatarчук, Appleby, 2015, Placenta transfer of antidepressant medications: Implications for postnatal adaptation syndrome, Clinical Pharmacokinetics.

Fokina, West, Oncken, 2016, Bupropion therapy during pregnancy: the drug and its major metabolites in umbilical cord plasma and amniotic fluid, Am J Obstet Gynecol.

Reprotox.org

Wisconsin Association for Perinatal Care,

https://perinatalweb.org/assets/cms/uploads/files/WAPC_Med_Chart_2016_v5%20FINAL.pdf