

A handy fact sheet on sertraline in pregnancy and breastfeeding

There is also a Choice and Medication leaflet with general help and information, including other medicines

What should I do if I am taking sertraline and want to start a family?

The best option is always to plan in advance. If you plan to start a family talk about this with your doctor. It may be possible to:

- Switch to another medicine that has a lower risk, although sertraline is probably the best choice
- Take other steps to reduce any risks, such as stopping any other medicine no longer needed
- Taking a lower dose of sertraline may be possible but do not drop the dose too much as this can quickly make you unwell; keeping you well is very important for the good of your baby.

Sertraline belong to a group of antidepressants called the SSRIs (Selective Serotonin Reuptake Inhibitors). Risks in pregnancy are low and choice of SSRI is likely to depend more on how well the medicine suits you.

I have just found out I am pregnant and am wondering if I should stop my sertraline?

- There is no need to stop sertraline and your baby will have already been exposed to the medicine
- See your doctor in the next day or two.
- Decide together on a plan of action. You may need a little time to look through the information and make your choice
- The rest of this leaflet should help you with your decision
- Without the sertraline you will be at risk of becoming unwell again so it is usually best to carry on, with careful monitoring
- **If** stopping sertraline becomes part of your plan, you should come off it over several weeks
- If you stop it quickly you might get some side-effects. At worst, these could include feeling lightheaded, headache, anxiety, nausea, 'flu-like' symptoms, tiredness, 'electric shocks' in the head, stomach cramps, and sleep disturbance (e.g. more vivid dreams, insomnia). If this happens slow down the rate at which you are stopping your sertraline
- You might want to go back on sertraline again after your baby has been born.

What are the risks of continuing sertraline during early pregnancy?

- **The first trimester (i.e. months 1-3)** is when your baby's organs are developing
- Sertraline is among the safer medicines in pregnancy. A range of studies have shown that there may be some possible problems but the findings are unclear i.e. some studies say there is a slight problem and others say there isn't
- There does not appear to be a clear link with an increased risk of major malformations or miscarriage, stillbirth or having a baby born early if you take the usual dose of sertraline.

What about later on in pregnancy?

- During the second and third trimesters (month 4 onwards) there will be an increase in your body weight and fluids so your blood levels can go up or down
- You will not usually need an increase in dose
- But if you start to feel that the sertraline is not working quite as well or you are getting more side effects see your prescriber as a change in dose might help.

Untreated depression may lead to a higher risk of sudden infant death syndrome (SIDS), lower birth weight or having a baby born early.

What about delivery time?

- You may be offered the option to have your baby in hospital. This will depend on many factors but this is more likely to depend on how the pregnancy has gone
- If sertraline is taken after 20 weeks of pregnancy there is a higher risk of something called "persistent pulmonary hypertension in the newborn" (or PPHN)
- This may cause breathing problems in the baby and can be serious

• About 1 in 500 babies (0.2%) get PPHN
• Up to about 1 in 333 babies (0.3%) may get PPHN if the mum is taking sertraline (but this has been queried and there may in fact be no increase in risk)
PPHN can be treated much better by your medical team if they know about it in advance and are ready.

- If you take sertraline in the weeks before delivery about 1 in 3 (30%) babies may have discontinuation symptoms, such as being irritable, crying, shivering, or problems eating and sleeping. These are usually mild, and go away in a few days without treatment
- After delivery and when things have settled your sertraline can usually be restarted at the dose you were taking before pregnancy.

What about sertraline and breastfeeding?

- Sertraline passes into breast milk in small amounts but you can still breastfeed if you have a healthy full-term baby
- Any discontinuation symptoms in your baby may be helped if you carry on taking sertraline whilst breastfeeding as your baby may get some of the medication via the milk
- If your baby was born early then breastfeeding is not recommended as your baby may not be able to safely get rid of the sertraline
- If your baby becomes restless, very sleepy or develops feeding problems stop breastfeeding and quickly seek medical advice.

What about later on and baby's development?

- Taking sertraline throughout pregnancy and breastfeeding does not seem to have any effects on physical or mental development or behaviour over the first years of the child's life.

There have been several large studies of mums taking antidepressants in pregnancy and the risk of the baby then having ADHD or autism. Some studies show there is a link, but others show there isn't. It would seem that if there is a link then the increased risk must be quite small.

What else can I do to help myself stay well?

- Don't take any other medicines that you don't need. Check with your local pharmacist before buying any medicines over the counter
- Eat a healthy balanced diet rich in fruit and vegetables
- Exercise regularly
- Don't ignore feelings of thirst - drink enough water so you don't become dehydrated
- If you are being sick during your pregnancy then you are more likely to become dehydrated. Drink plenty of water and see your doctor. There are treatments that can help with the sickness
- Check with your healthcare team to see if you should be taking any vitamin supplements such as folic acid, iron or vitamin D
- Go for any extra blood tests needed
- If you feel stressed look at non-drug ways to help you relax but do not mix up the effects of being pregnant with symptoms of becoming unwell
- Ensure you have a support network in place, so there is someone who can help you recognise if you are struggling.

**Remember:
Babies do better with well mums**

Make your own notes here. Write down some questions you may want to ask your health care team

The small print: This leaflet is to help you understand about sertraline and pregnancy. Go to our website for fuller answers to many other questions.

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