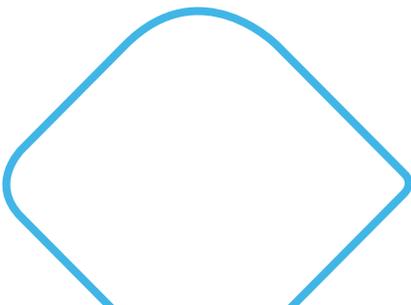


Your Mental Health and Wellbeing in Pregnancy

Information for women and birthing people



Your Mental Health

Pregnancy can be an exciting but also challenging time especially if you have experienced mental ill health at any time in your life. You may find that you experience new feelings or a relapse in a previous condition.

This leaflet is designed to explain the support that we are able to offer you during your pregnancy and in the period immediately after the birth of your baby.

At your booking appointment your midwife will take a history from you, including your previous experience of mental ill health and if a close family member has ever experienced mental ill health around the time of birth and how you are currently feeling. You may be offered referral to a Specialist Community Perinatal Mental Health Service to provide additional advice and support.

You may be recommended to have a specialist care plan made around 32 weeks of pregnancy in case you become unwell, so we can respect your wishes, to help you to bond with your baby and promote emotional wellbeing. We will also review any medication you may be taking. We encourage you and your family to be involved with the plan as well as any relevant professionals you are working with.

Depending on your history and medication, we may recommend involving the obstetrician in your team to discuss how we can best look after you and your baby.

Should I stop taking my medication?

As a parent, one of the most important things for you and your baby's health and wellbeing is that you are healthy and in the best possible state of mind.



We would never recommend that you suddenly stop any medication. You should have a detailed discussion of the risks and benefits of taking medication with your mental health team or GP. If you suddenly stop medication there is a significant risk of relapse, and in some cases, unpleasant withdrawal symptoms. Your obstetrician and/ or mental health team will be able to discuss how to stop medications safely if appropriate.

How will mental health medication affect my baby?

We will discuss the risks and benefits of taking your particular medications in pregnancy with you. We aim to help you weigh up the risks and benefits of taking and not taking medication in pregnancy so that you can make an informed choice. We recommend that you access the BUMPS website at the end of this leaflet for information specific to the medication you are taking.

Antipsychotic medication

These may include medications like olanzapine and quetiapine for example.

These medications are always started by specialist mental health teams therefore it is important that you do not abruptly stop these medications without discussion, as this can trigger relapse. We recommend you talk to your mental health team or GP before making any changes to your medication.

Pregnancy is not protective against mental illness, and some conditions such as bipolar and schizoaffective disorder have a higher chance of reoccurring in and around pregnancy.

Risks of antipsychotic medication in pregnancy

There is no conclusive evidence that antipsychotics increase the risk of miscarriage or birth defects, however antipsychotics can be associated with increased weight gain and higher blood sugar levels in pregnancy. For this reason we will recommend that you

have a test for diabetes in pregnancy called an Oral Glucose Tolerance Test (OGTT) and offer advice on healthy eating in pregnancy.

Antipsychotics- After birth

If you have stopped your medication during pregnancy, you may consider restarting after birth as this can help lower your risk of becoming seriously unwell.

Some babies may show signs of withdrawing from medication you have been taking, therefore we advise you to give birth at Bath Birthing Centre and stay on Mary Ward afterwards so we can observe your baby. The length of stay depends on the medication you have been taking and how your baby is following birth. This will be discussed with you in the 3rd trimester of pregnancy.

Anti-psychotics- can I breastfeed?

This choice depends on several factors. Antipsychotic medication does pass into breast milk in very small amounts but almost all have been shown not to be harmful to your baby. Your mental health condition should not affect your ability to breastfeed, however if you are taking certain medications we would like to discuss the possible effect this may have on your baby and how we can minimise the amount of the drug your baby receives. The only anti-psychotic NOT compatible with breastfeeding is clozapine, as it can cause health problems for the baby. We would recommend you discuss this with your team.

Mood stabilisers

This group of drugs are prescribed for bipolar disorder and include lithium, carbamazepine, sodium valproate or lamotrigine. If you have been prescribed these medications you will be recommended obstetric-led care and support from your local Perinatal Mental



Health Team to support you in having a healthy pregnancy and to monitor your medication in pregnancy

Do mood stabilisers cause problems in pregnancy?

Different medications come with differing risks and benefits.

Lamotrigine is also an epilepsy medication. It is recommended that all women taking anti-epileptic medicines also take high dose folic acid (5mg/day) whilst trying to conceive and during the first trimester of pregnancy. It has not been shown to increase the risk of miscarriage or birth defects if taken in pregnancy, however the dose needs to be adjusted throughout the pregnancy to maintain its effectiveness.

Carbamazepine is also an epilepsy medication. We recommend that you take a higher dose folic acid until you are 12 weeks pregnant, to provide protection, as there is conflicting evidence about it causing spinal cord problems (neural tube defects). There is no increased risk of miscarriage, however it can cause minor physical changes in the baby such as underdeveloped nails and subtly altered facial features however this is rare, around 3.5% compared to 2% in people not taking this medication. Dose adjustments may be needed in pregnancy to maintain its effectiveness.

Lithium is used to treat bipolar disorder. It does not increase the risk of miscarriage but has been shown to increase the risk of heart problems from 1 in 100 to 2 in 100. It has not been shown to cause any other problems. Due to this we would offer you a fetal cardiac scan in your pregnancy.

Sodium valproate is harmful to babies in the womb.

It should not be used unless there are no other options available and you meet certain criteria. Taking sodium valproate in pregnancy can cause certain birth defects and lifelong alterations to learning

and behaviour, however some have only a few features of the condition and are very mildly affected. **If you are already pregnant and taking sodium valproate, do not stop it suddenly** but speak to your midwife or GP for an urgent referral to the perinatal mental health team and the obstetric team who will advise you further.

Mood stabilisers- After birth

As mood can change rapidly around birth, it is usually advised that you continue mood stabilisers to have the best chance of staying well. Depending on the medication and dose you are taking, you may be advised to stay in hospital after birth to monitor your baby for any withdrawal effects.

Mood stabilisers - Can I breastfeed?

This depends on which medication you are taking. Your mental health problems do not impact on your ability to breastfeed. Most mood stabilisers are compatible with breastfeeding, however lithium is not. We recommend that you speak to your doctor or midwife about this.

Antidepressant medication

Many people experience depression or anxiety in pregnancy and start or continue to take medications for this, usually Selective Serotonin Reuptake Inhibitors (SSRIs). These include fluoxetine, sertraline and (es)citalopram. Fewer people may also take drugs such as venlafaxine and mirtazapine (SNRIs).

We would not recommend that you stop any of these medications abruptly. If appropriate, the Specialist Perinatal Mental Health Midwife can liaise with your GP/ mental health team to support you in reducing them safely.



What is the effect on my baby during pregnancy?

Antidepressants do not appear to increase the risk of miscarriage. It is still unclear if antidepressant medication increases the risk of birth defects, although if they do, the increased risk appears to be extremely low. However, if taken in the second half of pregnancy, SSRIs mildly increase the risk of a rare condition called Persistent Pulmonary Hypertension of the Newborn (PPHN) which is a breathing problem only detectable after birth from 2 per 1000 to 5 per 1000, which can be serious for your baby.

SSRIs and SNRIs mildly increase the chances of bleeding heavily immediately after birth. If you have any additional risks we would recommend that you have your baby in Bath Birthing Centre so that this could be treated appropriately.

Anti-depressants- after birth

About 1 in 3 babies experience some “withdrawal” from SSRIs, including jitteriness, poor feeding, being restless and difficulties with feeding. This can present at any time over the first week of life, but usually resolves without any intervention. Provided you and your baby are well, you will not normally need to stay in hospital for more than 6 hours after birth due to taking anti-depressants alone. This period of time allows for health professionals to observe your baby and support with any effects of the medication.

If you choose to birth in the community the Midwife will observe your baby for a short period immediately after birth. If you have any concerns for the wellbeing of your baby when home you should contact your midwife or 111/999.

Anti-depressants- Can I breastfeed?

All SSRIs and SNRIs are compatible with breastfeeding although sertraline is the drug of choice if suitable. If you are taking multiple

medications we would recommend discussing with your doctor or maternity pharmacist.

Are there any other options?

Yes. Medication is not the only treatment method. You may be advised to access Talking Therapies, Children's Centre groups or other psychological treatments. Often a combination of talking therapies, medication, family and peer support can help you stay well.

There is good evidence that self-help methods such as exercise, a good sleep pattern and mindfulness can reduce anxiety and improve mood.

How to support your baby after birth

To support your new baby in the first week of life, we recommend:

- Lots of skin to skin contact with you
- Try to avoid too many people handling your baby
- Create a calm, quiet and dark environment
- Try to avoid excessive stimulation for your baby

Useful contacts:

For urgent support please contact:

BaNES Intensive team - 01225 362841

Wiltshire North Intensive team – 01380 731292

Somerset Home Treatment Team - 01749 83672

Specialist Perinatal Mental Health Midwife - 01225 821756

Avon and Wiltshire Specialist Community Perinatal Mental Health Service- 01249 767851

Somerset Specialist Community Perinatal Mental Health Service- 01278 454185

The RUH, where you matter



Websites:

Action for postpartum psychosis: <http://www.app-network.org/>

Bumps website for advice on medicines in pregnancy:
<http://www.medicinesinpregnancy.org/>

Medication in breastfeeding factsheets:
<https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>

Information about OCD in pregnancy: [Welcome to Maternal OCD](#)

Perinatal Mental Health Information: [Mothers for Mothers | Postnatal mental health support](#)

Pregnancy and Post-birth Wellbeing Plan - [The Pregnancy and Post-birth Wellbeing Plan | Tommy's \(tommys.org\)](#)

Talking therapies:

BaNES - <https://www.awp.nhs.uk/our-services/talking-therapies/talking-therapies-banes>

Somerset - <https://www.somersetalkingtherapies.nhs.uk/>

Wiltshire – <https://www.awp.nhs.uk/our-services/talking-therapies/talking-therapies-wiltshire>

Please contact the Patient Support and Complaints Team if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.psct@nhs.net or telephone 01225 825656

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath, BA1 3NG

01225 428331 | www.ruh.nhs.uk

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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