



## Psychotropic Medication in Pregnancy in BSW

### Scope

Primary Care Prescribing Bulletin for the attention of General Practitioners and Non-Medical Prescribers in Bath and North East Somerset, Swindon & Wiltshire.

### Situation

There has been an increasing trend of women presenting to early antenatal appointments with a deterioration in their mental health following sudden discontinuation of psychotropic (including antidepressant) medication on confirmation of pregnancy.

### Background

There is a body of evidence for the safety of the majority of psychotropic drugs in pregnancy, **with the exception of valproate\***. Whilst definitive statements on the safety of medication in pregnancy cannot be made due to weaknesses in study design and confounders, the risks associated with prescribing psychotropic medication in pregnancy are often outweighed by the risks of discontinuing the psychotropic medication. Sudden cessation of medication on discovery of pregnancy does not necessarily remove risks of foetal malformation and may pose risks to the woman's mental health; untreated maternal mental illness poses significant risks to both mother and infant, including preterm delivery, low birth weight, pre-eclampsia and neurodevelopmental disorders in the infant, spanning from childhood into adolescence. Note, the background population risks of miscarriage and birth defects are 1 in 5 and 1 in 40 pregnancies, respectively.

### Recommendation

On confirmation of pregnancy, women prescribed psychotropic medication (**excluding valproate\***) should be encouraged to continue their medication and arrange a prompt review with their GP or Consultant Psychiatrist, if under secondary mental health services. This review should involve a discussion around the risks versus benefits of continuing medication during pregnancy, exploring up to date, evidence-based information tailored to the woman's individual needs. The woman should be empowered to make the decision in collaboration with the healthcare professional, taking her mental health history, personal risks and preferences into consideration.

Avon & Wiltshire Mental Health Partnership NHS Trust has produced detailed Prescribing Guidance for both primary and secondary care on the pharmacological management of new onset and existing mental health conditions in the perinatal period. MG18 is available at the following link, in the 'perinatal' folder: <http://www.awp.nhs.uk/advice-support/medicines/guidance-alerts>

The BSW Specialised Community Perinatal Service can be contacted for advice & guidance for more complex cases by email [awp.referralsbswperinatal@nhs.net](mailto:awp.referralsbswperinatal@nhs.net) or phone 01249 767851.

The BSW Specialised Community Perinatal Service is able to offer training on psychotropic medication in the perinatal period; please contact Pharmacist via [awp.referralsbswperinatal@nhs.net](mailto:awp.referralsbswperinatal@nhs.net) to arrange virtual sessions.

*\*Valproate is contraindicated in women of childbearing potential for the management of psychiatric conditions due to the high risk of major malformations and neurodevelopmental disorders, detailed information can be found at:*

<https://www.gov.uk/guidance/valproate-use-by-women-and-girls>

**NB: All women with a diagnosis of bipolar affective disorder, schizophrenia, previous psychosis or other severe mental health conditions should be referred to the BSW Specialised Community Perinatal Service.**