

# Maternal use of SSRIs associated with fewer depressive symptoms, delayed fetal head growth

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Treating pregnant women with selective serotonin reuptake inhibitors (SSRIs) appears to be associated with fewer depressive symptoms, reduced fetal head growth and a higher risk for preterm birth, but not with a delay in fetal body growth, according to a report published Online First by *Archives of General Psychiatry*, one of the JAMA/Archives journals.

SSRIs are commonly prescribed to treat depression but information about their potential unintended effects on the unborn child is limited, the authors write in their study background.

Hanan El Marroun, Ph.D., of Sophia Children's Hospital and Erasmus Medical Center, Rotterdam, the Netherlands, and colleagues evaluated the association of [depressive symptoms](#) and maternal SSRI use with fetal and [birth outcomes](#) as part of a study that included 7,696 pregnant women. Of the [pregnant mothers](#), 7,027 (91.3 percent) had no or low depressive symptoms, 570 (7.4 percent) had clinically relevant depressive symptoms and used no SSRIs and 99 women (1.3 percent) used SSRIs.

"Untreated depressive symptoms were associated with a reduction in total body growth, including the fetal head, during pregnancy," the authors comment. "In contrast, prenatal SSRI use was related to a reduced growth of the fetal head, whereas prenatal SSRI use did not

affect growth of the fetal body."

Children of mothers using SSRIs had a more pronounced reduced head circumference growth than children of mothers with depressive symptoms not treated with SSRIs, although they also showed a reduced growth of head circumference.

While fetal head circumference can be an indicator of brain weight and small head size in neonates (infants from birth to four weeks of age) may predict behavioral problems and [psychiatric disorders](#), the authors caution "we must be careful not to infer an association of SSRI use in pregnancy with future developmental problems."

In addition, the study results suggest that children of mothers with depressive symptoms who did not use SSRIs were born after a slightly longer (on average one day) gestational period. The children of mothers who used SSRIs were born after a shorter gestational period and were twice as likely to be born preterm.

The authors note their results add to the knowledge about the use and nonuse of SSRIs, but they are not conclusive.

"Therefore, more long-term drug safety studies are needed before evidence-based recommendations can be derived," the authors conclude.

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