

# New study reveals both benefits and risks of antidepressants during pregnancy

August 4 2015

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Treating maternal psychiatric disorder with commonly used antidepressants is associated with a lower risk of certain pregnancy complications including preterm birth and delivery by Caesarean section, according to researchers at Columbia University's Mailman School of Public Health, Columbia University Medical Center, and the New York State Psychiatric Institute. However, the medications—selective serotonin reuptake inhibitors, or SSRIs—resulted in an increased risk of neonatal problems. Findings are published online in the *American Journal of Psychiatry*.

"To our knowledge, the association between taking antidepressants in pregnancy and a lower risk of [preterm birth](#) is a novel finding," said Alan Brown, MD, MPH, professor of Psychiatry and Epidemiology and senior author. "Up to now, studies which were based on maternal underlying [psychiatric illness](#) had small sample sizes and reported inconsistent results."

The Columbia researchers with colleagues in Finland studied 845,345 single births in 1996 through 2010 from the Finnish Medical Birth Register. They also analyzed data from national registers on prescription drug purchases, mothers' psychiatric history, maternal medical history, hospital sources, and healthcare professionals. The women were categorized into mutually exclusive groups: SSRI users, those with a psychiatric diagnosis related to SSRI use but no antidepressant purchases, and those without a diagnosis or antidepressant purchases, to determine if outcomes were a result of maternal underlying psychiatric

illness or due to use of the drugs.

This class of antidepressants is the most commonly used for treating depression and anxiety during pregnancy, with 4-10% of pregnant women prescribed them in Finland and in the U.S. A total of 12,817 women in the study had purchased the antidepressants during the first trimester or 30 days before the beginning of gestation, and 9,322 (59%) made two or more purchases.

The risk of preterm birth was 16% lower, and the risk of very preterm birth nearly 50% lower in women using the antidepressants during pregnancy compared to mothers with a psychiatric diagnosis but no medication use. Preterm birth is the most important single cause of neonatal and infant death and is associated with long-term neurological disabilities in the surviving infants.

Maternal psychiatric disorder without medication use was associated with an increased risk of Caesarean section (26.5 percent) compared to those without a diagnosis or antidepressant purchases (17 percent). There was a slightly greater risk of bleeding during or after delivery (3.5 percent) for women with a diagnosis but in the no-medication group as compared to those without a diagnosis or anti-depressant purchases (3 percent).

While the risk of being born small for gestational age did not differ for the babies of mothers with or without antidepressant drug treatment, SSRI use was associated with an increased risk of all neonatal problems, including breathing issues, that led to longer hospital stays and neonatal care.

"Our findings provide evidence that taking these antidepressants is associated with a lower risk of preterm birth and Caesarean section and further confirm the results from previous research of a higher risk for

several neonatal problems," noted Dr. Brown. "Given these divergent findings, the decision whether to prescribe these medications during pregnancy should be individualized to the mother's medical and psychiatric history."

Provided by Columbia University's Mailman School of Public Health

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