

Antidepressant use during pregnancy not linked to epilepsy in children

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A new study suggests that antidepressant use by mothers during the first trimester of pregnancy does not increase the chances of epilepsy and seizures in babies. The research is published in the May 11, 2022, online

issue of *Neurology*.

"The findings of this study are very important," said study author Ayesha Sujana, Ph.D., of Indiana University in Bloomington, Indiana. "Pregnancy can be a trying time, and the addition of depression, anxiety, and other mental health conditions can add to this burden. These findings may provide reassurance to women and their doctors considering the [risks](#) and benefits to medication."

The study looked at over 1.7 million children born in Sweden over a 17-year period. Researchers identified more than 24,000 children who had been exposed to antidepressants during the first trimester of pregnancy and compared them to those who were not exposed.

Antidepressants included medications to treat anxiety and depression, specifically [selective serotonin reuptake inhibitors](#) (SSRIs) and serotonin and norepinephrine reuptake inhibitor (SNRIs).

Researchers then looked at hospital admissions and outpatient specialist visits to identify children who had seizures during the first month of life or epilepsy in the first years of life. Among 1,551,906 children followed for one month after birth, 0.12%, or 1,864 children had [neonatal seizures](#); and among 1,367,087 children followed for two to 17 years, 0.40%, or 5,424 children were diagnosed with epilepsy.

Though seizures in the [first month of life](#) were rare, they were more common among children who had been exposed to SSRIs or SNRIs during pregnancy compared to children who were not exposed to these antidepressants. Before adjusting for factors in the [mothers](#) such as age, epilepsy, [socioeconomic status](#), and [tobacco use](#), there were 1.7 per 1,000 exposed children having a neonatal seizure versus 1.2 per 1,000 unexposed children having a neonatal seizure. Similarly, while 5.4 per 1,000 exposed children had been diagnosed with epilepsy by the age of

five, 4.1 per 1,000 unexposed children had been diagnosed with epilepsy by age five.

While the authors found a higher prevalence of neonatal seizures and epilepsy among exposed children compared to unexposed children, after adjusting for factors in the mothers associated with an increase in the risk of seizures in their newborn, they found no link between antidepressant use by mothers during the first trimester and a child's risk of seizures or epilepsy.

"While several studies have shown a possible link between antidepressant use by mothers during pregnancy and seizures in newborns and toddlers, our study suggested that antidepressant exposure in the first trimester of pregnancy does not increase the risk of seizures and epilepsy in [children](#)," Sujan said. "This could mean that the slightly elevated risk for such seizures documented in previous studies could be due to other factors such as other diseases or tobacco use during pregnancy."

A limitation of the study was that use of antidepressants was based on women reporting their own use only during the first trimester of pregnancy. The authors also note that they examined first trimester exposure, while some previous studies documented the strongest associations with antidepressant use and [seizures](#) or epilepsy in babies toward the end of pregnancy.

Provided by American Academy of Neurology

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