

Antidepressants and your baby

This information sheet aims to answer some commonly asked questions about antidepressants during pregnancy and your baby

IMPORTANT: This is general information only. Ask your doctor or midwife about what care is right for you and your baby.

What if you take antidepressants?

Staying mentally well during and after your pregnancy is best for you and your baby. Some women need to take antidepressant medication during pregnancy to help them stay emotionally well .

Should you stop your antidepressants?

Continuing to take your antidepressant medication is very important. Sometimes a change to a different medication might be suggested. If you are thinking about reducing or stopping your antidepressant, talk to your healthcare provider first. Stopping suddenly or quickly can be harmful for you and your baby.

Is it safe for your baby?

Most medications for depression and anxiety are safe in pregnancy. These medications can pass through your placenta to your baby. A few babies (about 1 out of 3) will show signs of withdrawal as they get used to being without the medicine. Most babies (3 out of 4) will have no signs of withdrawal after 5 days. Most babies get better by themselves without any special treatment. A few babies will have more severe signs that last much longer.

Signs of withdrawal after taking antidepressants during pregnancy is sometimes called poor neonatal adaption syndrome or neonatal abstinence syndrome (NAS).

What are the signs of withdrawal?

Your baby might:

- cry more than usual
- be unsettled and not able to sleep properly
- be shaky or have tremors
- not feed well
- vomit often or have diarrhoea
- get sore and red skin, especially in the nappy area
- have a fever
- have fast breathing or a blocked nose

Severe signs are uncommon. If your baby has seizures or severe dehydration they will need to go to a neonatal unit (nursery) for extra care. Don't hesitate to talk with your healthcare provider if you are worried about anything.

Can you breastfeed?

Yes, breastfeeding is the best way to feed your baby and it can help ease some of their symptoms. If you are worried about breastfeeding while taking antidepressants, talk with your healthcare provider about it.



Image: breastfeeding baby



What happens after your baby is born?

If everything else is ok, you and your baby can usually stay together. The midwife looking after you both will check your baby regularly.

Sometimes your baby might need to go to a neonatal unit (nursery) so they can be closely cared for. If your baby needs medication, they will usually need to go to the neonatal unit.

You will still be able to spend as much time as you want to with your baby and feed and care for them. Talk with your baby's health care provider. Questions and discussion about your baby are always welcomed.

Staying close

Your connection with your baby is very important. Being with your baby as much as possible after birth can help build this connection. Staying close to your baby will help you know when they need you.

Feeding

Often babies are very hungry and want to feed a lot. You will be able to breastfeed whenever your baby wants to. If you are formula feeding, you will be able to give your baby regular small feeds.

Comforting

Holding baby next to your skin, cuddling, swaddling (wrapping up), talking or singing softly, baby massage, and generally comforting are the best ways to help your baby.

How long does your baby stay in hospital?

It depends on how things go with you and your baby. Staying in hospital for at least 24 hours, even if everything seems ok, means your baby can be closely watched for any signs that might appear. Your health care provider can give you more information about this.

Looking after yourself

It can be hard to cope with a new baby sometimes, especially if you are feeling tired and stressed. Taking care of yourself is very important for both you and your baby. Talk to your doctor, midwife or child health nurse about the support available to help you stay emotionally well, and at any time you are worried about yourself or your baby.



Image: breastfeeding baby

Support & information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.

www.qld.gov.au/health/contacts/advice/13health

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care.

www.health.gov.au/pregnancyhelpline

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone. www.lifeline.org.au

Child Health Service Provides newborn drop-in services, early feeding and support, child health clinics. For your nearest service, see www.childrens.health.qld.gov.au/community-health/child-health-service

Women's Health Queensland Wide 1800 017 676 (free call) offers health promotion, information and education service for women and health professionals throughout Queensland. www.womenshealth.org.au

Australian Breastfeeding Association 1800 686268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services, on breastfeeding issues www.breastfeeding.asn.au

Australian Drug Foundation: information about drug use in pregnancy and lactation www.druginfo.adf.org.au

Foundation for alcohol research and education (FARE): information about drinking alcohol when pregnant or breastfeeding

www.fare.org.au/women-want-to-know

Alcohol and drug information services (1800 177 833): for help if you or someone you know has problems with alcohol www.alcohol.gov.au

Quitline (13 78 48) provides tailored help and support for pregnant women and their partners to stop smoking

Red nose: information about safe sleeping and safe wrapping to help baby settle. Mobile apps available for download

www.rednose.org.au