

PSYCHOTROPIC DRUGS IN PREGNANCY AND LACTATION I AND II

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The estimated prevalence of birth defects is 1-3%. It has been estimated that more than 90% of pregnant women receive at least 1 prescription during their pregnancy. A substantial number of women of childbearing age are prescribed psychotropic drugs, and because nearly 50% of pregnancies are unplanned, many women are still taking them upon becoming pregnant. An increasing number of new psychotropic drugs have been introduced onto the market in the last decade, for which the data available in the literature seem to be quite reassuring as to their safety profile during pregnancy and breastfeeding. Nevertheless, the teratogenic risks, perinatal toxicity and effect on the newborn's neurobehavioural development as a result of exposure to medication throughout lactation should be carefully evaluated before starting a psychopharmacological treatment during pregnancy or breastfeeding. There is also an increasingly large body of evidence-based information in the literature indicating that it may be more harmful to both the mother and her baby if she is not treated appropriately when suffering from a severe psychiatric disorder. There are few choices for women who discover they are pregnant after exposure to a drug or those who have a condition that requires treatment during pregnancy: balancing the benefits and risks of the exposure, discontinuation of treatment or pregnancy termination. Therefore, it is important for women with psychiatric disorders and their healthcare providers to have access to evidence-based information about the safety of these drugs when taken during pregnancy and lactation, to enable them to make informed decisions.

In this presentation the various classes of psychotropic drugs that are commonly used to treat psychiatric disorders, antidepressants, benzodiazepines, antipsychotics, antiepileptics, lithium and monoamine oxidase inhibitors, will be reviewed in terms of their safety during pregnancy and lactation.