



Northern Neonatal Network

Caring for your baby whilst you are on Anti-Depressants

About one in 10 women need support for mental health issues during pregnancy. This includes depression. It is important to manage depression during pregnancy and after birth. You can do this with medication (anti-depressants) or psychological treatments. This will ensure that you stay well to care for your baby.

This leaflet is for women who have taken medications for depression or anxiety during their pregnancy. These medicines go by the names SSRIs, SNRIs, or antidepressants. SSRIs are selective serotonin reuptake inhibitors, and SNRIs are selective noradrenaline reuptake inhibitors. This group includes medicines such as fluoxetine, sertraline, citalopram, venlafaxine, and mirtazapine. If you are unsure if your medicine is one of these, please discuss this with your midwife.

Can anti-depressants affect my baby?

Many studies have looked into this question. This leaflet is based on the best available evidence. Some worry that anti-depressants in pregnancy may harm your baby. They may cause heart or lung problems. The latest evidence shows that these risks are very low. We know that when a mother's mental health has been stable during pregnancy, this has long-term benefits on their baby's emotional and behavioural development.

Your baby will always have a newborn check done, before discharge. This includes screening for heart and lung problems. It does not matter if you are taking medication or not.



What is Neonatal Adaptation Syndrome?

Neonatal Adaptation Syndrome causes mild symptoms in some babies. About 1 in 3 babies born to mothers on anti-depressants during

pregnancy experience this. The symptoms include difficulties with feeding and sleeping; restlessness; and jitteriness. Babies who develop these symptoms usually do so within 72 hours of birth. These symptoms may last up to two weeks.

These symptoms are mild. They do not need treatment with medicines. You can manage them with simple measures. These include holding, cuddling, and feeding your baby often.

Sometimes people may confuse these symptoms. They can look like signs that suggest your baby is unwell. It is important to discuss these symptoms with your midwife, health visitor, or GP. Seek medical attention if they do not resolve.



Can I breastfeed my baby whilst on anti-depressants?

Most anti-depressants taken by mothers will pass into their breast milk in small amounts. There is no evidence that this may affect your baby. Breastfeeding while on antidepressants is safe. There are significant benefits of breast milk for your baby. During your pregnancy, it is important to discuss the medication you are taking with your midwife. This will help you have a clear plan in place for the delivery.

What to expect after delivery?

Unless your baby needs admission to a neonatal unit or special care baby unit, you and your baby will be cared for in the post-natal ward. The symptoms of neonatal adaptation syndrome are mild. Your baby will not need any extra monitoring or observations. If you and your baby are well, you will not usually need to stay in hospital longer than usual.

What to expect after discharge home?

You need to seek healthcare advice for yourself if you are feeling low or unwell. Your baby may cry and need more cuddling and feeding. It may sometimes be



difficult to settle your baby, even after feeds. The following simple measures may help to settle your baby:

- Lots of skin-to-skin contact and cuddles
- Avoid too many people handling your baby
- Keep the room quiet and calm
- A pacifier/dummy may help to settle your baby when they are not hungry
- Humming or singing gently to your baby may help
- Avoid a lot of stimulation, such as bright lights, loud noises and strong smells around your baby
- Avoid smoking around your baby

Never worry about asking for help or advice. Healthcare professionals are always happy to offer you support and advice when you need it.