



Mood disorders during pregnancy and after the birth of your baby

A booklet for women and their families

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What is this booklet about?

This booklet is for you if:

- ★ you are thinking about becoming pregnant and have concerns about the safety of taking medication for an existing mood disorder (such as depression and bipolar disorder (manic depression));
- ★ you think you are at risk of antenatal depression, postnatal depression or postpartum psychosis;
- ★ you think you may be experiencing a mood disorder during pregnancy, or in the first year after the birth of your baby or;
- ★ you have already been diagnosed with a mood disorder and are considering your options for treatment.

Your partner, family and friends may also find it useful.

The booklet aims to make women and their families aware of the treatment and care they should expect to receive if they have a mood disorder during pregnancy and after the birth of their child. It also aims to help women, their partners and their families to manage their condition by understanding the latest research evidence.

This booklet is based on the recommendations from the SIGN national clinical guideline on perinatal mood disorders. You can read more about SIGN on page 37 or by visiting our website at www.sign.ac.uk. Our guidelines are based on medical and scientific research.

The booklet explains:

- ★ who is at risk of developing mood disorders during pregnancy and after the birth of their baby;
- ★ how mood disorders are diagnosed;
- ★ what treatment choices may be available; and
- ★ what you can expect from treatment.

Not every section of the booklet will be relevant for you. The sections that you will find useful will depend on the type of mood disorder you have.

The information in each section adds to the information and advice health-care professionals have given you. They can advise you which sections to read and the table on page 10 can also help you to identify which sections are relevant for the mood disorder you have.

What are mood disorders during pregnancy and how will I know if I am at risk?

Mood disorders during pregnancy include:

- ★ antenatal depression (depression during pregnancy);
- ★ postnatal depression (depression after the birth of your baby); and
- ★ postpartum psychosis (severe mental illness where you lose touch with reality. It may come on suddenly after the birth of your baby).

A number of things can put you at higher risk for developing a mood disorder. The table on page 5 shows the risk factors for the different mood disorders during pregnancy and after the birth of your baby.

Just because you are at higher risk, doesn't mean that you will go on to develop a mood disorder.

Some people might not have any risk factors but still develop a mood disorder. You should discuss these with your GP, midwife or health visitor.

Risk factors for mood disorders during pregnancy and after the birth of a baby

Mood disorder	Risk factors
Antenatal depression	<ul style="list-style-type: none">• Anxiety• Stress• Previous experience of depression• Lack of support from family and friends (social support)• Domestic violence• Unplanned pregnancy• Relationship problems with partner
Postnatal depression	<ul style="list-style-type: none">• Baby blues (a short period of feeling emotional and irritable after giving birth, but these feelings last for only a few days)• Past experience of mental ill health during pregnancy• Lack of support from family and friends• Poor relationship with partner• Recent difficult life events• Experience of own upbringing• Unplanned pregnancy• Unemployment• Not breast feeding• Stress during pregnancy• Thyroid dysfunction during pregnancy• Difficulty coping with changes• Taking longer than normal to conceive• Depression in fathers• Having two or more children
Postpartum psychosis	<ul style="list-style-type: none">• Previous experience of severe mental illness, particularly bipolar disorder or postpartum psychosis• Family history of bipolar disorder or postpartum psychosis (a close blood relative, such as a parent or sister)• Stopping treatment for mood disorders• Birth complications

How will I feel if I have a mood disorder during pregnancy or after the birth of my baby?

- “ It felt like I was the only one going through the experience ”
- “ I became pregnant in my mid 30's and the symptoms of my bipolar disorder returned, particularly my low moods. While I was overjoyed to be pregnant, I felt that my life was falling apart with my moods becoming less stable ”
- “ I was experiencing a lot of anger and I was becoming scared of myself as I felt I was losing control ”
- “ I believed she (the baby) was behaving the way she was to get at me and to deliberately annoy me, which she wasn't of course, she was being a baby ”
- “ I flew off the handle at everything and I felt I was alone ”
- “ I felt terrified, paranoid and thought people were out to get me, I would hide if someone came to the door ”
- “ I cried continually for three months, was suicidal, hopeless, bleak ”
- “ The catastrophic thinking was enormous ”

You may have had similar thoughts yourself, but remember these are just examples and your experience may be different.

Baby blues

Like most women you may feel tearful following the birth of your baby - this is generally referred to as 'baby blues'. 'Baby blues' - describes the emotional state experienced by women following childbirth.

Many mothers feel very emotional and upset when they have the blues and you may cry for no particular reason. You may find that it is impossible to cheer up. You may feel very anxious and tense. Small problems may cause you to worry a great deal.

The good news is the 'baby blues' pass very quickly. Usually they happen on the second or third day after you have had your baby and you should start to feel better by the fifth day with regular support and reassurance from your midwife, health visitor, family and friends.

You may also experience:

- ★ pain for which there is no medical cause or you may feel unwell but without particular symptoms;
- ★ difficulty sleeping;
- ★ weariness and exhaustion (usually due to the birth itself); and
- ★ anxiety (particularly if your baby has a slight health problem such as feeding difficulties).

These feelings are completely normal but if your baby blues last longer than a few days, you should discuss your feelings with your midwife, health visitor or doctor as you may be experiencing postnatal depression.

Postnatal depression

Postnatal depression happens during the first 12 months after you have had your baby. Around 10 to 15 women in every 100 experience postnatal depression. The symptoms are no different from depression anyone can have. Before seeing your doctor it may help to write down how you are feeling to make sure you are offered the most appropriate treatment options. You can read about treatment on page 24.

You may experience some of the following:

- ★ feeling less able or unable to cope with the demands of the baby and home;
- ★ feeling less interested in day-to-day activities;
- ★ feeling sad and crying regularly;
- ★ feeling anxious and fearful (worrying about your own and your baby's health);
- ★ tiredness and lack of energy;
- ★ panic attacks;
- ★ pain for which there is no cause (other than tension and anxiety)
- ★ difficulty sleeping;
- ★ reduced concentration;
- ★ obsessive behaviour;
- ★ poor appetite; and
- ★ loss of interest in sex.

Some of the physical symptoms you may experience include:

- ★ headaches;
- ★ numbness; and
- ★ breathing too fast (hyperventilation).

Occasionally, some mothers may feel like harming themselves or their baby. If you experience any of these thoughts, please let your health visitor, GP or family know. Please don't feel ashamed or afraid of these thoughts, as it is the illness that causes them.

Postpartum psychosis

Postpartum psychosis is a much less common condition, affecting one to two women in every 1000 births. Although it is rare, it can be very serious. Postpartum psychosis is usually experienced within the first month after you've had your baby. It is common for symptoms to develop in the first few days. At first you may feel elated (extremely happy) or overly anxious.

For women at higher risk, it is important that your partner and family are aware of the symptoms of postpartum psychosis as it may be one of them who first notices you becoming unwell. If you develop postpartum psychosis, you may feel that you are not interested in your baby. You may feel negative towards them and lose touch with reality.

You may feel like harming yourself or your baby. If you experience any of these thoughts, please let your health visitor, GP or family know to make sure you get appropriate treatment.

If your GP surgery is closed you can call NHS 24 on 111

The symptoms of postpartum psychosis include:

- ★ feeling very anxious about everything;
- ★ delusions (odd thoughts or beliefs that are unlikely to be true, for example that people are out to get you);
- ★ hallucinations (which most often consist of hearing voices that comment on behaviour, are insulting or give commands); and
- ★ irrational thoughts.

How are mood disorders diagnosed and treated during pregnancy and after the birth of my baby?

Your midwife, GP and health visitor will ask you about your mental health at various times during pregnancy and after the birth of your baby. They may ask you some questions or ask you to fill in a questionnaire about your mental health. It is important that you answer these questions honestly. The good news is mood disorders can be treated and it's important that you get help to reduce risks to yourself and your baby. Talk to the people involved in your care and together you can choose the treatment that's right for you. Your treatment will depend on the type of mood disorder you have.

The table below shows the various stages for treating mood disorders. You can decide what stage you are at on the pathway, for example planning a pregnancy and currently taking medication for depression. You can then read about your treatment options by turning to the relevant section of this booklet.

Pre-existing mood disorder and planning a pregnancy - see page 16

Before conceiving and early pregnancy - see page 16

- First trimester (first 12 weeks of pregnancy)
- Using medications before pregnancy

Pregnancy

- Are you at high risk of developing mental illness? - see page 5
- How you can help yourself - see page 17
- Treatment choices during pregnancy - see page 21

After the birth of your baby

- Are you at high risk of developing mental illness? - see page 11
- How you can help yourself - see page 17
- Treatment choices - see page 24
- Medication choices when breastfeeding - see page 27

Is there a risk of harm to you or your baby? - see page 14

- Referral to mental-health services

How will I know if I have antenatal or postnatal depression?

Antenatal and postnatal health checks

Pregnancy and soon after you have your baby is a very emotional time and it is normal to feel ups and downs. All women should be asked about emotional problems at antenatal health checks. If you experience any unexpected change in your mood and mental health in late pregnancy or soon after your baby is born it is important that you discuss this with your midwife, GP or health visitor. You may need further assessment.

If you have a history of mood disorder or have depression at the moment, you will be asked about how you are feeling each time that you meet your midwife or see your GP.

After your baby is born, your health visitor will ask you about how you are feeling each time that you see her. This is so that you can both discuss options and decide the best way of managing emotions to help you to feel well again sooner rather than later. It is normal to have good days and bad days but if you still feel low after two weeks, your health visitor should refer you to your GP for further assessment.

Once you are home your midwife will ask about your emotional wellbeing, especially if it has been identified during your pregnancy that you are experiencing either depression or anxiety. This increases your risk of experiencing postnatal depression, as does having previous episodes of depression.

Your health visitor should also ask about your mental health around four to six weeks after having your baby and again at three to four months. They may ask you some questions or ask you to fill in a questionnaire at your visit. The questionnaire is used to help you and your health visitor or GP discuss your options and decide the best way to help to make you feel better.

It is important that you do this at your visit, don't take it away to fill it in and post back to your health visitor.

It is important that your GP, midwife or health visitor is contacted urgently if:

- ★ your partner or family notice that you seem to be experiencing severe changes in mood; or
- ★ your mood changes from mild symptoms of anxiety and mood swings to your being very anxious and restless.

This is so that you can talk more about how you are feeling and be seen by a member of the community mental health team if you need to. This is because some women experience rapid mood changes over a period of hours and this can be a sign of postpartum psychosis developing.

On page 18 you can read more about what partners and family members can do to help.

If you need to speak to someone when your GP surgery is closed, you can contact NHS 24 on 111.

Who is at more risk of postpartum psychosis and how will I know if I have it?

It is unlikely that you will know that you have postpartum psychosis but some of the symptoms your partners, family and health-care professionals should look out for include:

- ★ feeling anxious about everything;
- ★ delusions (odd thoughts that are unlikely to be true, for example that people are out to get you);
- ★ hallucinations (which most often consist of hearing voices that comment on behaviour, are insulting or give commands); and
- ★ irrational thoughts.

For many women who develop postpartum psychosis, there may be no warning signs. Other women show clear warning signs. It is important to know that any women can develop postpartum psychosis. Even if you don't appear to be at risk, you can still develop the condition, although it is very uncommon.

Women who have experience of psychotic disorders (such as schizophrenia, severe depression, bipolar disorder or previous postpartum psychosis) have a higher chance of becoming unwell either during pregnancy or after the birth of their baby.

Your risk of experiencing mental-health problems after the birth of your baby is further increased if you have a family history of bipolar disorder or postpartum psychosis.

To find out if you have a high risk of developing postpartum psychosis, your midwife will ask you whether or not you have:

- ★ any history of bipolar disorder (you might have heard this called manic depression);
- ★ any history of schizophrenia;
- ★ any previous episode of postpartum psychosis;

- ★ any family history of bipolar disorder or postpartum psychosis (if your parents, sister or brother experienced bipolar disorder or either your mother or sisters have experienced postpartum psychosis); or
- ★ ever been admitted to a psychiatric hospital for any reason, including after the birth of a baby.

This information is important to healthcare professionals so that they know you are at an increased risk. They can discuss with you what you can do to reduce, as far as possible, the risk of becoming unwell after your baby's birth. Understanding how the illness affects you can help you decide about the best way to manage your condition and what steps you can take to reduce the chances of you becoming unwell.

You can read more about mental health in pregnancy on the following website www.rcpsych.ac.uk/mentalhealthinfo/problems/mentalhealthinpregnancy.aspx

If you have a raised risk of postpartum psychosis

If you have a raised risk of postpartum psychosis, it is important that you see your psychiatrist or that you are referred to a psychiatrist if you do not already have one. This is so that you can discuss a plan for reducing the risk of becoming unwell and discuss how best to manage the illness in case you become unwell.

If you have had a moderate mood disorder and have a parent or sister or brother who has bipolar disorder or has had postpartum psychosis, your midwife or GP may suggest that you see a specialist mental-health practitioner. The specialist mental-health practitioner will give you an assessment to try to minimise the risk of your becoming unwell after your baby is born.

If you are well and you have a parent or sister or brother who has a history of bipolar disorder, schizophrenia or postpartum psychosis, you should let your midwife or GP know if you start to experience any mood disturbance during pregnancy or after your baby is born. It's important to discuss this with them so you can both decide if it would be helpful for you to be referred to see someone who works in mental-health services.

It is important that health-care professionals develop a detailed management plan for late pregnancy and the early postnatal period. They should have this in place by 32 weeks of your pregnancy. Having a plan can help reduce, as far as possible, your risk of becoming unwell and you can discuss what treatment choices there are and how best to manage the illness in case you become unwell. Your plan should be shared with you and everyone involved in your care, (psychiatrist, obstetrician, GP, midwife, health visitor and any other professionals) so that everyone knows how best to reduce the risk of you becoming unwell. The plan should also give details of who to contact and how to contact them, in case you become unwell.

It is important that you take your copy of the plan with you to the maternity unit for the birth of your baby.

If you have a raised risk of postpartum psychosis, healthcare professionals should arrange for a 'Pregnancy and Early Postpartum Care Pathway' to be in place. This should be filled in with you and your partner or family. This will help you, your partner and family to know how you will be looked after when you have had your baby. The care pathway may include:

- ★ when to start on medication previously agreed, taking into account your decision about breastfeeding;
- ★ an assessment by a specialised mental-health practitioner before you are discharged from the maternity unit; and
- ★ a follow-up by a specialised mental-health team after you are discharged.

You can read more about postpartum psychosis on the following website www.rcpsych.ac.uk/mentalhealthinfo/problems/postnatalmentalhealth/postpartumpsychosis.aspx

Is my medication for treatment of mood disorders safe if I'm planning a pregnancy?

If you take medication either for a current mood disorder, or to prevent a previous mood disorder returning, it is important to discuss with your doctor whether it is safe for you to become pregnant on your current medication.

Some medicines (especially valproate) may be harmful to an unborn baby, so it is important to use an effective method of contraception while you are taking these. If you, your GP or psychiatrist feels that you may need to stay on medication, it may be safer to change your medication to a different drug before you become pregnant. The risk of becoming unwell is higher if your medication is stopped suddenly.

It is best to speak to the person who prescribed you with valproate if you discover that you are pregnant while you are taking it.

**You can contact NHS 24 for advice if your surgery is closed.
Their number is 111.**

Folic acid

Folic acid is a vitamin which is recommended for all pregnant women for the first 12 weeks of pregnancy (usually in a dose of 400 micrograms a day). It reduces the risk of problems in the development of your baby's spinal cord and brain. If you are taking medicine to prevent severe recurrent mood disorder which is from the group of medicines which also prevent epilepsy (for example carbamazepine), your doctor will prescribe a higher dose of folic acid than usual (5 milligrams a day).

What can I do to help myself?

You need to remember that everyone has good days and bad days. This is also true if you have had a baby. There are a number of things you could try to help manage mood disorder during pregnancy and after the birth of your baby.

- ★ You may find it difficult but it is important to answer questions asked by your midwife, health visitor or doctor as honestly as you can to make sure you get the right help.
- ★ Mention how you are feeling and if you have had any previous treatment for mental-health problems to your midwife, health visitor or doctor if they don't ask you about it.
- ★ Take part in decisions about your treatment.
- ★ Find out more about depression or speak to others in a similar situation (support groups are listed on page 32); and.
- ★ Make sure you sleep when you can.

Your health visitor will encourage you to be socially active with your baby. Most areas have a variety of mother and infant activities such as music and rhyme classes, buggy walks, swimming, support groups and many more. You may be offered interventions (approaches) to help you to interact with your baby and help you to feel better. A referral for exercise may be offered by your GP as a treatment if you have postnatal depression. Many local sport centres offer classes especially for mothers and babies in conjunction with local NHS boards.

You will get support from these activities and they will help you to interact with your baby. In the long term, this helps your baby's development. Sharing experiences and giving and receiving support from each other helps you to see that you are not alone.

“ With the support of my mental-health team and learning about self-management techniques I have been able to come off medication again. ”

What can my partner and family do to help?

It may be helpful to show this section to your partner and family and ask them to read it. When a woman is experiencing mental illness during pregnancy or after the birth of a baby it can be a difficult time for everyone in the family. It can be hard to understand what is going on and how to deal with the changes that are happening. Your partner and family can help you to get better by understanding how you feel and helping you to deal with your emotions.

Some of the signs that partners and families should look out for include:

- ★ irritability and anxiety;
- ★ being overly cautious with the baby;
- ★ losing interest in the baby; and
- ★ rejecting the people who are close to you.

If you are worried about any of these symptoms, talk to your partner about how you are feeling.

Cry if you want to and express your emotions, whatever they may be. If you feel miserable you can't just pull yourself together. It will be helpful if people listen to you and reassure you that your worries and misery can be helped and that you will soon feel better. Rest and quiet are important after a birth. It is important that you try to sleep when you can.

Partners can also help by:

- ★ giving you time and space to talk about how you are feeling;
- ★ not being dismissive of what you are saying - your fears and anxieties are real to you;
- ★ organising some 'me time' for you;
- ★ encouraging you to spend time with other family members and friends;
- ★ supporting you to go along to appointments with doctors or other professionals; and
- ★ helping you avoid spending long periods of time on your own.

Mothers with mood disorders are often over-sensitive about comments from relatives and maternity staff, so tact and sympathy from your, partner, family and friends is very important.

You can read more about how partners and families can help on the Royal College of Psychiatrists' website. www.rcpsych.ac.uk/mentalhealthinfoforall/problems/postnatalmentalhealth/postnataldepression.aspx



How are mood disorders treated during pregnancy?

Is it safe to continue taking medication for mood disorders during pregnancy?

Health-care professionals are cautious about using any medicines during pregnancy because it is difficult to guarantee that any medicine is completely safe. It is important to consider that there might be a risk to you and your baby from taking a medicine during pregnancy but also a risk of becoming unwell again from stopping medication. Although the risks are small, there is the worry about medicines taken in early pregnancy causing birth defects. In later pregnancy there are concerns about the medicine affecting the baby's growth or the baby having side effects which affect how it behaves, for example, how well he or she feeds.

However, untreated mood disorders can have harmful long-term effects on your baby. Your doctor or midwife will help you to make decisions about medicines during pregnancy. When making a decision about taking medicines when you are pregnant, it is really important to think about the benefits as well as the risks, because babies benefit from having healthy, happy mums. It will be for you and your doctor or midwife to decide which is the best option for both you and your baby. Unfortunately, no decision is risk-free.

Many women have to take medication when pregnant and it is worth thinking about the following when you are making your decision.

- ★ It is difficult to be certain about the long-term effects of taking medicines during pregnancy and breastfeeding because it is not ethical to carry out research on women who are pregnant or women who are breastfeeding. The only medicine used for mood disorders which is absolutely not recommended during pregnancy is valproate
- ★ Stopping medication may lead to you becoming unwell again
- ★ How often you have been ill before? How severe was it? Was medication effective for you?
- ★ Are there any alternatives, for example, other medicines which might be safer or therapy which involves talking.

- ★ Medicines can sometimes affect one another, so if possible it is usually best to just take one medication during pregnancy
- ★ If you are starting a medicine during pregnancy, try to choose one which you can take during breastfeeding

If you find out you are pregnant while taking medication for a mood disorder, see your doctor as soon as possible. **Do not suddenly stop your medication.** If your illness worsens, this may have harmful effects on you and your baby. Your doctor will help you and your family to decide what is best for you.

Your doctor or psychiatrist should be able to access up-to-date information about the risks of continuing or stopping your medication. It is best to avoid changing your medication too often. Changing medication too often exposes your unborn baby to more drugs, and this may be more harmful than sticking with one medication.

What treatment choice is available if I develop a mood disorder once I'm pregnant?

If you develop a mood disorder once you are pregnant, it is important to get help for this, as untreated depression or anxiety may be harmful to your baby. Your doctor will discuss the risks and benefits of treatment with you and your family to decide what is best for you. They may also take advice from an appropriate specialist.

Talking therapies

Talking therapy involves talking one-to-one with a trained therapist. They may be used alone or alongside antidepressant medication. You can read more about talking treatments in the SIGN booklet on treating depression without using prescribed medication (www.sign.ac.uk/pdf/pat114.pdf).

Medication

If you and your doctor think that you need medication, the doctor treating you will want to use treatments with the lowest known risk, in the lowest dose and for the shortest time.

You may need to continue taking medication you have been prescribed during pregnancy and after your baby is born. This doesn't mean that you can't breastfeed. It is important that any medication chosen is suitable to take when breastfeeding your baby.

This means you don't need to change your medication after the birth and also makes sure that your baby is not exposed to a second drug,

The table on page 29 can help you and your doctor to decide which medication would be suitable for you.

What treatment is available for postnatal depression and postpartum psychosis?

Postnatal depression

If you develop severe depression or strong anxiety symptoms for the first time after your baby is born, it is important to get help from your midwife, health visitor or doctor. Treating it early can help your baby's development and behaviour as well as you. The treatment you will need will depend on how severe your mood disorder is. Your midwife, doctor or health visitor should discuss the benefits and risks of treatments with you to help you to make an informed choice.

Talking therapy

Talking therapies are a range of treatments that usually involve talking one-to-one with a therapist. They may be used alone or alongside antidepressant medication. You should perhaps consider the talking treatment cognitive behavioural therapy (CBT) if you have mild to moderate depression.

If you are depressed you may think negatively about situations. This may cause you to stop doing activities that you used to enjoy. CBT focuses on how your thoughts, feelings and behaviour influence your mood. It involves working with a trained therapist who will help you challenge your unhelpful thoughts and behaviour.

Mother and baby activities

Having postnatal depression may make it difficult for you to interact with your baby. Your health visitor or GP may offer you interventions (approaches) to help you to interact with your baby and help you to feel better.





Structured exercise

Research has shown that exercise can help improve symptoms of depression. Exercise includes:

- ★ walking;
- ★ swimming; and
- ★ going to an exercise class for mothers and babies.

Exercise may be offered by GPs as a treatment option for women with postnatal depression. Many local sports centres offer specific classes for mothers and babies along with local NHS boards.

Medication

Is it safe to take medication when breastfeeding my baby?

If you and your doctor decide to try medication, it is important to choose one which is suitable to take when breastfeeding, so that you can continue to feed your baby.

Health-care professionals are cautious about using any medicines when a mother is breastfeeding because it is difficult to guarantee that any medicine is completely safe. However, untreated post natal depression or postpartum psychosis can have harmful long term effects on you and your baby. When you make a decision about taking medicines at this time, it is really important to think about the benefits as well as the risks, because babies really benefit from having healthy happy mums.

During breastfeeding, medicine can pass through to the milk and into the baby, and breast fed infants should be monitored to make sure they have normal behaviour and development including weight gain.

When you and your doctor are making a decision it is worth thinking about:

- ★ how often you have been ill before, how severe it was, and whether medication was effective for you;
- ★ stopping medication as it may lead you becoming unwell again;
- ★ whether there any alternatives, for example, other medicines which might be safer or therapies which involve talking; and
- ★ the fact that very little is known about the long term effects of taking medicines during breastfeeding.

If you do choose to take medication it is important for you to remember that:

- ★ premature or ill babies are more at risk of side effects from medication;
- ★ all babies should be checked for side effects as well as feeding patterns, growth and development; and
- ★ you shouldn't sleep in bed or on a sofa or chair with your baby, particularly if you are taking medicine which makes you sleepy.

The table of medications on page 29 can help you and your doctor to decide which medication would be most suitable for you.

Postpartum psychosis

Most women with postpartum psychosis need to be treated in hospital, but it is usual that people make a full recovery.

If you develop postpartum psychosis, your psychiatrist may suggest a medication from the antipsychotic group (medications used to treat types of mental disorder, such as schizophrenia and bipolar disorder). Your psychiatrist should discuss the choice of medicine with you, and whether it is suitable for continued breastfeeding - see the table of medications on page 29.

In severe illness, your psychiatrist may suggest electroconvulsive therapy (ECT). Severe postpartum psychosis responds well to this treatment, and it may improve your symptoms much quicker than medication.

You can ask your psychiatrist about this treatment or you can read more about ECT on the website www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/ect.aspx

What are the medication choices available during pregnancy and when breastfeeding my baby?

Medications		
Medicine	Can I take if I'm pregnant?	Can I take if I'm breast feeding?
<p>Antidepressants</p> <p>selective serotonin reuptake inhibitors (SSRI), and tricyclic antidepressants (TCA)</p>	<p>Yes</p> <p>Paroxetine should not be the first treatment choice during pregnancy. If you have already been taking this, your doctor will consider the risk and benefits to you and your baby before advising you to continue taking this or switching to another medication.</p> <p>It is not possible to say whether or not antidepressants increase the risk of miscarriage.</p> <p>It is possible that there may be a low risk or no risk at all that SSRIs cause heart defects in babies.</p> <p>Babies exposed to antidepressants during pregnancy may show signs such as agitation, irritability and, in rare cases, seizures. This is unusual, is not normally harmful and does not last for long.</p>	<p>Yes</p> <p>Sertraline or paroxetine are usually the first choice of antidepressants, but others may be chosen in certain situations, for example, if you need to continue the medicine you took in pregnancy or if you have depression which is difficult to treat.</p> <p>You should avoid doxepin.</p>
<p>Lithium</p> <p>Lithium should not be stopped suddenly</p>	<p>Yes</p> <p>There may be a risk of birth defects so you may have extra ultrasound scans to monitor your baby's growth and development.</p> <p>Babies exposed to lithium around the time of birth have increased risk of poor temperature control, floppiness, breathing problems and thyroid problems. They may need to stay in hospital longer.</p>	<p>Not recommended</p> <p>Lithium can affect your baby's thyroid and kidney function. If you choose to breast feed, your baby will need to be closely monitored.</p>

Medications

Medicine	Can I take if I'm pregnant?	Can I take if I'm breast feeding?
<p>Anti-epileptic mood-stabilising drug (for example valproate)</p>	<p>No</p> <p>This medicine increases the risk of your baby having fetal abnormalities for example, spina bifida</p> <p>You may have extra ultrasound scans to monitor your baby's growth and development.</p>	<p>Yes</p> <p>If you need to take anti-epileptic medicines, it may still be possible to breastfeed. The risks and benefits of taking these should be discussed with you.</p>
<p>Benzodiazepines (drugs like valium)</p> <p>Benzodiazepines should not be stopped suddenly.</p>	<p>Yes</p> <p>If you already take these and your doctor thinks it would be useful to continue taking them during pregnancy, you should only take them for a short time and in the lowest dose possible.</p>	<p>Should usually be avoided.</p> <p>They may make your baby sleepy and feed poorly.</p> <p>If they are needed a short-acting drug should be prescribed in a low dose for a short time.</p>
<p>Antipsychotics (medication used to treat types of mental disorder such as schizophrenia and bipolar disorder)</p>	<p>Yes</p> <p>It is not possible to say whether or not antipsychotics increase the risk of complications during your pregnancy. You may have extra ultrasound scans to monitor your baby's growth and development.</p>	<p>Yes</p> <p>It is not possible to say whether or not antipsychotics pose a risk to your baby.</p> <p>You should avoid clozapine.</p>
<p>Alternative medicines (for example St John's Wort)</p>	<p>No</p> <p>These may be harmful to your baby.</p> <p>There is no information that they are safe in the short or longer term.</p>	

Where can I find out more information?

Helplines

Breathing Space

0800 83 85 87

Breathing Space is a free and confidential service to help you if you are feeling down or experiencing depression and need someone to talk to. Breathing Space also offers a free and confidential British Sign Language (BSL) service you can access using their website at www.breathingspacescotland.co.uk.

CarersLine

0808 808 7777

Carers UK's advice line is a free and confidential helpline, offering information to carers.

Cry-sis

08451 228669

Cry-sis offers support for families with babies who cry more than average, do not sleep or are very demanding.

NHS 24

111

NHS 24 can answer questions on any health matter and give you advice.

Bluebell at Parentline Scotland Helpline for Postnatal Depression

0800 345 7457

Scotland's dedicated postnatal depression helpline. This support service is available to anyone in Scotland affected by postnatal depression.

Samaritans

116 123

Samaritans is available 24 hours a day to provide confidential and emotional support if you are distressed and thinking about suicide.

SAMH (Scottish Association for Mental Health)

0141 530 1000

SAMH has a range of information on topics that relate to mental health, which can be accessed through their information service.

SANEline

0300 304 7000

This is a national out-of-hours helpline offering emotional support and information for people affected by mental-health problems.

Organisations

Action on Depression

Thorn House, 5 Rose Street,

Edinburgh EH2 2PR

Phone: 0131 226 8152

Email: info@actionondepression.org

Website: www.actionondepression.org

Action on Depression is a national charity in Scotland for depression. They offer a range of information including self-help groups, an information service by email and a wide range of leaflets and fact sheets.

Action on Puerperal Psychosis

Website: www.app-network.org

A patient organisation aimed at building up a pool of women who have experienced puerperal psychosis (PP) and are interested in helping with research. Aims to provide up to date research information to women who have experienced PP and their families.

Bipolar Scotland

Studio 1015, Mile End Mill, Abbeymill Business Centre
Seedhill Road
Paisley PA1 1TJ
Phone: 0141 560 2050
Website: www.bipolarscotland.org.uk

Supports a network of self help groups throughout Scotland.

Bluebell Perinatal Depression Counselling Service

Charis House, 47 Milton Road East
Edinburgh EH15 2SR
0131 657 2000
info@crossreach.org.uk

A Scotland-wide support network for sufferers of postnatal depression and their families.

'Breaking the Silence' Mental Health Network

Templeton Business Centre
Bridgeton, Glasgow
Phone: 0141 550 8417
Website: www.mhngg.org.uk

Provides information on perinatal mental-health issues.

CrossReach Postnatal Depression Services

Wallace House, 3 Boswall Road
Edinburgh EH5 3RJ
Phone: 0131 538 7288
Fax: 0131 552 2319
Email: pnd@crossreach.org.uk
Website: www.crossreach.org.uk

Aims to provide support for families where a mother or father is suffering from postnatal depression, through a range of services.

National Childbirth Trust

Alexandra House, Oldham Terrace
Acton, London W3 6NH
Phone: 0300 330 0700
Website: www.nct.org.uk

The National Childbirth Trust provides information and support on all aspects of pregnancy, childbirth and early parenthood. There is individual and group support is offered, and there are local groups around Scotland.

Royal College of Psychiatrists

21 Prescott Street
London E1 8BB
Phone: 020 7235 2351
Website: www.rcpsych.ac.uk/

The Royal College of Psychiatrists produce leaflets on postnatal depression and postpartum psychosis which can be downloaded from their website.

SAMH (Scottish Association for Mental Health)

Brunswick House, 51 Wilson Street
Glasgow G1 1UZ
Phone: 0141 530 1000
Email: enquire@samh.org.uk
Website: www.samh.org.uk

SAMH provides information and support to people who experience mental-health problems. They also offer a range of leaflets and fact sheets on mental health conditions.

Association for Post-Natal illness (APNI)

145 Dawes Road, Fulham

London SW6 7EB

Phone: 020 7386 0868

Website: www.apni.org

APNI is a charity which provides information and support to anyone affected by post natal depression. They provide information leaflets which can be downloaded from their website.

Websites

SIGN cannot accept any responsibility for the content of the websites listed and do not support treatments which have not been proven to be effective using our methods of working.

<http://breathingspace.scot>

www.chooseyourmedication.org

www.mind.org.uk

www.moodjuice.scot.nhs.uk

<http://moodgym.anu.edu.au/welcome>

www.moodcafe.co.uk

Useful leaflets

Mental health in pregnancy

Royal College of Psychiatrists

Free to download from www.rcpsych.ac.uk/mentalhealthinfo/problems/mentalhealthinpregnancy.aspx

Postnatal depression

Royal College of Psychiatrists

Free to download from www.rcpsych.ac.uk/mentalhealthinfoforall/problems/postnatalmentalhealth/postnataldepression.aspx

Postpartum psychosis: severe mental illness after childbirth

Royal College of Psychiatrists

Free to download from www.rcpsych.ac.uk/mentalhealthinfo/problems/postnatalmentalhealth/postpartumpsychosis.aspx

Useful information for fathers

Website

www.fatherhoodinstitute.org

What is SIGN?

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice to health-care professionals, patients and carers about the best treatments that are available.

We write these guidelines by working with health-care professionals, other NHS staff, patients, carers and members of the public.

The guidelines are based on the most up-to-date scientific evidence. You can read more about us by visiting www.sign.ac.uk

Other formats

If you would like a copy of this booklet in another language or another format, such as in large print, please phone Karen Graham, Patient Involvement Officer on 0131 623 4740, or e-mail karen.graham2@nhs.net



www.healthcareimprovementscotland.org

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Glasgow Office | Delta House | 50 West Nile Street | Glasgow | G1 2NP
Telephone 0141 225 6999 Fax 0141 248 3776

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.



Ensuring your hospital is safe and clean

