Antipsychotics

C Women taking antipsychotics during pregnancy should be monitored for alterations in fetal growth. Additional monitoring for blood glucose abnormalities is required where olanzapine or clozapine are prescribed.

Hypnotics and sedatives

C In women taking benzodiazepines the need for continued use in pregnancy should be reviewed and use should be restricted to short term and low dose where possible. Consideration should be given to tapering the dose prior to childbirth.

Antipsychotics during breast feeding

✓ Breast feeding is an individual decision for each woman. Clinicians should support women in their choice and be mindful that taking prescribed psychotropic medication is not routinely a contraindication to commencing or continuing breast feeding.

Antidepressants

D Avoid doxepin for treatment of depression in women who are breast feeding. If initiating selective serotonin reuptake inhibitor treatment in breast feeding, then fluoxetine, citalopram and escitalopram should be avoided if possible.

✓ When initiating antidepressant use in women who are breastfeeding, both the absolute dose and the half life should be considered.

Lithium

D In view of the potential risks to the infant of a breastfeeding mother taking lithium, mothers should be encouraged to avoid breast feeding. In mothers taking lithium who have decided to breast feed, close monitoring of the infant, including serum lithium levels, thyroid and renal monitoring should be provided.

Antiepileptic drugs

✓ Antiepileptic mood stabiliser prescription is not, of itself, a contraindication to breastfeeding, but decisions should be made individually with the woman, after full discussion of the risks and benefits.

Hypnotics and sedatives

✓ If a benzodiazepine is required during breast feeding short-acting agents should be prescribed in divided doses. Mothers should be advised not to stop medication suddenly and to contact their doctor if the infant is observed to have sleepiness, low energy or poor suckling.

Antipsychotics

D Women who are taking clozapine should not breast feed.

✓ All breastfed infants should be monitored for sedation and extra-pyramidal adverse effects where mothers are taking antipsychotic medications.

Service design

D A national managed clinical network for perinatal mental health should be centrally established in Scotland. The network should be managed by a coordinating board of health professionals, health and social care managers, and service users and carers. The network should:

- establish standards for the provision of regional inpatient specialised mother and baby units, community specialised perinatal teams (or specialised perinatal functions of general adult mental health teams in smaller, or more remote, areas), and maternity liaison services
- establish pathways for referral and management of women with, or at risk of, mental illness in pregnancy and the postnatal period
- establish standards (in liaison with specialist mental health pharmacists) for the provision of advice and guidance to maternity and primary care services on the use of psychotropic medication in pregnancy and breast feeding
- establish competencies and training resources for health professionals caring for pregnant or postnatal women with, or at risk of, mental illness, at levels appropriate to their need
- ensure that all pregnant and postnatal women with, or at risk of, mental illness have equitable access to advice and care appropriate to their level of need.

D Mothers and babies should not routinely be admitted to general psychiatric wards.

Helplines

Breathing Space
Tel: 0800 838 587

Samaritans
Tel: 0845 790 9090

This Quick Reference Guide provides a summary of the main recommendations in SIGN 127 Management of perinatal mood disorders. Recommendations are graded A B C D to indicate the strength of the supporting evidence.

Good practice points ✓ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: www.sign.ac.uk.

This Quick Reference Guide is also available as part of the SIGN Guidelines app.
**PREVENTION AND DETECTION**

**Antenatal risk reduction – postnatal depression**

- EPDS or the Whooley Questions may be used in the antenatal and postnatal period as an aid to clinical monitoring and to facilitate discussion of emotional issues.
- Where there are concerns about the presence of depression, women should be re-evaluated after two weeks. If symptoms persist, or if at initial evaluation there is evidence of severe illness or suicidality, women should be referred to their general practitioner or mental health service for further evaluation.

**Detection of postpartum psychosis**

- Any significant and unexpected change in mental state in late pregnancy or the early postnatal period should be closely monitored and should prompt referral to mental health services for further assessment.

**PSYCHOSOCIAL MANAGEMENT**

**Psychological therapies**

- Practitioners delivering psychological therapies should be trained to accepted levels of competency, participate in continuing professional development and receive ongoing supervision.
- Given the importance of early intervention in a maternity context, services delivering psychological therapies should prioritise early response to pregnant and postnatal women.

**Pharmacological Management**

**Postnatal depression**

- **Antidepressants**
  - Selective serotonin reuptake inhibitors and tricyclic antidepressants may be offered for the treatment of moderate to severe postnatal depression, but with additional considerations regarding the use of antidepressants when breast feeding.

**Hormonal therapies**

- **The use of oestrogen therapy in the routine management of patients with postnatal depression is not recommended.**

**St John's Wort**

- **St John's Wort and other alternative medicines should not be used during pregnancy and lactation.**

**Postpartum psychosis**

- Postpartum psychosis should be managed in the same way as psychotic disorders at any other time, but with the additional considerations regarding medication use during breast feeding.

**Psychotropic medication use in the pre-pregnancy period**

- All women of childbearing potential who take psychotropic medication should be made aware of the potential effects of medications in pregnancy. The use of reliable contraceptive methods should be discussed.
- If a woman taking psychotropic drugs is planning a pregnancy, consideration should be given to discontinuing treatment if the woman is well and at low risk of relapse.

**Psychotropic medication use in pregnancy**

**Antidepressants**

- General practitioners should review antidepressant therapy as soon as possible in pregnancy to discuss whether the current medication should be continued and any other alternative pharmacological or non-pharmacological treatments initiated.

**Lithium**

- Any woman taking lithium in pregnancy should have an individualised psychiatric care plan, involving maternity services and the woman herself, for lithium management throughout pregnancy and the perinatal period. This should include consideration of:
  - frequency of monitoring and dose adjustment
  - potential for interaction with medications prescribed in pregnancy
  - preparation for and mode of delivery
  - risks to the neonate.

- Women taking lithium in early pregnancy should be offered detailed ultrasound scanning for fetal abnormality.

**Antiepileptics**

In view of the risk of early teratogenicity and longer term neurobehavioural toxicity, valproate (when used as a mood stabiliser) should not be prescribed to women of childbearing potential.

- If there is no alternative to valproate treatment for a woman of childbearing potential, long-acting contraceptive measures should be put in place. Check the Medicines and Healthcare products Regulatory Agency (MHRA) website for current advice.

- Valproate should not be used as a mood stabiliser in pregnancy.

**Psychotropic medication use in the postnatal period**

- All women taking antiepileptic drugs as mood stabilisers should be prescribed a daily dose of 5 mg of folate acid from conception until at least the end of the first trimester.

- Women taking antiepileptic drugs in early pregnancy should be offered detailed ultrasound scanning for fetal abnormality.

- Maternal lamotrigine levels should be monitored throughout pregnancy and the early postpartum period.