# Safe use of medications in the perinatal period

## A summary of recommendations and practice points (COPE, 2023)

The table below lists the recommendations and practice points pertaining to the use of medications for the treatment and management of mental health conditions in the perinatal period.

**Four types of guidance are included:**

- evidence-based recommendations (EBR) - a recommendation formulated after a systematic review of the evidence, with a clear linkage from the evidence base to the recommendation using GRADE methods and graded either:
  - **'strong'** - implies that most/all individuals will be best served by the recommended course of action; used when confident that desirable effects clearly outweigh undesirable effects or, conversely, when confident that undesirable effects clearly outweigh desirable effects (shaded in dark pink) or
  - **'conditional'** - implies that not all individuals will be best served by the recommended course of action; used when desirable effects probably outweigh undesirable effects; used when undesirable effects probably outweigh desirable effect (shaded in light pink)
- consensus-based recommendations (CBR) - a recommendation formulated in the absence of quality evidence, after a systematic review of the evidence was conducted and failed to identify sufficient admissable evidence on the clinical question (shaded in blue)
- practice point (PP) - advice on a subject that is outside the scope of the search strategy for the systematic evidence review, based on expert opinion and formulated by a consensus process (shaded in burgundy).

## WOMEN WITH DEPRESSIVE AND ANXIETY DISORDERS

### Pharmacological treatments

| | | | |
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| aa | PP | Be aware that failure to use medication where indicated for moderate-to-severe depression and/or anxiety in pregnancy or postnatally may affect mother-infant interaction, parenting, maternal health and well-being and infant outcomes. | |
| 9 | EBR | When prescribing antidepressants to pregnant women, consider selective serotonin reuptake inhibitors (SSRIs) as first-line pharmacological treatment for depression and/or anxiety. | Conditional |
| bb | PP | Before choosing a particular antidepressant for pregnant women, consider the woman's past response to antidepressant treatment, obstetric history (e.g. other risk factors for miscarriage, preterm birth or postpartum haemorrhage) and any factors that may increase risk of adverse effects. | |
| 10 | EBR | When prescribing antidepressants to women in the postnatal period, use SSRIs as first-line pharmacological treatment for depression. | Strong |
| cc | PP | Before prescribing antidepressants to women who are breastfeeding, consider the infant's health and gestational age at birth. | |
| xxxii | CBR | Consider the short-term use of benzodiazepines for treating symptoms of anxiety while awaiting onset of action of an antidepressant in pregnant or postnatal women. | |
| dd | PP | Use caution in repeated prescription of long-acting benzodiazepines around the time of the birth. | |
| ee | PP | Use caution in prescribing non-benzodiazepine hypnotics (z-drugs) to pregnant women for insomnia. | |
| ff | PP | Use caution in prescribing benzodiazepines in the perinatal period due to the risk of dependence, withdrawal in the neonate and sedation with breastfeeding. | |
| gg | PP | Doxylamine, a Category A drug in pregnancy, may be considered for use as a first-line hypnotic in pregnant women who are experiencing moderate-to-severe insomnia. | |

# WOMEN WITH SEVERE MENTAL ILLNESS

## Antipsychotics

| | | | |
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| 11 | EBR | Use antipsychotics to treat psychotic symptoms in pregnant women. | Conditional |
| xxxiii | CBR | Use caution when prescribing antipsychotics with metabolic effects to pregnant women, due to the increased risk of gestational diabetes. | |
| xxxiv | CBR | If women commence or continue use of antipsychotics with metabolic effects during pregnancy, consider earlier screening and monitoring for gestational diabetes. | |
| xxxv | CBR | If considering use of clozapine in pregnant women, seek specialist psychiatric consultation. | |
| hh | PP | Seek specialist psychiatric consultation if considering use of clozapine in women who are breastfeeding and monitor the infant's white blood cell count weekly for the first 6 months of life. | |

## Anticonvulsants

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| ii | PP | Given their teratogenicity, only consider prescribing anticonvulsants (especially valproate) to women of child-bearing age if other options are ineffective or not tolerated and effective contraception is in place. | |
| jj | PP | Once the decision to conceive is made, if the woman is on valproate wean her off this over 2–4 weeks, while adding in high-dose folic acid (5 mg/day) which should continue for the first trimester. | |
| 12 | EBR | Do not prescribe sodium valproate to pregnant women. | Strong |
| xxxvi | CBR | Use great caution in prescribing anticonvulsants as mood stabilisers for pregnant women and seek specialist psychiatric consultation when doing so. | |
| xxxvii | CBR | If prescribing lamotrigine to a woman who is breastfeeding, arrange close monitoring of the infant and specialist neonatologist consultation where possible. | |

## Lithium

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| xxxviii | CBR | If lithium is prescribed to pregnant women, ensure that maternal blood levels are closely monitored and that there is specialist psychiatric consultation. | |
| kk | PP | If lithium is prescribed to a pregnant woman, monitor lithium levels carefully and adjust individual dose prior to and after delivery. | |
| xxxix | CBR | Where possible, avoid the use of lithium in women who are breastfeeding. | |

# WOMEN WHO DO NOT RESPOND TO PHARMACOLOGICAL TREATMENT

## Electroconvulsive therapy

| | | | |
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| xlvii | CBR | Consider ECT when a postnatal woman with severe depression has not responded to one or more trials of antidepressants of adequate dose and duration. | |
| xlviii | CBR | Consider ECT as first-line treatment for postnatal women with severe depression especially where there is a high risk of suicide or high level of distress; when food or fluid intake is poor; and in the presence of psychotic or melancholic symptoms. | |
| qq | PP | In pregnant women, ECT should only be undertaken in conjunction with close fetal monitoring (using cardiotocography to monitor fetal heart rate), specialist pregnancy anaesthetic care and access to specialist maternal-fetal medical support. | |

**Note:** This is an extract of pharmacological treatment interventions only.

To access your free download of the full Perinatal Mental Health Guideline containing all recommendations and practice points, visit the COPE website: **cope.org.au/hpsignup**

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Centre of Perinatal Excellence

This fact sheet has been developed by COPE: Centre of Perinatal Excellence and is derived from **Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. 2023.** Centre of Perinatal Excellence (COPE).

Funded by the Australian Government Department of Health and Aged Care.