

## Medicines Management & Pharmacy Services (MMPS)

# Psychotropic drug use in pregnancy

### General principles

Do not stop any current medication before seeking specialist advice

Use an established drug at the lowest effective dose

Prescribe as few drugs as possible

Doses may need to be altered as pregnancy progresses as drug metabolism changes due to increased blood volume and changes in activity of liver enzymes.

If possible stop or reduce the dose just before delivery to minimise withdrawal effects in the neonate

Monitor the neonate for withdrawal effects after birth.

### Psychosis during pregnancy

There is most experience with **chlorpromazine, haloperidol, olanzapine** and **clozapine**.

**Chlorpromazine** – sedation and constipation can be a problem.

**Haloperidol** – risk of dyskinesia in the newborn

**Olanzapine** and **clozapine** – gestational diabetes may be a problem.

### Depression during pregnancy

Patients, who are already taking antidepressants before pregnancy and are at high risk of relapse, are best maintained on the antidepressant throughout and after delivery.

There is most experience with **amitriptyline, imipramine** and **fluoxetine**.

**Amitriptyline** and **imipramine** – sedation and constipation can be a problem

withdrawal symptoms may be seen in the neonate

### Drug treatment of bipolar disorder during pregnancy

There is a high incidence of relapse if mood stabilisers are discontinued during pregnancy or after delivery.

**Antipsychotics eg olanzapine** (see above) are the preferred drugs rather than **anticonvulsants**.

**Valproate** and **carbamazepine** are known teratogens.

**Lamotrigine** and **topiramate** are associated with cleft palate.

**Lithium** is associated with cardiac malformations

Further information is available at: [Leeds and York Partnership NHS Foundation Trust: Choice and Medication](#)

For further information: [www.choiceandmedication.org/leedsandyorkpft](http://www.choiceandmedication.org/leedsandyorkpft)

Specialist information is available from LYPFT pharmacy helpline:

0113 3056319 (9am – 5pm, Monday – Friday)

or email: [pharmacyleedspft.lypft@nhs.net](mailto:pharmacyleedspft.lypft@nhs.net)

## References

- (1) Maudsley Prescribing Guidelines; 11<sup>th</sup> edition; 2012
- (2) Bazire; Psychotropic Drug Directory; 2012
- (3) BNF 64; September 2012
- (4) Schaefer C; Drugs during pregnancy and lactation; 2<sup>nd</sup> edition; 2007

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## Provenance

Date Produced: March 2013  
Author: Trish Brodlie

Valid until: March 2016  
Quality Assurance Check by: CISSG

Review Date:

Produced by Pharmacy Department, LYPFT

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This information has been prepared by Leeds and York Partnership NHS Foundation Trust Medicines Management and Pharmacy Services