Minimal risk associated with antidepressant use during pregnancy

By ACSH Staff — June 19, 2014

A new study appraising the use of antidepressants during pregnancy offers encouraging results to women suffering from clinical depression or other mood disorders. The large population-based cohort study published in the *current New England Journal of Medicine* [1] assesses the relative risk of congenital cardiac defects linked with the use of selective serotonin-reuptake inhibitor (SSRIs) by pregnant women. The results suggest there is no significant increase in risk of cardiac defects resulting from taking antidepressants within the first trimester.

Researchers at Brigham and Women's Hospital analyzed medical records of nearly 950,000 pregnant women enrolled in Medicaid. Among these women, over 64,000 (almost seven percent) took antidepressants during the first trimester. The study focused on the use of two specific drugs paroxetine (Paxil), and sertraline (Zoloft) which had previously been linked to elevated risks for fetal-neonatal cardiac anomalies. Scientists followed the development of heart complications in newborns for up to 90 days after birth. In doing so, they discovered that 72 out of every 10,000 babies not exposed to the drugs were born with a heart defect, compared to 90 out of every 10,000 babies whose mothers had taken antidepressants. While that amounts to 25 percent increased risk, when researchers adjusted for multiple confounding factors (including high-risk behavior associated with depression alcohol use, smoking, use of other psychotropic medications diabetes, high blood pressure and indirect measures of depression severity), the increased risk of antidepressant use during pregnancy dropped to six percent. The authors concluded that effect was small enough that it could have been due to chance.
The significance of these findings [2] are noteworthy as it is estimated about 10 to 15 percent of pregnant women also suffer from depression. Dr. Rebecca Starck, Regional Director of Obstetrics and Gynecology at the Cleveland Clinic explains, I do think women are aware of the concern and are reluctant to take medication for depression and anxiety | And if they're further dissuaded from using the medication, it's really not in their best interest. So I think it will help us to empower women to take the best care of themselves during the pregnancy, which may involve taking medications to help with mood disorders.

ACSH s Dr. Gilbert Ross has commented [3] about this clinical predicament in the past, stating taking SSRI drugs during pregnancy is not risk-free but depression carries with it its own set of potential problems. Depression during pregnancy is a major risk factor for the mother and the baby, aside from the obvious risk of suicide, he says.