

Link between antidepressants and newborns lung problems may not be as strong as thought

By ACSH Staff — June 3, 2015



[1] Previous studies have suggested that pregnant women taking

a commonly-prescribed class of antidepressants called selective serotonin reuptake inhibitors (SSRIs) late in pregnancy may be associated with an increased risk of persistent pulmonary hypertension of the newborn (PPHN). PPHN (also known as persistent fetal circulation) is a condition in which the infant's circulatory system does not adapt properly after birth. PPHN is fatal in about 10 to 20 percent of newborns diagnosed, and infants that survive often suffer serious health defects. In 2006, the U.S. Food and Drug Administration (FDA) released a health advisory about the link. Now, a new study suggests that the risk of taking SSRIs late in pregnancy may not be as high as expected.

In the [study](#) [2], published in *JAMA*, lead author Dr. Krista F. Huybrechts, MS, PhD, of Brigham and Women's Hospital and colleagues observed almost 3.8 million women in late pregnancy who were enrolled in Medicaid from 2000-2010. They examined the risk of PPHN associated with exposure to different antidepressant medication classes. Among the women enrolled, 3.4 percent (about 129,000 women) used an antidepressant during the 90 days before giving birth. This 3.4 percent of women on antidepressants included 2.7 percent (about 102,000 women) who used an SSRI and 0.7 percent (about 27,000 women) who used a non-SSRI.

The researchers found that 20.8 per 10,000 infants not exposed to antidepressants were diagnosed with PPHN, compared to 31.5 per 10,000 infants exposed to SSRIs and 29.1 per 10,000 infants exposed to non-SSRIs. The researchers conclude that the results of their study may be consistent with a previously suggested increased risk of PPHN associated with maternal use of SSRIs in late pregnancy. However, they state, the absolute risk was small, and the risk increase appears more modest than suggested in previous studies.

While some pregnant women may not want to take antidepressants during pregnancy just to be safe, it is important to note that untreated depression may also put infants at higher risk for other health conditions. "Untreated depression or anxiety during pregnancies has been linked to different adverse health outcomes, such as miscarriage, preterm birth, pre-eclampsia and smaller newborns," [Huybrechts said](#) [3]. "Women still need to think about other potential risks, but they

should also think about the benefits that using antidepressants might have for their own health, [she added](#) [4].

ACSH's Dr. Gil Ross noted that We here at ACSH have discussed the complex issue of depression, antidepressant and pregnancy on several occasions, most [recently here](#) [5]. While it is crucially important that each woman be evaluated individually by her Ob-Gyn and her primary care doctor and psychiatrist if she has one, in general it is not wise to routinely stop such treatment during pregnancy just in case. Untreated depression, if severe, is a major risk for both mom-to-be and fetus and neonate. But the decision is not cut-and-dried, and the pregnant woman's preferences should be factored into the discussion and decision.

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[2] <http://jama.jamanetwork.com/article.aspx?articleid=2300602>

[3] <http://www.webmd.com/parenting/baby/news/20150602/risk-to-baby-from-antidepressant-use-in-pregnancy-is-small-study-says?page=2>

[4] <http://www.theverge.com/2015/6/2/8708367/antidepressants-pphn-pregnancy-newborn-disorder>

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