Antidepressants and your baby

Prince of Wales
PRIVATE HOSPITAL
by Healthscope

This information sheet aims to answer some commonly asked questions about antidepressants during pregnancy and your baby
IMPORTANT: This is general information only. Ask your doctor or midwife about what care is right for you and your baby.

What if you take medication for your mental wellbeing?

Staying mentally well during and after your pregnancy is best for you and your baby. Some women need to take antidepressant medication during pregnancy to help them stay emotionally well.

Should you stop your medication?

Continuing to take your medication is very important. Sometimes a change to a different medication might be suggested. If you are thinking about reducing or stopping your medication, talk to your healthcare provider first. Stopping suddenly or quickly can be harmful for you and your baby.

Is it safe for your baby?

Most medications for depression and anxiety are safe in pregnancy. However, given medications can pass through your placenta to your baby, it is important we are aware of what medication you are taking so we can manage this accordingly and also help you understand what you may need to expect following the birth of your baby. When your baby is born, they may need a period of adjustment as they get used to being without the medicine. This is called 'Neonatal Adaptation Syndrome' (NAS) and about 1 out of 3 babies will show signs of this following birth. Most babies (3 out of 4) will have no signs of NAS after 5 days and get better by themselves without any special treatment. A few babies will have more severe signs that last longer and may require support to treat.

What are the signs of neonatal adaption syndrome (NAS)?

Your baby might:

- cry more than usual
- be unsettled and not able to sleep properly
- be shaky or have tremors
- not feed well
- vomit often or have diarrhoea
- get sore and red skin, especially in the nappy area
- have a fever
- have fast breathing or a blocked nose

Severe signs are uncommon, however if your baby has seizures or severe dehydration they will need to go to a special care unit/neonatal intensive care for extra care. Please do not hesitate to talk with your obstetrician/paediatrician/midwife if you are worried about anything.

Can you breastfeed?

Yes, it is safe to breastfeed your baby and it can help ease some of their symptoms. If you are worried about breastfeeding while taking antidepressants, talk with your healthcare provider about it. Some babies can take some time to co-ordinate their breastfeeding.
It may be helpful to express your colostrum from 36 weeks pregnant then freeze and store your colostrum for your baby to have in the first few days of life. More information about how to express for your baby can be found on the antenatal breast stimulation/expressing handout. This patient information handout is available from your obstetrician.

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What happens after your baby is born?

If everything else is ok, you and your baby can usually stay together. The midwife looking after you both will check your baby regularly.

Sometimes your baby might need to go to a neonatal unit so they can be closely cared for and observed. If this happens, you will still be able to spend as much time as you want to with your baby, and feed and care for them.

Staying close

Your connection with your baby is very important. Being with your baby as much as possible after birth can help build this connection and staying close will help you know when they need you.

Comforting

Holding baby next to your skin, cuddling, swaddling (wrapping up), talking or singing softly, baby massage, and generally comforting are the best ways to help your baby. Ask your midwife for more strategies to support your baby

Feeding

Often babies are very hungry and want to feed a lot. If you are breastfeeding you will be able to breastfeed whenever your baby wants to. If you are formula feeding, you will be able to give your baby regular small feeds.

Looking after yourself

It can be hard to cope with a new baby sometimes, especially if you are feeling tired and stressed. Taking care of yourself is very important for both you and your baby. Talk to your obstetrician /GP, midwife or child health nurse about the support available to help you stay emotionally well, and at any time you are worried about yourself or your baby.

Support & information

NSW Health Mental Health help line tel: 1800011511 www.health.nsw.gov.au/mentalhealth

Pregnancy, Birth & Baby Helpline: 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

Lifeline: 13 11 14 Lifeline offers a telephone crisis support service to anyone. www.lifeline.org.au

Child Health Service: Provides newborn drop-in services, early feeding and support, child health clinics. For your nearest service, see www.childrens.health.qld.gov.au/community-health/child-health-service

Womens Health NSW: (61) 02 9560 0866 www.whnsw.asn.au

Australian Breastfeeding Association: 1800 686268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services, on breastfeeding issues www.breastfeeding.asn.au

Australian Drug Foundation: information about drug use in pregnancy and lactation www.druginfo.adf.org.au

Foundation for alcohol research and education (FARE): information about drinking alcohol when pregnant or breastfeeding www.fare.org.au/women-want-to-know

Alcohol and drug information services: (1800 177 833): for help if you or someone you know has problems with alcohol www.alcohol.gov.au

Quitline: (13 78 48) provides tailored help and support for pregnant women and their partners to stop smoking

Red nose: information about safe sleeping and safe wrapping to help baby settle. Mobile apps available for download www.rednose.org

Reference: www.health.qld.gov.au/qcg

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V1_03/24 | ABN 28 106 723 871