A bout 90% of pregnant women take at least one medication and 70% take at least one prescription drug, according to the US Centers for Disease Control and Prevention. Depression is common during pregnancy—between 14% and 23% of pregnant women will experience depressive symptoms while pregnant. In 2003, approximately 13% of pregnant women took an antidepressant at some point during their pregnancy.

Literature on the psychiatric treatment of pregnant women often overlooks the benefits of psychiatric stability from continued treatment and the harms of discontinuation, which can include risk of relapse and resulting substance abuse, fetal neglect, suicide/self-harm risk, and, if necessary, higher doses of multiple medications for clinical stabilization. All of these things have to be considered, and in the majority of the patients it may be the case that the potential harms of discontinuation outweigh the potential harms of continuation. There are no absolute rules for prescribing in pregnancy, and there are no easy and straight answers. Risks and benefits have to be weighed in each individual patient.

The case is similar for women who are lactating. Pregnancy and lactation should be considered as a continuum, and medicine should be chosen that can work in both phases. The World Health Organization recommends exclusive breast-feeding up to age 6 months, and continued breast-feeding along with suitable solid nutrition up to at least age 2 years. Lactating women constitute a significant percentage of psychiatric patients, as there is an increased prevalence of various psychiatric conditions during the postpartum period. Data relating to use during lactation is not available for approximately one-third of psychotropic medications. The literature available on the safety of psychotropic use during lactation continues to be limited. All psychotropic drugs are secreted in breast milk, but are present in low concentrations. Hale’s Lactation Risk Category System is the most widely accepted guideline for using medicines in lactation, and most psychotropic medications fall into Hale’s lactation risk categories of L2 and L3 (ie, probably compatible with lactation). A revision of these categories was released in 2014.

Many studies have shown a higher risk of autism spectrum disorder (ASD) in children born to older parents, in children born prematurely or at a low birth weight, and in children born to families who already have at least one child with ASD. Rather than focusing on all possible factors, most emphasis has been placed on the use of antidepressants during pregnancy causing autism; hence, the depression in pregnant women often remains untreated. As physicians and psychiatrists, we all should be talking to terminally ill pregnant women when they still have decision-making capacity, as well as speaking with their surrogate decision-maker in order to prevent provision of life-sustaining treatment by default and to understand their values, beliefs, and preferences about clinical management in advance of expected compromised or lost decision-making capacity. The goal of such discussion should be to support the patient to clearly state and effectively com-
communicate her values, beliefs, and preferences. Not treating psychiatric illnesses during pregnancy and lactation can cause more issues for both the mother and fetus than treating these diagnoses with medicine.

REFERENCES

8. Dr. Shah has appeared on numerous national and international radio and television programs, discussing such topics as ketamine and depression, election stress, mass shootings, stress management, and work-related stress. Before joining Baylor, he served as the Chief of Staff of his local hospital in Arkansas, and was also a member of the board for the hospital.

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Dr. Shah won the National Medical Director of the Year award in 2002 and 2003. In 2012, he received the Fulbright and Jaworski Award for Teaching and Evaluation, and in 2014 he received the Fulbright and Jaworski Award for Educational Leadership. In 2012, he was selected to receive the President’s Program for the Care of Highly Qualified Professionals Scholarship Award for his role in the expansion of the field of psychiatry in Pakistan. He won the faculty of the year award from his psychiatry residency program in 2013, and the faculty of the year award from his psychology training program in 2014. Dr. Shah was also named by Houstonia Magazine to their “Top Dr.” list for Houston in 2013 and 2014.