

## Psychopharmacotherapy in Pregnancy

### Course

#### Anita Riecher-Rössler and Angelika Wieck

**Introduction:** Psychopharmacotherapy in women during pregnancy is a challenging task for psychiatrists, their knowledge, and their counselling skills. And they have also to be aware of the risks when treating women of the fertile age group or breastfeeding.

The manifold risks of psychopharmacotherapy have to be carefully balanced against the risks of untreated mental disorders. During pregnancy psychiatric-psychotherapeutic treatment first has to use all non-pharmacological possibilities of intervention. However, in more severe forms of mental disorders, psychopharmacotherapy is always needed, since the negative consequences of ongoing disorders are usually higher than the potential risks of medication. Medication must be chosen very carefully and according to current evidence. It has to be phase-specific, taking care of the risk of congenital malformations especially in the first 12 weeks, the risk of cognitive impairment and other neurodevelopmental disorders or neonatal adaptation later on. Certain medications, such as some anti-epileptic drugs, should be avoided completely. The benefits and potential risks of taking treatment versus not taking treatment in pregnancy in the context of the individual patient's circumstances should be carefully discussed with the woman and her partner. Fetal development should be closely monitored if there are specific known risks. Care for the mother and the unborn has to be interdisciplinary, including obstetricians, midwives etc. Delivery should be planned well in advance and in hospitals. Ongoing monitoring by a pediatrician is needed.

Alternative therapies, such as light therapy, for pregnant women with affective disorders have shown positive effects in preliminary studies.

Most importantly, women of the fertile age group should always be counselled regarding psychopharmacology and family planning. The special case of valproate will be discussed.

As more and more women with mental disorders get pregnant, knowledge about optimal management prior to and during pregnancy is of utmost importance.

**Learning Objectives:** At the end of this course, participants should

- know the general risks of psychopharmacotherapy in pregnancy
- know the risk of untreated severe mental disorders in pregnancy
- be able to counsel women of the fertile age group and choose medication carefully for this group
- be able to counsel mentally ill women with a wish for pregnancy or pregnancy
- know all possibilities of non-pharmacological treatments
- know the indications for medication
- know current evidence of the reproductive safety of antidepressants, mood stabilizers, and antipsychotics
- know the precautions to be taken during medication in pregnancy
- be able to counsel pregnant women regarding peripartum and postpartum management, e.g. delivery modalities or breastfeeding

**Methods:** Interactive talk, presentations by participants, case discussions in small groups and with all participants

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