Aetna Better Health® of New Jersey

Antidepressants and Breastfeeding

Every year in the United States, there are approximately 500,000 pregnancies with concerns of psychiatric illness prior to or developed during pregnancy[1]. In addition, nearly 14% of women will develop postpartum depression (PPD) in the first month after childbirth, resulting in a need for safe antidepressants for lactating women.[2]

Antidepressants which are safe to use during lactation

The American College of Obstetrician and Gynecologist recommends Table 1 as a useful guide to determine lactation risks associated with commonly prescribed antidepressants.[1]

Table 1. Safety of Antidepressant Medications During Lactation

Drug	Lactation Risk Category
Tricyclics and Heterocyclics	
Amitriptyline	L2
Amoxapine	L2
Clomipramine (Anafranil)	L2
Desipramine (Norpramin)	L2
Doxepin	L5
Imipramine (Tofranil)	L2
Maprotiline	L3
Nortriptyline (Pamelor)	L2
Protriptyline (Vivactil)	NA
Selective Serotonin Reuptake Inhibitors	
Citalopram (Celexa)	L3
Escitalopram (Lexapro)	L3 in older infants
Fluoxetine (Prozac)	L2 in older infants; L3 in neonates
Fluvoxamine	L2
Paroxetine (Paxil)	L2
Sertraline (Zoloft)	L2
Other Antidepressant	
Bupropion (Wellbutrin)	L3
Duloxetine (Cymbalta)	NA
Mirtazapine (Remeron)	L3
Nefazodone	L4
Trazodone	L2
Venlafaxine (Effexor)	L3

Lactation Risk Categories: L1 = safest; L2 = safer; L3 = moderately safe; L4 = possibly hazardous; L5 = contraindicated.

Antidepressants that decrease milk supply

- Monoamine oxidase inhibitors (MAOIs)
  - Marplan (Isocarboxazid)
  - Nardil (Phenelzine)
  - Selegiline (Zelapar)
  - Tranylcypromine (Parnate)
- Antidepressants with anticholinergic properties
  - Paroxetine (Paxil) is the most anticholinergic SSRI
  - All TCAs have anticholinergic properties

How to select an antidepressant

- Women successfully treated with an antidepressant prior to lactation, generally should not change medications during lactation.
- SSRI are first line agents for treating moderate to severe depression
  - Sertraline or Paroxetine are preferred due to low RID
  - Start with lowest effective dose and increase slowly
- Monotherapy is preferred
- To minimize the effects of antidepressant during lactation
  - Select agent with a short half-life
  - Administer at bedtime or after infant is done feeding

How to monitor

- **Infant**
  - Pediatric assessment at baseline, consider age and health status of infant
  - Monitor neurodevelopment and growth (poor weight gain)
  - Monitor daily for: changes in sleep, feeding patterns and behavior (constant crying, lethargy, restlessness, irritability, agitation)

- **Mother**
  - Assess at baseline
  - Monitor for delayed lactogenesis if antidepressant started during pregnancy
  - Monitor for decreased milk supply if antidepressant started after milk supply is already established
  - It's important that the mother informs the child's pediatrician of the antidepressant

References

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