



Notes: Psychiatric disorders of pregnancy

Post-natal depression

- Incidence = 10%
- Peak incidence = 3 months
- Risk factors: lack of social/domestic support; previous history of depression
- Recurrence rate in pregnancy = up to 70%
- Treatment: support and antidepressants

Puerperal psychosis

- Incidence = 1/200
- Peak incidence = 1-2 weeks
- Risk factors: primiparity, previous history of bipolar disorders
- Recurrence rate in pregnancy = up to 25%
- Treatment: admission to 'mother & baby unit'; antipsychotics



Psychotropic drugs in pregnancy

- Antidepressants (tricyclics, MAOIs, SSRIs): no teratogenic effects (although SSRIs are new and limited data)
 - Lithium: teratogenic to fetal heart (Ebstein's anomaly = 1%); neonatal goitre)
 - Phenytoin: cleft lip & palate, cardiac malformations; microcephaly, growth restriction
 - Benzodiazepines: neonatal hypotonia and respiratory depression, possible cleft lip & palate
 - Phenothiazines: No teratogenic risk
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- Breast feeding:
 - May need to avoid breast feeding if on lithium or benzodiazepines
 - OK to breast feed while on antidepressants or anticonvulsants