Approved by Quality & Patient Safety Committee
17/9/15

ANTIDEPRESSANTS IN PREGNANCY - NEONATAL OBSERVATIONS AND INTERVENTIONS

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1 AIM

- Neonatal withdrawal and toxicity is recognised and treated appropriately

2 PATIENT

- Woman medicated with antidepressants in the third trimester of pregnancy
- Neonate with medicated mother

3 STAFF

- Medical, nursing and midwifery staff

4 EQUIPMENT

- Thermometer
- Stethoscope
- Oxygen Saturation Monitor

5 CLINICAL PRACTICE

ANTENATAL MANAGEMENT

- Record medications taken in pregnancy in ObstetriX at first presentation and record medication taken at home on admission
- Explore if woman has discussed risks and benefits of taking antidepressants in pregnancy with prescriber or MotherSafe. It is very important that at woman speak to a doctor before she decides to change or stop taking medication.
- Refer to MotherSafe for information and/or when a situation warrants an individual assessment. Individual assessments are accessible with referral by GP, and the woman phones 02 9382 6539 for an appointment
- Advise woman of the recommendation to stay in hospital postpartum for a minimum of 3 days to observe neonate for signs of withdrawal, toxicity or pulmonary hypertension

INTRAPARTUM MANAGEMENT

- Record antidepressant medications taken at home on the medication chart detailing name of medication, dose, frequency and route and complete the drug and alcohol folder in ObstetriX if not previously completed
- Explore if woman has discussed taking antidepressants in pregnancy with prescriber or MotherSafe and advise woman of the recommendation to stay in hospital postpartum for a minimum of 3 days to observe neonate for signs of withdrawal, toxicity or pulmonary hypertension

POSTNATAL MANAGEMENT

MATERNAL

- Encourage woman to remain in hospital for 3 days for monitoring of baby for withdrawal, intoxication or other effects, including toxicity or pulmonary hypertension
- Provide education on normal adaption and behaviour and potential withdrawal signs that infant may develop and to attend GP or local children's hospital for review if concerned

ANTIDEPRESSANTS IN PREGNANCY - NEONATAL OBSERVATIONS AND INTERVENTIONS cont'd

NEONATE

- Observe neonate exposed to antidepressants in pregnancy in the hospital setting for the first 3 days after birth
- Complete the Modified Neonatal Abstinence Score (NAS) chart after each feed
    - Implement the RHW NAS – Management LOP if scores are :
        - 11 on one occasion
        - 7 on three consecutive occasions
        - an average score of 8 on 3 occasions
    - Contact Neonatal Team on duty and admit neonate to Newborne Care Center (NCC) if the neonate meets above NAS criteria or if there are other concerns

6 DOCUMENTATION

- Neonatal Abstinence Score chart (NAS)
- Integrated Clinical Notes
- ObstetriX
- Adult Medication Chart

7 EDUCATIONAL NOTES

- Note that modified Neonatal Abstinence Score (NAS) Chart scoring system is only validated for the diagnosis of withdrawal in narcotic-exposed full-term infants and that the scores of intoxicated neonates (especially those affected by maternal stimulants) may actually be low
- Psychiatric/psychosocial morbidity was the second leading cause of indirect maternal death in Australia in 2006-2010 hence adequate treatment of mental health disorders in pregnancy is essential.
- Suboptimally treated maternal psychiatric problems also significantly impair childhood neurodevelopment and safety
- Late trimester exposure to antidepressants may be associated with withdrawal and toxicity symptoms
- The Chemical Use in Pregnancy Service (CUPS) team – 9332 8777 (page) – may be contacted if there are any concerns about neonatal exposure to anti-depressant medications
- All infants requiring admission to NCC for further management must have an established on-going management plan prior to discharge from hospital

<u>SPECIFIC SSRI ISSUES</u>

- SSRIs are the most common antidepressant prescribed in pregnancy
- There is an associated small increased risk in persistent pulmonary hypertension in neonates (PPHN) exposed to SSRI's after 20 weeks gestation
- Neonatal SSRI withdrawal/toxicity symptoms may occur within 4 days postpartum in up to 25% of neonates, but, are usually mild and resolve within 2-3 days
- Neontatal withdrawal/toxicity symptoms may include respiratory distress, temperature changes, feeding/settling difficulties, neurological symptoms, hypoglycaemia and jaundice
- Women may breastfeed when on Selective Serotonin Re-uptake Inhibitors (SSRIs) Expressed breast milk (EBM) can be stored and given to premature or ill infants. SSRI exposure through breastfeeding is very low (usually < 5% and often < 1%)

8 RELATED POLICIES / PROCEDURES/ CLINICAL PRACTICE LOP

- Neonatal Abstinence Syndrome (NAS) Management
- Neonatal Observation

ANTIDEPRESSANTS IN PREGNANCY - NEONATAL OBSERVATIONS AND INTERVENTIONS cont'd

9 RISK RATING

- Low

10 REFERENCES

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REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs group 2/9/15
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Endorsed Neonatal Clinical Committee 13/12/05

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