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BIPOLAR DISORDERS LIBRARY

BIPOLAR DISORDERS Factsheet

October 2021

How is medication during pregnancy and breastfeeding important?

Medication use during pregnancy requires careful consideration of the mother's risk of illness relapse against the risk of harm or complications for the developing infant if medication is to be continued. However, there is currently very little robust evidence regarding the use of medications for bipolar disorder during pregnancy and the postpartum period.

What is the evidence for medication use during pregnancy and breastfeeding?

Moderate quality evidence finds lithium use during pregnancy was associated with small increased risks of any congenital anomaly, cardiac congenital anomalies, and a medium-sized risk of more spontaneous abortion compared to no lithium use. Note that the findings for cardiac congenital anomalies and spontaneous abortion were not significant when lithium use was compared to no lithium use only in bipolar patients (not general population samples). The finding for any congenital anomaly remained in that comparison. There were no increased risk of preterm birth or low birth weight. Moderate to low quality evidence suggests a small increased risk of heart defect or lower birth weight in infants exposed to antipsychotics in utero, and a small increased risk of preterm delivery. There is also a small increased risk of neuromotor deficits in early childhood with exposure to antipsychotics in utero. However, studies did not allow correction for other medications, genetic predisposition, or other confounding effects.

There were no differences in the odds of autism spectrum disorders in the offspring of mothers with SSRI antidepressant exposure during pregnancy compared with mothers with no antidepressant exposure during pregnancy.

Low quality evidence is unsure of the risk of relapse following discontinuation of mood stabilisers during pregnancy. Review authors conclude that for severe conditions of bipolar disorder, close monitoring, support and prophylactic medication during pregnancy and the postpartum period is recommended. For women with stable bipolar disorder, a well-planned and slow discontinuation of mood stabilisers before pregnancy could be commenced. For unplanned pregnancies, a slow discontinuation is particularly important. Medication should be re-started soon after delivery, as the risk of postpartum relapse is high.

For more information see the technical table

NeuRA
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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about bipolar disorder or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au.**

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