

HEALTHWEST
PRACTICE GUIDELINE

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Approved by:

Subject: Guideline for Prescribing Psychotropic Medications during Pregnancy for Individuals Receiving Services

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I. PURPOSE

To enable HealthWest to provide consistent treatment strategies for the use of psychotropic medications during pregnancy and post-pregnancy for female individuals receiving services.

II. APPLICATION

This practice guideline applies to all HealthWest employees and contract providers.

III. PRACTICE GUIDELINE

- A. All childbearing female individuals receiving services shall be counseled/educated about psychotropic medications and their effects on the fetus prior to that individual starting on any psychotropic medications (e.g., antidepressants, antipsychotics, anxiolytics, anticonvulsants, stimulants, etc.). Ongoing education shall continue on a regular basis, with appropriate involvement by prescribers, nurses, supports coordinators, and therapists. Documentation of these conversations shall be entered in the individuals' records.
- B. If an individual receiving psychotropic medications becomes pregnant, it is not necessary to stop the medications, however an appointment with the prescriber shall be scheduled as soon as possible. It is noted that the stopping of medications may have detrimental effects on the mother and the fetus.
- C. The prescriber will discuss the risks and benefits of the medications with the pregnant individual, spouse/partner, and/or the parent/guardian when applicable.

At this time there will be a frank discussion about:

1. The full-range of treatment options;
2. The pros and cons of treating and not treating the mental illness with medications; and

3. The possible effects on the fetus if not treating the mental illness with medications versus the possible effects on the fetus if treating with the psychotropic medications.
- E. Whether or not the individual is continued on their medications, the team will continue to monitor the progress of the pregnancy and the mental illness until the time of delivery (minimally once every three months).

The team may consist of the:

1. Individual receiving services;
 2. Spouse/partner;
 3. Parent/Guardian for minors or persons with guardians;
 4. Primary Care Physician and/or Obstetrician;
 5. Nurse;
 6. HealthWest Supports Coordinator; and
 7. HealthWest Therapist.
- F. Psychotropic medications during post-partum care shall be reviewed with the individual receiving services, the partner/spouse, and/or the parent/guardian. Discussion shall include the risks and benefits of breast-feeding as well as the effects of psychotropic medications on the newborn baby.
- G. Pertinent literature on psychotropic medications, the effects on pregnancy, and the effects on the fetus during lactation is contained in the attached articles to this Guideline. These literature reviews are just guidelines, and the psychotropic medications prescribed shall be individualized to the needs of the pregnant or breastfeeding individual.
- H. All discussions, reactions of the individual, and outcomes of such discussions shall be clearly documented in the records. Such documentation shall be completed by all staff including the prescriber, nurses, supports coordinators, and therapists who have been involved with that individual.

IV. REFERENCES

Article entitled Psychotropic Medications and Breastfeeding by Madeleine A. Becker, MD, Geraldine F. Mayor, MD, and Elisabeth J.S. Kunkel, MD; Primary Psychiatry, 2009.

Compilation of articles including: Are SSRIs Teratogens?; Antidepressants and Newborns; Maternal SSRIs Prolong QTc Intervals in Newborns; Antidepressants during Pregnancy; Teratogenic Potential of Anticonvulsants in Women with Bipolar Disorder; Second-Generation Antipsychotics during Pregnancy; Newer Antipsychotics may Increase Pregnancy Risk; Clozapine and Childbearing; and Diazepam in Pregnancy.