

Risk of transient breathing difficulties in newborns of mothers on antidepressants

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Infants of expectant mothers who take antidepressant drugs, known as selective serotonin reuptake inhibitors (SSRIs), during late pregnancy are at an increased risk for persistent pulmonary hypertension (high blood pressure in the lungs) finds a study published in *BMJ* today.

The authors stress that the risk is still low even in the context of SSRI exposure, but say pregnant women considering or using SSRIs and their families should be counselled about the condition and that it can typically be managed successfully if it does occur following SSRI exposure.

Decisions about treatment for depression during pregnancy must consider potential risks to both the mother and the [unborn baby](#). One potential adverse effect is persistent pulmonary hypertension of the newborn (PPHN) – [high blood pressure](#) in the lungs following birth leading to breathing difficulties. It is a rare condition, but can be severe when associated with other conditions.

Results from previous studies investigating a possible link between SSRI use in pregnancy and PPHN have been mixed, so researchers in Canada set out to summarise the data and help resolve these conflicting findings for clinicians.

They examined the results of seven studies reporting PPHN with antidepressant use during pregnancy. Analysis was only possible for SSRIs, due to a lack of data on other classes of antidepressants.

Differences in study design and quality – and several known [risk factors](#) for PPHN - were taken into account.

The results suggest a small but significantly [increased risk](#) for PPHN in infants exposed to SSRIs during [late pregnancy](#). There was no evidence of an increased risk with exposure during early pregnancy.

However, the authors stress that the risk of PPHN remains low (is typically around two births per 1,000) and they estimate that 286 to 351 women would need to be treated with an SSRI in late pregnancy to see one additional case of PPHN.

To our knowledge, this is the first published meta-analysis to examine SSRI exposure and PPHN, say the authors.

Future research should determine if other classes of antidepressants show similar associations – and whether risk factors such as caesarean section, obesity, and preterm delivery, may also have an impact - in addition to the potential effects of clinical depression. They conclude depression during pregnancy must not be left untreated.

Provided by British Medical Journal

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