

# Antidepressants don't increase stillbirths

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Pregnant women who take medications against depression are not raising the risk of a stillbirth or the death of their infant.

A comprehensive Nordic study of 1.6 million births shows that a women's use of antidepressant drugs, often called happy pills, do not entail a greater risk for their foetuses or new-borns.

The study is the largest of its kind and has been published in JAMA - Journal of the American Medical Association.

"There's no increased risk of stillbirths or infant mortality. But you should always consult your doctor before taking such medications," says researcher and obstetrician Olof Stephansson.

Stephansson works at Karolinska Institutet in Stockholm, Sweden.

## Happy pills

The study made use of data from Norway, Sweden, Denmark, Finland and Iceland.

Birth registers have been matched against pharmaceutical registers. This is what enabled the researchers to chart over 1.6 million pregnancies that took place during a ten-year period.

Only around 30,000 of the mothers used the psychotropic medication, popularly known as happy pills but medically known as SSRI - selective serotonin re-uptake inhibitors. Common brand names for such pills in Norway are Sertralin, Zoloft, Fontex, Fluoxetin, Cipramil and Citalopram.

## Many pregnant women are depressed

"I work as an obstetrician and witness that many women are worried," says Stephansson.

The study showed that from seven to 19 percent of pregnant women in Western countries suffer a certain amount of depression during their pregnancies.

In the Nordic study 1.8 percent of the women took medications against depression at least once during a pregnancy.

Stephansson says the risk of suffering depression during a pregnancy is greatest if the woman already has a medical record of depression.

Most women who use SSRIs during their pregnancy have already taken the medication previously.

## Not without risks

The results of the study do not give happy pills a big smile, however. It's suspected that in some cases they can have a damaging effect on a foetus, including heart defects.

Stephansson thinks it's a good idea to use as small dosages as possible.

But if a woman is in a state of depression during her pregnancy and isn't treated for it, that too can be a health hazard for both mother and child.

#### **Only possible in Nordic countries**

Researchers from all Nordic countries participated in the study. It's the largest study of pregnancies and SSRIs ever conducted.

"Such studies are only possible in the Nordic countries," says Stephansson.

Extensive public records and the fact that everyone has a National Insurance identity number makes the Nordic population a treasure chest for health studies requiring large amounts of data.

The results of the study have been correlated against risk factors among pregnant women such as smoking, high blood pressure and previous hospitalisations for mental illness.

#### **Miscarriages not included**

The study covers medications prescribed up to three months before the start of a pregnancy. However, it doesn't include the risk of a miscarriage in the first weeks of pregnancy.

Among the 1.6 million pregnancies in the Nordic countries, there were 6,000 stillbirths, 3,600 new-born infants died and another 1,600 died during their first year. A stillbirth is defined as a prenatal death after 22 or 28 weeks of pregnancy.

The researchers make one reservation ? they might have overestimated the actual use of antidepressants, because being prescribed a drug doesn't always equate to actually using it.

But the results tally well against a Norwegian study last year which was based on less data.

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[Olof Stephansson et al: Selective Serotonin Reuptake Inhibitors During Pregnancy and Risk of Stillbirth and Infant Mortality, JAMA 2. januar 2013.](#) [12]

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Glenn Ostling

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