

Pregnancy Safety: Bipolar Disorder

INFORMATION BULLETIN

*This information is intended to supplement your health care provider's advice.
It should not take the place of medical care or advice from your health care provider.*

When managing bipolar disorder (BD) during pregnancy, the risks posed both to you and your baby by the illness must be weighed against the risks posed by mood stabilizer exposure. Ultimately, no risk-free option exists, other than choosing not to become pregnant. Thus, there are numerous concerns no matter what mood stabilizer you are considering. These concerns form the basis for general treatment principles that are perhaps best conveyed through a series of questions you may already be asking.

IS ANY MEDICINE FOR BIPOLAR DISORDER SAFE DURING PREGNANCY?

Seeking a simple answer, you may be tempted to reduce your decision to this question. If so, then the simple answer is “No, there is no safe mood stabilizer medication during pregnancy”; however, you are probably asking the wrong question. A decision based only on medicine safety is incomplete. First, this question ignores the risk posed to you and your baby by untreated BD. Second, there is no medicine of any type that has been so exhaustively studied that you should consider it “safe” during pregnancy. All medicines have some unanswered questions regarding their pregnancy safety; some medicines have known risks. Third, posed this way, the question pits your health and well-being against your baby’s health. This “mother versus baby” view places an unnecessary burden of guilt upon pregnant women facing difficult treatment decisions. The question may be reframed to avoid placing you and your baby at odds. A better question is, “*What will provide you AND your baby the best chance for a safe, healthy pregnancy?*” This new question, however, opens the door to yet more questions.

WHAT ARE THE RISKS OF BIPOLAR DISORDER DURING PREGNANCY? This question is not unique to BD. It is faced by a pregnant woman with any illness. If the illness poses little risk to you and your baby (e.g., common cold), then little treatment risk is justified. However, considerable treatment risk may be acceptable when an illness (e.g., epilepsy, HIV) poses great risk to you and your baby. Knowing the risks of BD during pregnancy for you and your baby is, therefore, an important key to your treatment decision.

There is, in fact, a lot of research regarding the risks due to maternal depression, including bipolar depression, during pregnancy. Depression has been linked with poor compliance with OB care and greater use of prescription medicines, over-the-counter medicines, and habit-forming substances.¹ It has also been linked with poor pregnancy outcomes including preeclampsia, preterm birth, low birth weight, and smaller infant head circumference.² Finally, depression during pregnancy has been linked with poorer child development, affecting intelligence, language, and motor activity.³ No studies have examined the effect of mania or hypomania on pregnancy outcome.

Postpartum episodes of BD also carry risk. Studies of postpartum depression have shown a wide range of effects on children, including poorer bonding with mother⁴ and problems with

Pregnancy Safety: Bipolar Disorder

INFORMATION BULLETIN

*This information is intended to supplement your health care provider's advice.
It should not take the place of medical care or advice from your health care provider.*

cognitive, language, and emotional development.^{5,6} Postpartum psychosis, often a consequence of BD, is considered a psychiatric emergency.

DOES PREGNANCY PROTECT AGAINST BIPOLAR DISORDER RELAPSE WHEN MOOD STABILIZER TREATMENT IS STOPPED? Current research suggests this is unlikely. The most extensive study of pregnant women with BD found that 86% of those who stopped their mood stabilizer relapsed compared to 37% of those who continued mood stabilizer treatment.⁷ Unfortunately, existing studies don't offer any help in predicting whether you're among the small group of women likely to remain well without mood stabilizer treatment.

Our clinical experience suggests that your past treatment history may help you decide if temporarily stopping your mood stabilizer during pregnancy is wise. Key questions include: How many BD episodes have you had? How frequent and how severe were the earlier episodes? Have you had psychotic symptoms? Have you ever had a sustained period (for several months) of normal mood without mood stabilizer treatment? Did previous relapses occur gradually or abruptly? When you restarted mood stabilizer treatment, how quickly did the episodes resolve? Finally, have you had a BD relapse during or following a previous pregnancy?

CAN NON-MEDICAL TREATMENTS FOR BIPOLAR DISORDER BE USED DURING PREGNANCY? It is well-established that mood stabilizers are required to treat BD, but add-on treatments may improve your mood stabilizer's effectiveness, helping you avoid dose increases or the need to combine multiple medications. Non-medical add-ons for BD during pregnancy will not replace your mood stabilizer; however, they may be used to *buy time* if you decide to temporarily suspend mood stabilizer treatment during part of pregnancy.

Psychotherapy, when used with mood stabilizers, has proven benefit for BD. Because it carries little risk during pregnancy, psychotherapy is highly recommended during pregnancy no matter what you decide about taking medication.

You may also consider low-risk complementary treatments, such as daily exercise, prenatal yoga, and meditation. These are not BD treatments *per se*, but they may improve general well-being during your pregnancy.

You should avoid naturopathic supplements (e.g., St. John's wort, Rhodiola rosea, maharishi amrit kalash, saffron, lavender, mentat) during pregnancy. The FDA seldom scrutinizes them, and there is little information regarding their safety in pregnancy. Just because a substance is produced by nature does not mean it is safe for your baby.

WHAT IS THE BEST MOOD STABILIZER DURING PREGNANCY? The ideal mood stabilizer should be both as SAFE and as EFFECTIVE as possible. When focused on mood stabilizer safety, it is easy to lose sight of the need for the medicine to be effective. The rationale for mood stabilizer therapy during pregnancy is to protect you and your baby from

Pregnancy Safety: Bipolar Disorder

INFORMATION BULLETIN

***This information is intended to supplement your health care provider's advice.
It should not take the place of medical care or advice from your health care provider.***

the risks of BD. As a result, using an ineffective mood stabilizer makes no sense, no matter how safe it is.

The *effectiveness* of specific mood stabilizers during pregnancy has not been well researched. At present, therefore, the key to predicting mood stabilizer effectiveness during pregnancy lies in your personal treatment history. Key questions include: What mood stabilizer(s) have you used? How effective has each been? How well have you tolerated each mood stabilizer? What mood stabilizer (or combination of mood stabilizers) has been most effective? How well have any mood stabilizers worked during or following a previous pregnancy?

After identifying the mood stabilizer(s) most likely to be effective for you, *safety* considerations should be explored. Conventional wisdom holds that exposing your baby to fewer medicines is safer. Thus, safety during your pregnancy may be improved by using a mood stabilizer that previously worked well for you as a monotherapy rather than one that was only effective when used in combination with other medications.

A similar concern arises if you became pregnant unexpectedly while taking a mood stabilizer. Although you may have been advised to switch to a “safer” mood stabilizer, switching mood stabilizers, by definition, exposes your baby to more medications while possibly leaving you more vulnerable to BD relapse. Thus, if you’re already pregnant, it may be wiser to continue the mood stabilizer you’re already taking rather than switching to another.

Having narrowed the list of viable alternatives, you finalize the selection by reviewing the pregnancy safety profile of the mood stabilizers that remain under consideration, taking into account your current stage of pregnancy. The ideal mood stabilizer *for you* lies at the intersection of your efficacy and safety survey. If multiple medication options remain, then you can further narrow your choice by considering potential tolerability (e.g., side effects, risks for gestational diabetes, restless legs syndrome, etc.).

References

1. Newport DJ et al. (2012). Maternal depression and anxiety differentially impact fetal exposures during pregnancy. *J Clin Psychiatry* 2012; 73(2): 247-51.
2. Marcus SM. Depression during pregnancy: rates, risks and consequences--Motherisk Update 2008. *Can J Clin Pharmacol* 2009; 16(1): e15-22.
3. Kingston D et al. Prenatal and postpartum maternal psychological distress and infant development: a systematic review. *Child Psychiatry Hum Dev* 2012; 43(5): 683-714.
4. Lovejoy MC et al. Maternal depression and parenting behavior: a meta-analytic review. *Clin Psychol Rev* 2000; 20(5): 561-92.
5. Grace SL et al. The effect of postpartum depression on child cognitive development and behavior: a review and critical analysis of the literature. *Arch Womens Ment Health* 2003; 6(4): 263-74.
6. Weissman MM et al. Offspring of depressed parents: 20 years later. *Am J Psychiatry* 2006; 163(6): 1001-8.
7. Viguera AC et al. Risk of recurrence in women with bipolar disorder during pregnancy: prospective study of mood stabilizer discontinuation. *Am J Psychiatry* 2007; 164(12): 1817-24.

Revision 2019.07.05