Selective serotonin reuptake inhibitors are currently used in an estimated 5%-7% of pregnant women, and it is now generally accepted that pregnancy is not a contraindication to use or relapse of depression. Some clinicians might do something that could attenuate risk for poor neonatal adaptation has been a lingering question over the past several years. Some clinicians have been vigilant about the use of SSRIs late in pregnancy and discontinue these drugs in their patients shortly before delivery. In fact, since 2004, the SSRI package inserts have suggested that tapering the drug in the third trimester be considered. While taper of SSRI proximate to the end of pregnancy might appear to be intuitive, our group and others have questioned the wisdom of discontinuing an antidepressant shortly before delivery, when the risk of depressive relapse increases a woman’s risk for postpartum worsening of mood.

A study published in June provides data that helps refine our understanding of the risks of antidepressant exposure during the latter stage of pregnancy on the health of newborns. Using a large administrative claims database, investigators in British Columbia linked maternal health and prenatal SSRI prescription claims data to more than 119,000 neonatal birth records between 1998 and 2001. To evaluate the impact of discontinuing SSRI late in pregnancy, they compared infants exposed to SSRIs during the last 14 days of gestation to those exposed earlier in gestation, and controlled for possible confounding factors that could also affect obstetric and neonatal outcomes, such as maternal health characteristics (Acta Psychiatr. Scand. 2010;121: 471-9).

SSRIs are currently used in an estimated 5%-7% of pregnant women, and it is now generally accepted that pregnancy is not a contraindication to use or relapse of depression. The study provides further pause for clinicians to perhaps reconsider tapering or discontinuing antidepressant proximate to delivery because type of intervention puts a woman at risk for relapse of depression shortly before an “at risk” period such as the postpartum period.

Considering the growing appreciation of what appear to be real effects of exposure to medicine and to the disorder, what we need now are large, prospective studies that provide more reliable data, comparing euthymic women on antidepressants with women who are not taking SSRI and who are not on an antidepressant—a study that has not been conducted to date.