

Q: Does this study indicate that I should not take antidepressants if I am planning to become pregnant, are pregnant, or am currently breastfeeding?

A: No. This study does not answer the question about whether you should take antidepressants during pregnancy.

- The risks of untreated prenatal depression are high:
 - 50-62% risk of depression after delivery, postpartum depression.
 - Having a baby with low birth weight at delivery, being delivered earlier than predicted, and have a 50% increase risk of having developmental delays at 18 months.
- Half of the women who stop antidepressants before or during pregnancy become depressed again during pregnancy or after birth.
- These risks must be weighed against the risks of continuing antidepressants during pregnancy.
- Further reliable research on the risks of antidepressants vs the risks of untreated depression and anxiety is needed and welcome by the perinatal mental health community.

Q: Does this study show that I have 87% chance of my baby developing autism if I took antidepressants during pregnancy, as mentioned in the media?

A: No. In fact, being exposed to antidepressants during pregnancy may raise the risk of autism from 1% in unexposed children to 1.87%. These numbers could have been obtained by chance, given that there was actually no association between antidepressants and autism when the authors only looked at children diagnosed with autism by a psychiatrist or a neurologist.

Q: Is the study the only one looking at the link between antidepressants during pregnancy and autism?

A: No. In fact, three other large studies (average of 430 000 children) did NOT find an association between exposure to antidepressant medication during pregnancy and autism. In the five studies showing an association between antidepressants and autism (average of 45 000 children), history of depression in the mother seemed to account for most of the increased risk of autism. Taken together, these studies suggest that it is depression during pregnancy (rather than antidepressant treatment) that increases the risk of autism.

Q: I heard that the way the study was conducted has some limitations, and this is why my doctor is not modifying his/her practice or recommendations following these results. What are these limitations?

A: Problems with how this study was done are that other factors known to have associations with autism were not taken into account:

1. having another family member with autism or other psychiatric disorders
2. low weight at birth and early delivery
3. smoking, alcohol and drug use in the mother
4. mother's weight
5. age of the father
6. This study looked at women who had prescriptions dispensed; it was not based on women who had actually taken medication. Many women have prescriptions, and yet have not actually taken the pills.

Q: The media coverage of that paper mentions that psychotherapy and exercise should be sufficient to treat depression during pregnancy, and that the use of antidepressants is not necessary. Is this true?

A: No. Even though psychotherapy and exercise are effective treatments for depression, a significant proportion of patients do not have access to therapy, cannot exercise because it may endanger the pregnancy, or prefer antidepressants. In addition, some women experience significant depression and anxiety symptoms even after being in psychotherapy. Therefore, antidepressants represent a useful option for the treatment of depression during pregnancy.

Most importantly, we want moms and families to not be frightened. Reach out to us, ask your questions. We will support you and help you find more information and reliable providers.