



MOTHERTOBABY GA MONTHLY NEWSLETTER

DEPRESSION AND BREASTFEEDING: TREATMENT MEDICATIONS

Treating mental health issues such as depression can be difficult. From finding the right course of treatment to keeping up with doctor's appointments, depression can take on a life of its own. There are additional concerns for nursing mothers on the impact of treatment medications while breastfeeding. In many cases, breastfeeding is recommended and found to be beneficial for the infant.¹

Studies show that breastfeeding is found to reduce depressive symptoms for nursing moms and, in some cases, prevent postpartum depression.² However, the uncertainty surrounding how medications will affect your baby may impact your decision to breastfeed. When considering medications, it is important to consult with your physician regarding which course of treatment is right for you and your baby.

Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressant medications. SSRIs are prescribed to many women during pregnancy due to the limited presence of adverse

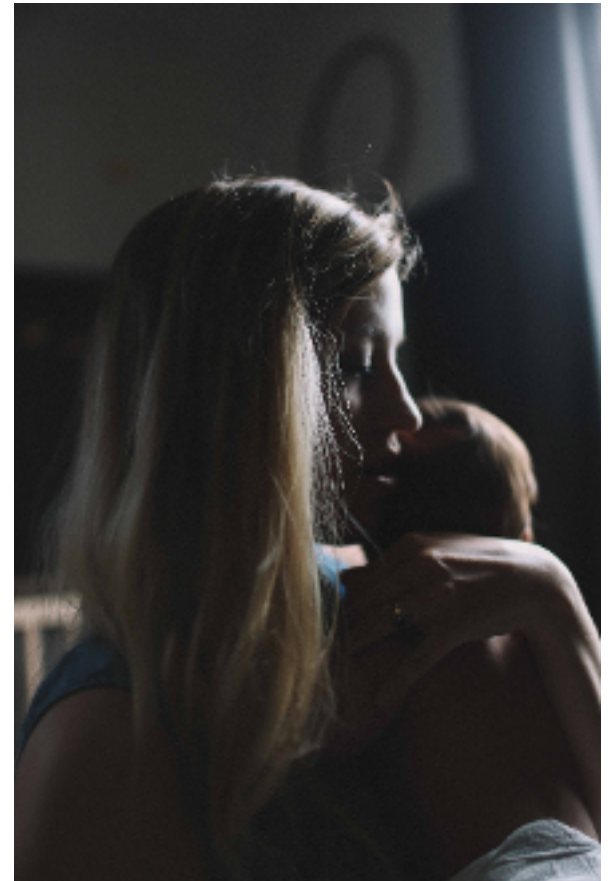
side effects when compared to tricyclic antidepressants (such as Elavil and Anafranil).¹

Sertraline, citalopram, escitalopram and paroxetine (common SSRIs) transfer in low amounts into breastmilk. However, the transfer rates of SSRIs do not necessarily indicate harmful effects for the nursing infant. Fluoxetine, a popular SSRI which transfers in higher rates into breastmilk, is generally not found to present issues for nursing infants.¹

There are numerous advantages and disadvantages of SSRIs for nursing infants. Shared side effects include sedation or irritability, poor feeding and weight gain.¹ For a full range of treatment options, it is important to talk to your doctor when deciding which medications are right for you and your nursing baby.

1. Hale T, Rowe H. *Medications And Mothers' Milk* 2017. New York: Springer Publishing Company; 2017.

2. Borra C, Iacovou M, Sevilla A. *New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women's Intentions*. *Maternal and Child Health Journal*. 2014;19(4):897-907. doi:10.1007/s10995-014-1591-z.



QUESTIONS?

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