

Psychopharmacotherapy in Pregnancy

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Introduction: Psychopharmacotherapy in women during pregnancy is a challenging task for psychiatrists, their knowledge and their counselling skills. And they have also to be aware of the risks when treating women of the fertile age group or breastfeeding women.

The manifold risks of psychopharmacotherapy have to be carefully balanced against the risks of untreated mental disorders. During pregnancy all non-pharmacological possibilities of intervention have to be used primarily. This includes intensive counselling and psychotherapy, stress reduction, sleep regulation, etc. Alternative therapies, such as light therapy for pregnant women with affective disorders have shown positive effects in first studies.

However, in more severe forms of mental disorders, psychopharmacotherapy is always needed, since the negative consequences of ongoing disorders are usually worse than the potential risks of medication. Medication has to be chosen very carefully and according to current state of knowledge. It has to be phase-specific, taking care of the risk of congenital malformations especially in the first 12 weeks, the risk of fetal retardation and neonatal adaptation later on, etc. Certain medications, such as some mood stabilizers, should be avoided completely. The mother - and if possible also the father - have to be informed about the potential risks. If medication is used during pregnancy, the unborn has to be monitored closely. Care for the mother and the unborn has to be interdisciplinary, including obstetricians, midwives etc. Delivery should be planned well in advance and in hospitals with neonatal intensive care facilities and monitoring by a pediatrician.

Most importantly, women of the fertile age group should always be counselled regarding psychopharmacology and potential pregnancy, and certain medication should generally be avoided in this age group.

As more and more women with mental disorders get pregnant, knowledge about optimal management prior to and during pregnancy is of utmost importance.

Learning Objectives: At the end of this course, participants should

- know the general risks of psychopharmacotherapy in pregnancy
- know the risk of untreated severe mental disorders in pregnancy
- be able to counsel women of the fertile age group and choose medication carefully for this group
- be able to counsel mentally ill women with a wish for pregnancy or pregnancy
- know all possibilities of non-pharmacological treatments
- know the indications for medication
- know the most important risks of antidepressants, mood stabilizers, and antipsychotics
- know the precautions to be taken during medication in pregnancy
- be able to counsel pregnant women regarding peripartum and postpartum management, e.g. delivery modalities, breastfeeding, etc.

Methods: Interactive talk, presentations by participants, case discussions in small groups and in the plenum

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Keywords: psychopharmacology; risk; pregnancy; counselling; peripartum