



**Shawnee Mission
Health**

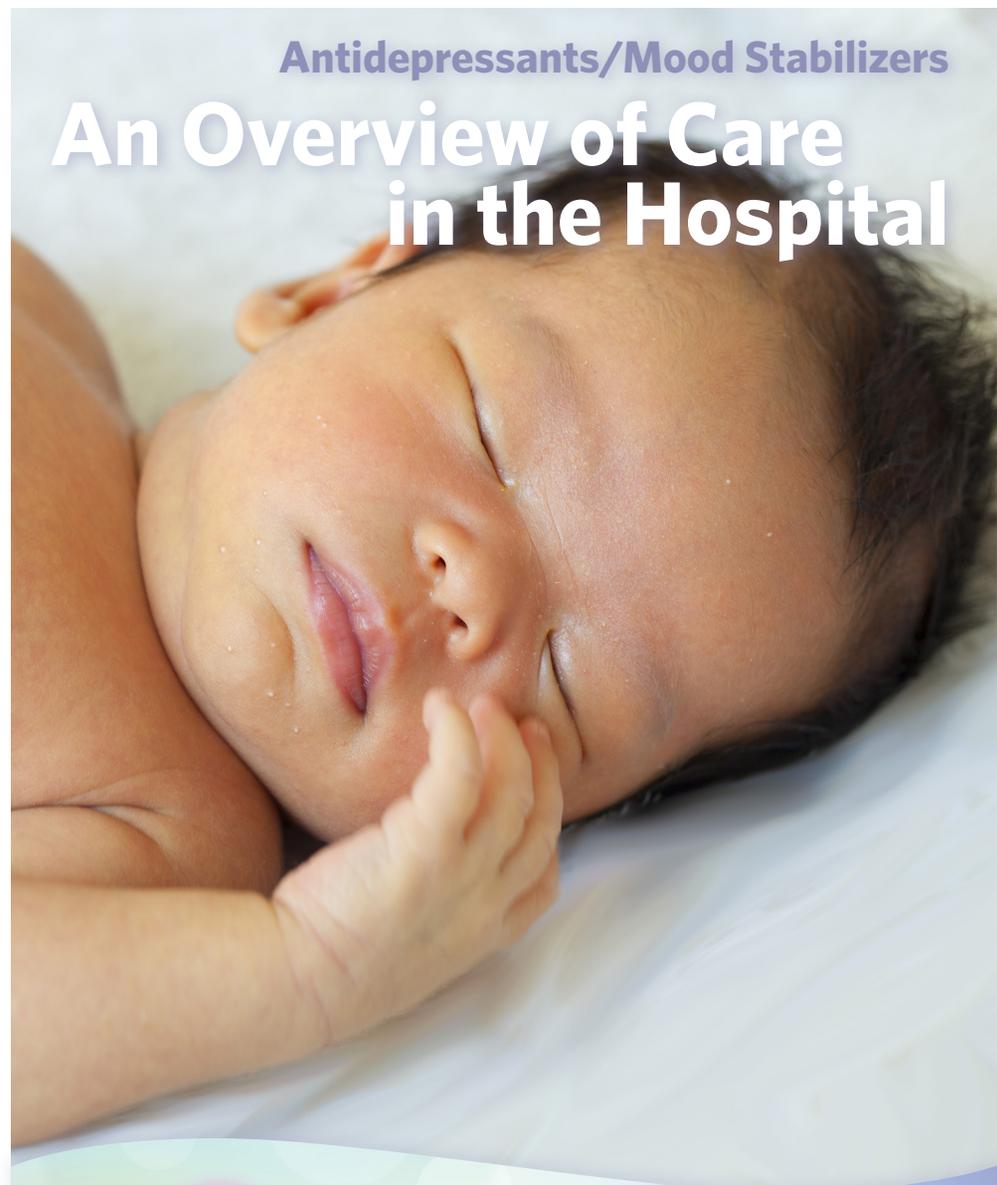
BIRTH CENTER

9100 W. 74th Street
Shawnee Mission, KS 66204

ShawneeMission.org/BirthCenter

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Antidepressants/Mood Stabilizers An Overview of Care in the Hospital



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“Given the adverse effects of maternal depression on the child, maintaining mood stability in the mother should remain the highest priority.”

*R. Nonacs, MD, PhD, Massachusetts General Hospital,
Center for Reproductive Psychiatry Resources**

*Source: Nonacs, R. (2006). Withdrawal Symptoms in Newborns Exposed to SSRIs. Massachusetts General Hospital. MGH Center for Women’s Mental Health. Retrieved from womensmentalhealth.org.

COMMUNITY RESOURCES

Health Departments

Johnson County

- Olathe: 913-894-2525
- Mission: 913-826-1302

Wyandotte County

- Kansas City, KS: 913-573-6720

Follow-up Services for Family Health Care

Health Partnership Clinic

- Olathe: 913-648-2266
- Paola: 913-393-9921

Follow-up Services for Infants

Kansas:

- Wyandotte County Connections: 913-321-9999
- Parents as Teachers: contact made by school district
- Tiny-K Kansas Infant Toddler Services: contact by county
- Johnson County Tiny-K: 913-432-2900
- Children's Mercy Hospital Special Care Clinic: can be arranged through your baby's doctor
- Healthy Families through Children's Service League: 913-371-2220

Missouri:

- First Steps: 1-866-593-2329
- Children's Mercy Hospital Special Care Clinic: can be arranged through your baby's doctor

ASK-A-NURSE RESOURCE CENTER: 913-676-7777

WHAT EFFECTS COULD MEDICATIONS I TAKE DURING PREGNANCY HAVE ON MY NEWBORN?

A baby exposed to antidepressants and mood stabilizing medications may show the following:

- Poor feeding
- Jittery
- Poor muscle tone
- Weak cry
- Trouble starting to breathe after birth (poor respiratory effort)
- Low blood sugar (hypoglycemia)

WHAT TYPES OF MEDICATIONS CAN HAVE THESE EFFECTS ON MY BABY?

Antidepressants

Celexa (Citalopram)
Cymbalta (Duloxetine)
Effexor (Venlafaxine)
Lexapro (Escitalopram)
Luvox (Fluvoxamine)
Prozac (Fluoxetine)
Paxil (Paroxetine)
Trazodone
Zoloft (Sertraline)

Mood Stabilizer

Abilify (Aripiprazole)
BuSpar (Buspirone)
Haldol (Haloperidol)
Lamictal (Lamotrigine)
Latuda (Lurasidone)
Lithium
Risperdal (Risperidone)
Seroquel (Quetiapine Fumarate)
Vistaril (Hydroxyzine)

Adderall, Concerta, Ritalin (Amphetamines)
*used to treat ADHD

When two or more of these medications are used together, the effect on the baby can be more significant. Nicotine use with any of these medications or with a combination of these medications also makes symptoms more likely.

MEDICATIONS DURING PREGNANCY

When you are pregnant, the medications that you take get into your blood stream. They can be passed to your baby through the placenta, and the effects of the medication are felt by the baby. It is important to tell your doctor about any and all medications that you are taking during your pregnancy. This helps us to provide your baby with the best care possible.

This includes:

- Any prescription medications
- Over-the-counter medications
- Herbal supplements
- Alcohol
- Cigarettes
- Street drugs
- Marijuana

Please **DO NOT** change any medicine you are taking without talking to your doctor first. It is important that you stay healthy and take time to discuss the benefits of the medicine for you, as well as the risks there might be to your baby.

WHAT TO EXPECT AFTER YOUR BABY IS BORN

When your baby is born, we will try to keep you together on our Mother/Baby unit. However, sometimes a baby may need extra support after birth. If your baby needs extra attention, he/she will be admitted to the Neonatal Intensive Care Unit (NICU) to be observed.



NEONATAL ABSTINENCE SCORING SYSTEM

System	Sign	Score																	
CNS	No CNS disturbance	0																	
	Excessive high pitched cry	2																	
	Continuous high pitched cry	3																	
	Sleeps less than 1 hr after feeding	3																	
	Sleeps less than 2 hr after feeding	2																	
	Sleeps less than 3 hours after feeding	1																	
	Hyperactive moro reflex	2																	
	Markedly hyperactive moro reflex	3																	
	Mild tremors disturbed	1																	
	Moderate-severe tremors disturbed	2																	
	Mild tremors undisturbed	3																	
	Moderate-severe tremors undisturbed	4																	
	Increased muscle tone	2																	
	Excoriation	1																	
Myoclonic jerks	3																		
Generalized convulsions	5																		
Metabolic/ Vasomotor /Resp	No Metabolic/Vasomotor/Resp. disturbance	0																	
	Sweating	1																	
	Fever less than 101° F (99-100.8, 37.2-38.2 C)	1																	
	Fever greater than 101° F (38.4C)	2																	
	Frequent yawning (3-4x/exam period)	1																	
	Mottling	1																	
	Nasal stuffiness	1																	
	Sneezing (3-4x/exam period)	1																	
	Nasal flaring	2																	
	RR > 60/min	1																	
	RR > 60/min with retractions	2																	
GI Disturbance	No GI disturbance	0																	
	Excessive sucking	1																	
	Poor feeding	2																	
	Regurgitation	2																	
	Projectile vomiting	3																	
	Loose stools	2																	
	Watery stools	3																	

Adapted from L.P. Finnegan (1986)

Explanation of Signs

- Excoriation – score when presents, rescore only if it increases or appears in another area
- Poor Feeding – score if slow to feed or baby takes inadequate amounts
- Regurgitation – score if it occurs more frequently than usual in a newborn



IF MY BABY HAS SIGNS OF NAS, HOW LONG WILL MY BABY BE IN THE HOSPITAL?

Monitoring for withdrawal symptoms may require at least a 5-7 day stay in the hospital. If your baby requires medication, the stay can be several weeks. Each baby is different. It is possible you will be discharged from the hospital before your baby is ready to go home. This does not mean you have to leave your baby. We encourage parents to stay with their baby in the NICU to provide comfort and feedings.

Sometimes, when you are on these medications, your baby may experience Neonatal Abstinence Syndrome.

WHAT IS NEONATAL ABSTINENCE SYNDROME?

Neonatal Abstinence Syndrome (NAS) is the symptoms that may occur in babies whose mothers have used certain types of medications during their pregnancy. This is also known as withdrawal.

WHAT IS WITHDRAWAL?

After birth, your baby is no longer being exposed to the medications in your blood stream. When this exposure suddenly stops and the effects of the medications wear off, your baby can have withdrawal. Each baby will show withdrawal differently. It is difficult to know how quickly, how severely or how long your baby will be affected.



WHEN DOES WITHDRAWAL START?

Withdrawal will usually begin within 2-3 days after birth. However, some infants can show symptoms in a matter of hours while others may take a week or more. How and when a baby withdraws depends on many things, including:

- Type of medication taken
- How often it was taken
- How long the medication was used during pregnancy

WHAT ARE THE SYMPTOMS?

These are some common symptoms to watch for.

- Trembling or shaking; even when they are asleep
- Fussiness that is difficult to console
- Stuffy nose or a lot of sneezing
- Sensitive to noise and touch
- Diarrhea
- Excessive crying
- Diaper rash due to diarrhea
- Sweating
- Poor feeding
- Yawning
- Spitting up
- Fever
- Vigorous sucking but does not eat well
- Increased breathing rate

WHAT CAN I DO TO HELP MY BABY?

Your role in your baby's health care is very important. There are many things that you can do to help, including:

- Provide a quiet and calm environment – too many visitors, bright lights, loud noises and a lot of handling may be too much for your baby.
- Hold your baby swaddled in a blanket or skin-to-skin.
- Let your baby sleep, only waking when it is time to feed.
- Consider using a pacifier. Your baby may need a way to calm down.
- With the use of many medications, it is safe and even beneficial to breastfeed.
- However, with exposure to some medications, breastfeeding may be harmful.
- When you are ready to wean from breastfeeding, let your baby's doctor know. Withdrawal symptoms can become worse during this time.
- If you choose to formula feed, feeding smaller amounts more often may help.

WILL MY BABY NEED MEDICATION FOR WITHDRAWAL?

Some babies do well with just comfort measures when dealing with withdrawal. However, some babies may need medication. Medication for the baby is more likely needed when you are taking more than one medication during the pregnancy.



Withdrawal may be worse with the use of nicotine or other drugs such as marijuana.

If your baby begins to show signs of Neonatal Abstinence Syndrome, your baby will be monitored by the nursing staff every few hours to determine if there are signs of withdrawal. The nurse will assign a number for each symptom they observe. Scoring helps the medical staff determine if your baby should be monitored more closely. See the scoring sheet in the back of this booklet for more information.

If your baby needs medication to help manage withdrawal, they will be moved to the NICU for care and observation.