

## Bipolar Medication Safety During Pregnancy and Lactation

Medication	Recommended supplements (PNV = prenatal vitamin, FA = folic acid)	During pregnancy	Teratogenicity (MCM = major congenital malformations)	Breastfeeding notes
Lithium	PNV	Give dose BID; decrease or stop 7-10 days before delivery Level II U/S and fetal echo at 18-20 weeks check Li level, BUN, Cr and electrolytes monthly; check TSH mid pregnancy May need to increase dose in pregnancy and decrease dose postpartum	Ebstein's anomaly 0.05%–0.1% in 1st trimester	Breastfeeding not recommended; if necessary check infant Li level, BUN, TSH, electrolytes and Cr immediately postpartum, at 4-6 wks, then every 8–12 wks
Valproic Acid (Depakote)	PNV, FA, Vitamin K	Avoid in 1st trimester if possible	5% risk for neural tube defects Risk of poor cognitive function and lower IQ	Relatively safe in breastfeeding Check drug level, platelets, and liver function in infant
Lamotrigine (Lamictal)	PNV, FA	May need to increase dose in pregnancy and decrease dose postpartum	2.2% risk of MCMs and 0–0.89% risk of cleft palate in 1st trimester	Thought to be safe in breastfeeding
Carbamazepine (Tegretol)	PNV, FA, Vitamin K	Monitor serum concentration of unbound drug	3.3% risk of MCMs Odds ratio for spina bifida is 2.6	Relatively safe in breastfeeding Check drug level, CBC, and liver function in baby
Topiramate (Topamax)	PNV, FA	Limited data, but may want to follow levels	5% risk of MCMs and 5.1% risk of hypospadias 2.2% risk of oral clefts	Thought to be safe, but little data
Oxcarbazepine (Trileptal)	PNV, FA	Limited data, but may want to follow levels	2.8% risk of MCMs	Limited data, but no adverse events reported
Gabapentin (Neurontin)	PNV, FA	Limited data, but may want to follow levels	1.7% risk of MCMs	Limited data, but no adverse events reported
Typical Antipsychotics	PNV		Risk of neonatal withdrawal and EPS in neonate	Breastfeeding data are reassuring Avoid breastfeeding on chlorpromazine due to excessive sedation
Atypical Antipsychotics	PNV	Follow metabolic labs, BP, and weight	Risk of weight gain, which can lead to neural tube defects and diabetes	Watch baby for oversedation Avoid breastfeeding on clozapine, but if necessary monitor CBC in baby
Benzodiazepines	PNV	Avoid in 1st trimester if possible	0.7% risk of cleft lip or palate when used in 1st trimester; thought to be safe after that	Watch baby for oversedation and try to use lorazepam, or other BZD with a short half-life