

# Medication Cheatsheet

Types of Antidepressants and other medications used to treat pregnancy and postpartum mental health illnesses (clinically referred to as Perinatal Mood and Anxiety Disorders or PMADs).



## **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

SSRIs make serotonin (a chemical messenger called a neurotransmitter) more available to your brain. Doctors often start by prescribing SSRIs because they generally cause fewer bothersome side effects and are less likely to cause problems at higher therapeutic doses than other types of antidepressants. Common examples include Prozac, Paxil, Zoloft, Celexa, Lexapro, Luvox, and Viibryd.

## **SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)**

SNRIs work in a similar way to SSRIs except they block the reabsorption of both serotonin and norepinephrine, making them more available to your brain. Common examples include Cymbalta, Effexor, Pristiq, and Fetzima.

## **TRICYCLIC ANTIDEPRESSANTS (TCAs)**

TCAs are older drugs that work by blocking the reabsorption of serotonin and norepinephrine in a different way than SNRIs and tend to cause more side effects than newer antidepressants. As a result, they typically aren't prescribed unless you've tried other antidepressants first without improvement. Common examples include Tofranil, Pamelor, and Norpramin.

## **MONOAMINE OXIDASE INHIBITORS (MAOIs)**

MAOIs are the oldest class of antidepressants and work by blocking the enzyme monoamine oxidase, which breaks down various neurotransmitters in the brain, including serotonin, norepinephrine, and dopamine. They may be prescribed when other antidepressants haven't worked because they can have serious side effects. Using an MAOI requires a strict diet because of dangerous (or even deadly) interactions with foods — such as certain cheeses, pickles, and wines — and some medications, including pain medications, decongestants, and certain herbal supplements. They also can't be combined with SSRIs. Examples include Parnate, Nardil, Marplan, Emsam, and Selegiline.

## **ATYPICAL ANTIDEPRESSANTS**

These medications don't fit neatly into any of the other antidepressant categories. Wellbutrin is the most well-known, targeting norepinephrine as well as dopamine, and is categorized as a norepinephrine-dopamine reuptake inhibitor, or NDRI. Wellbutrin is one of the few antidepressants not frequently associated with sexual side effects. Other examples include Trazodone, Remeron, and Trintellix.

## **ANTIPSYCHOTICS**

Antipsychotic drugs help regulate the functioning of brain circuits that control thinking, mood, and perception. These medications are in their own class and can be used to treat postpartum bipolar disorder and psychosis. Common examples include Abilify, Seroquel, Risperdal, and Latuda.

## **MOOD STABILIZERS**

Medications that treat and prevent highs (mania) and lows (depression) that can often present in a postpartum bipolar diagnosis. Common examples include Lithium, Lamictal, Valproic Acid, and Carbamazepine.

## **BENZODIAZEPINES**

Benzos are medicines that slow down the nervous system. They are often prescribed in combination with an antidepressant to provide short-term relief from symptoms associated with anxiety. Common examples include Ativan, Xanax, and Klonopin.

# There ARE SAFE MEDICATIONS that can be taken during pregnancy and while breastfeeding.

The most commonly prescribed medications that are low risk while pregnant or breastfeeding are SSRI's. When considering taking these antidepressants, the decision comes down to risk—the risk to the baby versus the risk to mom and her family of not treating the illness. This is called the risk benefit ratio and it's something you should discuss with your prescribing doctor. There are risks associated with being pregnant and anxious and/or depressed and not treating it (like low birth weight or premature delivery).

**Making the decision to start an antidepressant should be made with your doctor.** The ideal provider to see is a perinatal or reproductive psychiatrist, but your OBGYN and regular doctor can also prescribe.

One of the most common concerns women express about taking medications is the worry that going on them will change their personality. The answer is NO. **Depression and anxiety change your personality.** The right medication does not and will help you find your way back to yourself. When you're depressed or anxious, the parts of your brain responsible for planning and problem solving don't work well because they are overpowered by tons of intensified emotion. **That's why it's IMPOSSIBLE to think your way out of a mental health illness.** Antidepressants help bring down the level of intense emotion you feel so your problem-solving brain can do its job. When this happens, it becomes easier to perform everyday tasks and fight your illness.

Sometimes your doctor might prescribe a combination of antidepressants. If you find yourself experiencing extreme side effects or something doesn't feel right with the medication you have been prescribed, let your doctor know right away. It's possible your medication is not the right one and you need to try a different one. **Don't be afraid to speak up.**

We strongly recommend coupling medication with talk therapy because while the meds will help you feel better, you still need to work through your feelings. Making the decision to stop your antidepressant should also ALWAYS be decided with and under the supervision of your doctor.

## PERINATAL PSYCHIATRIC CONSULT LINES

Your doctor can call for information and guidance about safe medications that can be taken while pregnant or breastfeeding.

**Postpartum Support International:** 1.800.944.4773, extension 4

**Massachusetts Child Psychiatry Access Program (MCPAP) for Moms:** 855.666.6272

## FOR MORE INFORMATION

Visit [Mother To Baby](#), a service dedicated to providing evidence-based information to mothers, health care professionals, and the general public about medications and other exposures during pregnancy and postpartum.

Disclaimer: This one-sheet is a comprehensive, but not complete list of the common types of antidepressants (definitions taken from Mayo Clinic) often prescribed for pregnancy and postpartum mental health illnesses (clinically referred to as perinatal mood and anxiety disorders or PMADs). The information provided here is not medical advice. It is for education only. If you or someone you know is experiencing depression or anxiety during pregnancy or postpartum, contact the Postpartum Support International Helpline at 1.800.944.4773. If you are thinking of harming yourself or your baby, get help right away by going to the nearest ER, calling the National Suicide Prevention Lifeline at 1.800.273.8255, or dialing 911.