



A guide to help you choose between the medicines to help the symptoms of ADHD in pregnancy and breastfeeding

This is a general guide. You must also talk to, and get advice and information from, a healthcare professional about all the options open to you.

Any decision should be made thinking about what is best for you and your baby.

There are also fact sheets for most of the medicines, with much more specific information

If possible, talk to a doctor *before* becoming pregnant. If the pregnancy is unplanned see a doctor as soon as you know. Do not stop your medicines suddenly, unless told to by a healthcare professional.

Here are some facts and figures:

Not every medicine will be right for you. No decision is completely free of all risks:

- National statistics tell us that major malformations occur in up to 1 in 50 (2%) of all babies, even if no medicines are taken
- If you don't take an adequate dose of your ADHD medicine you may be more likely to act impulsively and take risks
- You may feel more drawn in to taking other substances
- Any risks may depend on the dose, when you take it, how long you've taken it for and any previous problems you may have had

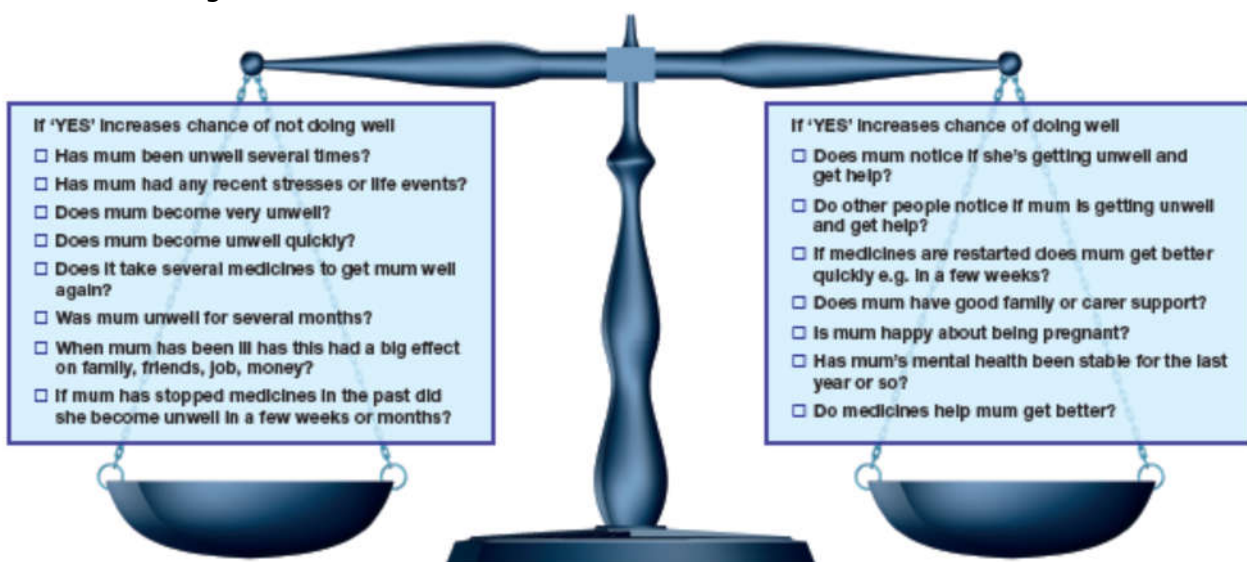
- Risks are risks i.e. they don't happen in everyone, and many problems can be managed if they are known about in advance
- There can be a risk to mum and baby from taking a medicine during pregnancy
- But there is also a risk of not being treated (and getting unwell again)
- There can be even more risks from stopping *some* medicines suddenly
- If you have problems with mental health during pregnancy, this can lead to situations such as:
 - You may not take good care of yourself
 - You might not attend appointments so you may not get the care you need
 - You may use more 'as required' drugs and alcohol when unwell. This can be harmful for your unborn baby
 - You may need more regular medicines and higher doses if you become ill. This might be more risky for the unborn baby than a regular lower dose throughout pregnancy
 - You may need in-patient treatment
 - Pregnancy complications such as low birth weight and a baby born early can occur

If you are still unwell when your baby is born you may then find it more difficult to care for your baby. This may also affect your relationship with your baby and baby may not thrive as well.

Babies do better with well mums.

Weighing up the risks to make an informed decision

A healthcare professional can help you to think carefully about taking medicines. To help you weigh up the pros and cons of taking medicines have a look at the scales below:





What sort of risks are there with medicines in pregnancy?

Stage	Possible problems	Self-help or what can be done
Fertility	<ul style="list-style-type: none"> Some medicines can reduce the chances of you getting pregnant in the first place 	<ul style="list-style-type: none"> Choose a safer medicine to start with or switch gently to a safer one if needed
1st trimester (months 1-3)	<ul style="list-style-type: none"> The first trimester (weeks 2-16) is when the baby is forming Any risk of physical malformations or defects is at its highest. 	<ul style="list-style-type: none"> Keep to the lowest dose that works for you Take vitamin supplements, especially iron and folic acid at the right dose Do not stop medicine suddenly.
2nd and 3 rd trimesters (months 4-9)	<ul style="list-style-type: none"> Baby may grow slower Medicine may become less effective because of changes to your body There is a risk of the baby being stillborn or a miscarriage. 	<ul style="list-style-type: none"> Keep to the lowest dose that works for you but may need higher doses than before Keep taking vitamin supplements and injections if prescribed Do not stop medicine suddenly.
Birth	<ul style="list-style-type: none"> Sudden withdrawal symptoms from some medicines (e.g. benzodiazepines, some antidepressants) Interactions with pain relief medicines or effects on birth e.g. bleeds. 	<ul style="list-style-type: none"> Warn the delivery team about your medicines, as the baby may get discontinuation effects Some medicine doses may need to be reduced if there are known problems but otherwise carry on with your regular doses
Breastfeeding	<ul style="list-style-type: none"> Medicines can get to the baby in the milk Some can make it harder to breastfeed or for the baby to sleep If baby is born early or has any problems, they may be at a higher risk of problems from medicines in breastfeeding. 	<ul style="list-style-type: none"> These are usually mild and go after a couple of days without any treatment Talk to your Doctor though - you may be able to alter the timing of your doses to reduce the amount baby receives, rather than take the medicines in the usual way.
Postnatal development	<ul style="list-style-type: none"> These are any effects the medicine may have on the baby's brain development, behaviour or bonding with you. 	<ul style="list-style-type: none"> If you are well then problems are less likely Tell a healthcare professional if you think there may be something wrong.

How you can help yourself

- Plan in advance if you can. If not, get advice as soon as you know you are pregnant
- Eat a healthy, balanced diet and take vitamin supplements e.g. iron and folic acid at a dose recommended by a healthcare professional
- Do not stop any medicines suddenly
- Don't take medicines you don't really need
- Stop smoking and stop drinking alcohol if possible, or at least cut right down
- Get regular sleep or rest. Find some time each week to do something enjoyable and relaxing for yourself
- Let family and friends help you with housework, shopping and other chores
- Exercise - ask your healthcare professional about exercise in pregnancy and local exercise classes
- Discuss any worries you may have with your family, friends, your midwife or GP
- Talking therapies can be helpful, with or without medicines
- Know what the signs are for you of becoming unwell again. Know who to contact.

Services and professionals who offer help and support during pregnancy

- **Maternity services** – make sure the midwife knows about any mental health problems. Go to all your antenatal appointments during pregnancy. In some areas midwives can do home visits.
- **Maternity social work team.** Ask your team for contact details. They may refer you to a family support service for additional support in the pregnancy and after baby is born.
- **GP** – talk to your GP if you have any worries about mental health problems in pregnancy. They will give you information, advice, and treatment and refer you to specialist services if needed.
- **Children and Families Social Services** – are for higher risk families. If your family needs more support, Family and Child Connect can link you with the local services you need to make things better for you and your family (familychildconnect.org.au)
- **Child Health** – they see all women with new babies and offer advice and help about the baby's health, feeding, sleep and other issues.



Comparing the main medicines for ADHD in pregnancy and breastfeeding

Below is a list of possible medicines to help the symptoms of ADHD. Not every medicine will be right for you and no decision is completely free of all risks. Please see the notes on the next page for how to read this table. Basically, **the more black blobs** there are the **higher the risk of problems**.

Medicines	Official advice		Stages of fertility, pregnancy and early life					
	USA	Australia	Fertility	Months 1-3	Months 4-9	Birth	Breast-feeding	Development
Atomoxetine	●●●	●●●●	●?	●●	●●●	●?	●●	NK
Guanfacine	●●	●●●●	●?	●●	NK	NK	●●●?	NK
Lisdexamfetamine Dexamphetamine	●●●	●●●●	●?	●●	●●●	NK	●●●●	NK
Methylphenidate	●●●	●●●●●	●?	●●	●●	●●●	●●●	NK
Bupropion	●●●	●●●	●	●●●?	●●	●	●	NK

What all this means:

Colour code	What it all means	Where the information comes from			
		USA (FDA: Food and Drug Administration)	Australia (ADEC: Australian Drug Evaluation Committee)		
NK	Not Known. We really don't know as there is no data either way	-	This medicine not available in USA so there is a no official advice	-	This medicine not available in Australia so there is a no official advice
○	It has been shown that there is no risk	A	Studies show no risk	A	The medicine has been taken by many pregnant women with no proven problems
●	As low a risk as you can practically get			C	It could cause some harm to the foetus but without causing malformations (defects). Any effects may be reversible.
●●	Thought to be a low risk, but needs a bit more data to be fully sure	B	Animal and human studies show a lack of risk but do not fully prove safety	B1	The medicine has been taken in pregnancy, but only by a few women but with no known problems. Animal studies are clear
●●●	There is some risk but can usually be managed	C	Animal studies show there may be a risk but there is no safety data in humans	B2	As B1, but animal studies are not quite good enough to be sure
●●●●	The benefit for some people may be greater than the risk	D	A definite risk exists but the benefit may outweigh the risk in some people	B3	As B1, but studies in animal have shown evidence of some possible problems
●●●●●	The risk is usually much higher than any benefit			D	Medicine may cause an increase in malformations (defects), damage, and unwanted effects.
X	The risk is way higher than any benefit	X	The risks of the medicine outweighs any possible benefit	X	The medicine has a high risk of causing permanent damage

A "?" after the dots it means we think this is the best answer based on the studies to date but we are not completely sure. Some of this will seem a bit unclear but it is the best we can do at the moment until more research is available. The Australian category order goes A (safest), C, B1, B2, B3, D, X (unsafe), which can be slightly confusing.



Where you can get further information, help and support:

- The Pregnancy and Breastfeeding Medicines Information Service (9am–4pm Monday-Friday on 03-83453190)
- Life Line 131114 (24 hours)
- Beyond Blue 1300224636 <https://healthfamilies.beyondblue.org.au>
- MumSpace www.mumspace.com.au, is a one-stop website supporting the mental health and emotional wellbeing of pregnant women, new mums and their families. MumSpace is designed to connect you quickly with the level of support you need, from advice and support in the transition to parenthood, to effective online treatment programs for perinatal depression and anxiety.
- Perinatal Anxiety and Depression Australia (PANDA; www.panda.org.au or 1300726306 Mon-Fri 09.00-19.30) for every expecting and new parent to know that help is available and how to access it should they experience perinatal mental health problems.
- Gidget Foundation www.gidgetfoundation.org.au, supporting the emotional wellbeing of expectant and new parents to ensure that those in need receive timely, appropriate and supportive care.
- COPE www.cope.org.au providing support for the emotional challenges of becoming a parent
- Peach Tree House (07 37063010, www.peachtree.org.au), a safe space for parents and families to build support by promoting a positive culture around emotional well-being and parenthood
- SMS4Dads (www.sms4dads.com.au or text 0437281215) provides new fathers with information and connections to online services through their mobiles. Text messages have tips, information and links to other services to help fathers understand and connect with their baby and support their partner
- DV Connect (www.dvconnect.org.au or 1800811811) a confidential domestic & family violence helpline.
- NPS Medicines Line: 1300 MEDICINE (1300 633 424) from anywhere in Australia (Monday to Friday, 9am to 5pm AEST excluding NSW public holidays).

The small print: This leaflet is to help you understand more about medicines for ADHD and pregnancy. You must also read the manufacturer's Consumer Medicine Information (CMI) Leaflet. You may find more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else.

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