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ADHD Newsletter 8
Pregnancy and Breast Feeding

Dexamphetamine is known to be transferred to breast milk. The concentration is relatively low, less than 10% of the weight-adjusted level in the mother, with a range generally accepted to be "safe" in the short term (Ilett et al 2006). This is higher than the 0.7% reported for methylphenidate by the NCBI in the United States.

The risk of adverse placental-associated pregnancy outcome's, including pre-eclampsia, placental abruption, growth restriction and preterm birth have all been studied. There is a small increased relative risk of pre-eclampsia and preterm birth. Given the small absolute increase the authors conclude "women with significant ADHD should not be counselled to suspend their ADHD treatment based on these findings" (Cohen et al 2017).

Perinatal outcomes have been studied with a higher risk for neonatal morbidity, especially central nervous system-related disorder such as seizures, being shown in those taking medication for their ADHD (Norby et al 2017). This Swedish study was based on case registers. The authors noted that because of large differences in background characteristics between treated women and controls, it was uncertain to what extent the differences could be explained on the basis of ADHD medication. Dr Norby later said "we do not find that our results concerning neonatal complications justify abstaining from therapy".

Reviewing the studies of Cohen and Norby, MacReady (2017), noted the comments of Assistant Professor of Maternal-Foetal Medicine at the University of California (UCLA) who said the results were reassuring because they suggest that "ADHD medications, taken in a controlled fashion, under the care of a doctor, with regular prenatal visits, have good pregnancy outcomes".

Studies such as these have led doctors to recommend that the health of the mother must be considered when making treatment decisions about stimulants. Untreated ADHD, and the chaos that can ensue in someone's life, could be a risk factor for a foetus and baby in any case. Consider Sandra, aged 26, a woman who stopped her treatment on learning she was pregnant. She stayed off medication for the remaining 7 months of her pregnancy and for the next year while she nursed her baby. Consequences included trouble focusing (almost losing her job) and her impulsivity resulted in major conflicts with her husband, family and friends. When her baby was 6 months old, Sandra's mother told her she should not come over for Christmas dinner as she needed a rest. Sandra knew this was true "I feel like I am crazy all over again. I cannot sit still, I interrupt everyone".

Concerning lactation, many health professionals believe that the risks associated with not breast feeding may outweigh the

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risks of using stimulants. Short-acting stimulants, which leave the system relatively quickly, may be preferable, allowing timing of a baby's feeding schedule to nurse just before a dose is taken, although this is not easy. If a mother decides to resume medication after giving birth it may be better to wait until the baby is a month or so old and eats less frequently.

Until recently there have been no clear-cut studies showing that stimulant medication is either safe or unsafe. Indeed, there is no ethical way to do the necessary studies. However, recent developments have provided more guidance. Huybrechts et al (2017) showed that the small increase in risk of cardiac malformations associated with intrauterine exposure was connected to methylphenidate, not amphetamines. The Australian Therapeutic Goods Administration (TGA) now provides different classifications for the stimulants available in Australia.

Drug Name	Category
methylphenidate	D

Drug Name	Category
dexamfetamine	B3
lisdexamfetamine dimesilate	B3

This is something of a game changer. For those who are not medical professionals the relevant definitions are:

Category D

Drugs which have caused, suspected to have caused, or may be expected to cause, an increased incidence of human foetal malformations or irreversible damage.

Category B3

Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human foetus having been observed. Studies in animals have shown evidence of an increased occurrence of foetal damage, the significance of which is considered uncertain in humans.

I think it follows that, with regards to pregnancy, dexamphetamine-based drugs are preferable. Hence, women on methylphenidate drugs should consider a switch if their mental health can be maintained. Given the recommendations for short acting medications with breast feeding, standard dexamphetamine may well be the drug of choice for women intending to breast feed.

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