Medscape

escitalopram (Rx)

Brand and Other Names: Lexapro
Classes: Antidepressants, SSRIs

Pregnancy & Lactation

Pregnancy

Available data from published epidemiologic studies and postmarketing reports have not established an increased risk of major birth defects or miscarriage

There are risks of persistent pulmonary hypertension of the newborn (PPHN) and poor neonatal adaptation with exposure to selective serotonin reuptake inhibitors (SSRIs) during pregnancy

There are risks associated with untreated depression in pregnancy

Exposure to SSRIs, particularly in month before delivery, associated with <2-fold increase in risk of postpartum hemorrhage; bleeding events related to drugs that interfere with serotonin reuptake have ranged from ecchymosis, hematoma, epistaxis, and petechiae to life-threatening hemorrhages

Use in the month before delivery may be associated with an increased risk of postpartum hemorrhage

Pregnancy exposure registry

- There is a pregnancy exposure registry that monitors outcomes in women exposed to antidepressants during pregnancy
- Healthcare providers are encouraged to register patients by calling the National Pregnancy Registry for Antidepressants at 1-844-405-6185, OR
- Online at womensmentalhealth.org/clnical-and-research-programs/pregnancyregistry/antidepressants/

Neonates exposed to escitalopram and other SSRIs/SNRIs

- Neonates exposed to SSRIs/SNRIs late in third trimester have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding
- Such complications can arise immediately upon delivery
- Reported clinical findings include respiratory distress, cyanosis, apnea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycemia, hypotonia, hypertonia, hyperreflexia, tremor, jitteriness, irritability, and constant crying
- These features are consistent with toxic effects of SSRIs and SNRIs or, possibly, drug discontinuation syndrome

Disease-associated maternal risk and/or embryo/fetal risk

- Women who discontinue antidepressants are more likely to experience a relapse of major depression than women who continue antidepressants

- This finding is from a prospective longitudinal study of 201 pregnant women with a history of major depression, who were euthymic and taking antidepressants at the beginning of pregnancy
- Consider risk of untreated depression when discontinuing or changing treatment with antidepressant medication during pregnancy and postpartum

Lactation

Escitalopram is excreted in human breast milk

There are reports of excessive sedation, restlessness, agitation, poor feeding and poor weight gain in infants exposed to escitalopram, through breast milk

Limited data from women taking 10-20 mg escitalopram showed that exclusively breast-fed infants receive a ~3.9% of the maternal weight-adjusted dose of escitalopram and 1.7% of the maternal weight-adjusted dose of desmethylcitalopram

Caution should be exercised and breastfeeding infants should be observed for adverse reactions when administered to a nursing woman

Pregnancy Categories

A: Generally acceptable. Controlled studies in pregnant women show no evidence of fetal risk.

B: May be acceptable. Either animal studies show no risk but human studies not available or animal studies showed minor risks and human studies done and showed no risk.

C: Use with caution if benefits outweigh risks. Animal studies show risk and human studies not available or neither animal nor human studies done.

D: Use in LIFE-THREATENING emergencies when no safer drug available. Positive evidence of human fetal risk.

X: Do not use in pregnancy. Risks involved outweigh potential benefits. Safer alternatives exist.

NA: Information not available.

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