

# Risks and benefits of psychotropic medication in pregnancy: cohort studies based on UK electronic primary care health records

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## Plain English summary

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## Plain English summary

Many women with bipolar disorder and schizophrenia become pregnant, but there is a lack of information about the advantages and disadvantages of using psychotropic drugs such as antipsychotics, valproate (multiple manufacturers) and lithium (multiple manufacturers) to treat these conditions in pregnancy. This makes it difficult for women and their health-care professionals to decide whether or not these should be used in pregnancy.

We used anonymised information from a large database of general practitioner (GP) records to investigate when women were taking psychotropic drugs. We then used information recorded by the GPs to examine if the drug had any impact on pregnancy outcomes. As there are three main types of psychotropic drug (antipsychotics, anticonvulsants and lithium) we did our study separately for each type.

The number of pregnant women using antipsychotics and anticonvulsants increased over time but the number using lithium did not. Many women stopped drug treatment before pregnancy or in early pregnancy and started again in late pregnancy or after they delivered. Women who were prescribed antipsychotics in pregnancy had worse pregnancy outcomes. However, they were also more likely to be obese, drink, smoke, be prescribed other medication and use illicit drugs than women not prescribed antipsychotics. These factors may, to some extent, be associated with the worse pregnancy outcomes. Women who used anticonvulsants in pregnancy had worse child outcomes than those who did not. In particular, women who were prescribed one anticonvulsant drug, valproate, in pregnancy had an increased risk of giving birth to a child with major malformations.

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