

# SSRIs & Pregnancy

## Myth-Busting and Making the Case for an Evidence-Based Approach

Perinatal mental health conditions – including depression and anxiety – are common, treatable, and can be deadly if left unaddressed. According to the Centers for Disease Control and Prevention (CDC), mental health conditions are responsible for 23% of pregnancy-related deaths, making them the [leading cause of maternal mortality](#).

Access to safe, effective medications like Selective Serotonin Reuptake Inhibitors ([SSRIs](#)) during pregnancy is a maternal health and public health imperative. This resource is intended to capture the latest research surrounding SSRI use during pregnancy and provides talking points regarding the safe and effective use of SSRIs during pregnancy and lactation.

### KEY FACTS ON MATERNAL MENTAL HEALTH

- [1 in 5 mothers](#) in the U.S. experience mental health conditions like mood or anxiety disorders.
- [About 8–13% of pregnant women](#) use antidepressant medications during pregnancy, and an estimated [6-8% of pregnant women are prescribed SSRIs](#) – often as part of essential, ongoing care for a mental health condition that existed before pregnancy. [SSRIs are the most commonly prescribed](#) antidepressants during pregnancy.
- Research shows that untreated or mismanaged depression during pregnancy [increases the risk](#) of suicide, preterm birth, preeclampsia, and low birth weight.

**Taken together, these facts have very real human costs. SSRIs can be a critical tool for improving the health and well-being of moms and babies.**

### SSRIS ARE A SAFE, EVIDENCE-BASED OPTION

- While no medication is completely without risk – and more trial research should be conducted to assess SSRI use during pregnancy – existing evidence supports their safe use under medical guidance.
- The American College of Obstetricians and Gynecologists ([ACOG](#)), American Psychiatric Association ([APA](#)), Society for Maternal-Fetal Medicine ([SMFM](#)), and other leading maternal health bodies affirm that SSRIs can and should be used to treat depression and anxiety during and after pregnancy when clinically indicated.

## TAKEAWAYS

- Support access to SSRIs and mental health care during pregnancy as part of any maternal health or public health initiative.
- Avoid policies that discourage or penalize medication use during pregnancy, which may deter women from seeking care.
- Expand the safe and ethical inclusion of pregnant women in clinical trials, and continue to invest in research on perinatal mental health and pharmacological treatments to refine best practices and ensure safety.
- Integrate maternal mental health into broader maternal mortality prevention efforts.

### **BOTTOM LINE: CARE FOR MOMS, CARE FOR BABIES**

Denying access to mental health treatment during pregnancy costs lives.

Ensuring pregnant and postpartum women have access to the full spectrum of care – including SSRIs when appropriate – is the clinically sound and morally responsible approach.

### ADDITIONAL RESOURCES FOR INFORMATION

[American College of Obstetricians and Gynecologists](#)  
[Maternal Mental Health Leadership Alliance](#)  
[Policy Center for Maternal Mental Health](#)  
[Society for Maternal-Fetal Medicine](#)

### ADDITIONAL RESOURCES FOR MENTAL HEALTH SUPPORT

National Maternal Mental Health Hotline: Call 1-833-852-6262 (TLC-MAMA)

Postpartum Support International: Call 1-800-944-4773 (4PPD)

National Suicide and Crisis Lifeline: Call or text 9-8-8

Emergency Care: Call 9-1-1