**Summary of Pharmacologic Safety in Peripartum Mental Health Treatment**

1. Both untreated depression and possibly antidepressants cause psychiatric conditions in offspring
2. Antidepressants do not appear to increase the risk of attention-deficit/hyperactivity disorder (ADHD) in offspring compared to untreated maternal depression with the possible except of bupropion
3. An increased risk of autism spectrum disorder (ASD) in offspring of mothers treated with SSRIs may be confounded by maternal depression as data is conflicting
4. Antidepressants do not seem to worsen neurodevelopmental outcomes in offspring with the exception of a possible small risk of motor delay
5. Since no antidepressant consistently has a risk of malformations above the general population, the best antidepressant to use in pregnancy (or preconception) is the last previously successful medication at the lowest effective dose
6. Parents should be warned about the risk of poor neonatal adaptation but you should not lower the effective dose or stop the antidepressant at the end of pregnancy to prevent it
7. Parents should be warned about the risks of neonatal seizures but there is not enough data to guide treatment
8. Parents should be warned that SSRI use in late pregnancy increases the risk of persistent pulmonary hypertension of the newborn (PPHN), a potentially life-threatening condition
9. SSRIs and TCAs do not appear to increase the risk of spontaneous abortion but more study is needed for the other classes
10. It is unclear whether antidepressants increase the risk of preterm birth, low birth weight, and small for gestational age but the impact does not appear to be very large
11. Antidepressants (especially SNRIs) in late pregnancy increase the risk of gestational hypertension (gHTN) and postpartum hemorrhage (PPH)
12. SSRIs are generally safe in breastfeeding with the possible exception of fluoxetine; TCAs should be avoided; the remainder are probably safe but understudied
13. Benzodiazepines can be used in pregnancy if indicated by maternal disease; data on neonatal outcomes (respiratory support, hypotonia, low Apgar scores) are mixed and studies have small sample sizes – more research is needed to further explore these risks
14. CBT or diphenhydramine are recommended for insomnia, melatonin is not, and the remainder lack data