

## Selective Serotonin Reuptake Inhibitors and Pregnancy Revisited

Maternal psychiatric disease is associated with adverse pregnancy outcomes. Use of selective serotonin reuptake inhibitors (SSRIs) during pregnancy has been associated with congenital anomalies, neonatal withdrawal syndrome, and persistent pulmonary hypertension of the newborn. However, the risk of stillbirth and infant mortality when accounting for previous maternal psychiatric disease remains unknown. In a landmark article published in the January 2, 2013 issue of JAMA, entitled “Selective serotonin reuptake inhibitors during pregnancy and risk of stillbirth and infant mortality”, Swedish investigators revisited the risk of stillbirth and infant mortality associated with use of SSRIs during pregnancy.

This was a large population-based cohort study from all Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden) at different periods from 1996 through 2007. The study included women with singleton births. The investigators obtained information on maternal use of SSRIs from prescription registries. Logistic regression was used to estimate relative risks of stillbirth, neonatal death, and post-neonatal death associated with SSRI use during pregnancy taking into account maternal characteristics and previous psychiatric hospitalization. Among 1,633,877 singleton births in the study, 6054 were stillbirths; 3609, neonatal deaths; and 1578, post-neonatal deaths. The study concluded that among women with singleton births, no significant association was found between use of SSRIs during pregnancy and risk of stillbirth, neonatal mortality, or post-neonatal mortality.