

## Case Study #9. Use of medication while breastfeeding

The patient is a 28-year-old woman who has had depressive symptoms for the last 2 months following the birth of her second child. She initially sought your help for treatment, and was quite willing to engage in counseling. Though she found it beneficial in understanding what is happening, her Edinburgh Postnatal Depression Scale (EPDS) scores have actually worsened from 18 at her first visit to 21 at her visit today. She has not developed any suicidal ideation, however.

She is breastfeeding, and plans to continue to do so for a full year. She is very committed to breastfeeding for health and attachment reasons, and is not willing to stop. Both of you agree that the counseling should be continued, but agree that it is not sufficient to treat her gradually worsening depression. She is very reluctant to consider medication for fear that it will harm her breastfeeding daughter.

### Questions

1. What is your next step in treating this patient?

**You can reassure her that most antidepressant medications are quite safe during breastfeeding. Reassure her that data supports safe use during breastfeeding. Share with her data suggesting that antidepressant medications are effective in treating postpartum depression. Review with her clinical recommendations that medications be used for moderate to severe depression as she is experiencing.**

2. Based on the data, what classes of antidepressant medications would you consider for treatment of this patient?

**Both the SSRIs and the TCAs are considered safe during breastfeeding and would be reasonable treatments.**

3. How would you decide which antidepressant medication to use?

**If the woman has been treated before with success, that antidepressant medication should be used. If she has no history of treatment, an antidepressant that a family member has responded to should be used. If there is no family history, an SSRI is a reasonable choice to start treatment. Fluoxetine should be avoided in this case, as it may accumulate in younger infants.**

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