A handy fact sheet on lithium in pregnancy and breastfeeding

There is also a Choice and Medication leaflet with general help and advice, including other medicines

What should I do if I am taking lithium and want to start a family?

If possible, the best option is to plan in advance. If you think you could become pregnant, or plan to, talk about this to your doctor. It may be possible to:

- Switch to another medicine that might carry less risk
- Take other steps to reduce the risks, such as taking a lower dose and stopping any other medication you don’t really need.

You must have a blood level done before you become pregnant or as soon as you know so this can be used to help your dose later on.

If I have just found out I am pregnant should I stop lithium straight away?

- You must see your doctor as soon as possible, in the next day or two
- You can then decide a plan of action together, once you have got all the information and had time to think about your choices. This also makes sure your prescriber is aware should anything go wrong
- Do not stop lithium straight away. Stopping lithium near the time of conception may have a very high risk of you becoming unwell again
- If stopping lithium becomes part of your plan, you should come off it gradually over at least four weeks, preferably longer i.e. 3-6 months
- You might consider going back on lithium again after the baby is born.

If you become unwell again you may find it more difficult to care for, or bond with, your baby. Your relationship with your baby may be affected and your baby may develop learning or behaviour problems, so it is important for mental health symptoms to be properly managed

What are the problems with stopping lithium suddenly?

- By the time you realise you are pregnant, the possible effect on the heart (see later) will have already happened so stopping will probably be too late anyway
- If you stop lithium suddenly (in less than 2 weeks) then the risk of becoming ill again is very high. If you are taking lithium for bipolar disorder you may have up to a 1 in 2 (50%) chance of becoming ill again within six months and a 9 in 10 (90%) chance of becoming ill again within 3 years. This is a very high risk
- You may then end up needing more medicines, higher doses or having to go into hospital for treatment.

What are the options if I have been taking lithium?

1. Think about having some talking therapies
2. Slowly stop lithium and switch to another medicine
3. Slowly stop the lithium for the first trimester (months 1-3). This is the time where the baby is developing and is at greatest risk of getting problems. Then you can restart if you need to during the second trimester (month 4) onwards using the lowest dose that still works for you
4. Stay on lithium throughout the pregnancy, using the lowest dose that still works for you. This may be the best option if you have a high risk of becoming unwell again and where the overall risks to the baby (which could include the treatments needed to manage a relapse) are greater than that of the lithium
5. Think about splitting your daily dose so that you take it two or three times a day rather than once a day. This helps even out the amount in your blood throughout the day.

Are there any problems with lithium in the first trimester (months 1-3)?

The major risk with lithium in the first 3 months is the possibility of heart problems in your baby:

- Lithium may increase the rate of heart defects in babies from 8 in 1000 to around 60 in 1000
- Lithium may increase the risk of a specific type of major heart malformation, called Ebstein’s anomaly, from 1 in 10,000 to 6 in 20,000.

Ebstein’s anomaly is a rare heart defect in the child. This heart problem can be detected so you should seek advice from your GP, who will arrange for specialist screening to be carried out. This is usually at around 18 to 20 weeks and can help find out if there are any problems.

http://www.choiceandmedication.org/gmmh
However, more recent and better studies have shown that the risk of problems in the baby is only very slightly higher for women taking lithium than for women not taking lithium.

Are there any problems with lithium in the second and third trimesters (months 4-9)?

- Lithium may become less effective because of changes to the body in pregnancy so the dose of lithium may need to be increased by up to 50%
- You should have a blood test every week from week 34 of the pregnancy to check are not too low or too high (ref: Wesseloo et al, 2017).

Are there any problems with lithium at delivery time?

- You should have your dose reduced 7-10 days before delivery is due. This is because during delivery your blood level can go up
- You should have your baby in hospital because you will need to be carefully monitored to make sure you are kept well hydrated. If you get dehydrated this can cause lithium toxicity
- Once the baby is born your blood levels will go back to what they were before getting pregnant
- After recovering from delivery your lithium can usually be restarted at the dose you were taking before pregnancy
- A blood level should be taken twice a week for the first two weeks and again at about a month. A repeat thyroid test may also be done then too.

Are there any problems with lithium in breastfeeding?

- Lithium gets into breast milk in quite high amounts
- This can be harmful to the baby so taking it while breastfeeding is not usually advised
- However, if you’ve taken lithium in pregnancy the baby will already have had some lithium so it is less of a problem
- Problems are much less likely if your dose has been properly checked after the baby was born
- If baby is born early or has any difficulties, they may not be able to get rid of lithium from their body very well so it might build up. This might create more of a problem
- There are rarely any problems at normal doses with full blood monitoring, but the long-term effects on the baby of taking lithium during breastfeeding are not known. But so far there do not seem to be any major problems
- The best ways to reduce the risks are:
  - Take lithium once a day
  - Take straight after a main feed
  - Use expressed milk or formula feeds when levels of medicine in your body are likely to be highest (e.g. if having to do a feed 2-3 hours after taking a dose of lithium).

Are there any problems with lithium to the baby later in life?

- If you have taken lithium throughout pregnancy and breastfeeding it does not seem to have any effects on physical or mental development or behaviour over the first years of the child's life.

How can I minimise the risk of any problems?

- Do not take any other medication you don’t need
- Exercise regularly
- Eat a healthy balanced diet
- Take vitamin supplements such as folic acid from before becoming pregnant if you can or as soon as you do know or suspect you might be
- Don’t mix up some symptoms of pregnancy with becoming unwell e.g. poor sleep, no energy
- Keep well hydrated – don’t ignore feelings of thirst
- Have a blood test at least once a month for lithium and salts (called U&Es), plus thyroid and kidney function. This is because when you are pregnant your body fluid changes, which can affect your lithium levels. This will be very important if you suffer from nausea and sickness, which can be more common in the first trimester
- Then have a blood test weekly from the 34th week then twice a week for the two weeks after baby has been born
- If you become unwell you may not take good care of yourself or get the care you need so it is important to get help and support if you need it
- Use non-drug ways of managing your symptoms
- Make sure someone is looking out for any problems e.g. any signs of you becoming unwell again.

Remember: Babies do better with well mums

With many thanks to Norfolk and Suffolk NHS Trust for support and Roz Gittins for help and advice.

The small print: This leaflet is to help you understand about lithium and pregnancy. Go to our website for fuller answers to many other questions.