

# Taking lithium during pregnancy

**This information sheet will help you understand more about taking lithium during pregnancy. The information sheet is not a substitute for talking with your midwife, doctor, nurse or pharmacist.**

## Background

Lithium is used for the treatment of mood disorders, such as bipolar disorder and mania. Lithium is sometimes called a mood stabiliser. People taking lithium may need to use it for long periods of time.

Contact your doctor if you are **thinking** about starting a family and are taking lithium. You will need to discuss the effects of taking lithium during pregnancy. Your doctor will talk with you about your options. You may need to change treatment.

Do not stop taking lithium without talking to your doctor.

## What are the risks for me?

As bipolar disorder is often diagnosed in late teens to early 20s, women are at high risk of episodes at the time they consider starting a family. It is very important to treat bipolar disorder and continue taking your medicine until you have talked to your doctor. Stopping your treatment suddenly will increase your risk of becoming unwell during pregnancy or after giving birth, which may affect your baby's wellbeing.

## What are the risks for my baby?

Your baby's brain, spinal cord and heart begin to develop in the first three months of pregnancy (the first trimester). Taking some medicines during this time can affect your baby's development.

Taking lithium at the start of pregnancy can increase the risk of your baby having a birth defect. The figures below show how the risk of birth defects changes when lithium is used during the first trimester of pregnancy compared to the naturally occurring background risk.

Your doctor will discuss with you whether you should:

- take lithium throughout pregnancy
- change your treatment
- stop treatment for a few months and start lithium again later in your pregnancy.

## What if I need to take lithium in pregnancy?

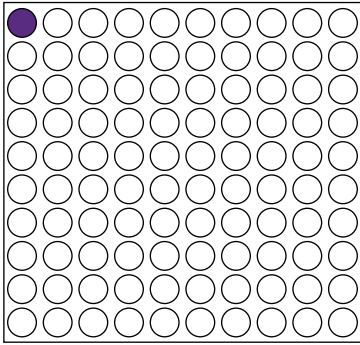
The amount of lithium in your blood will be measured more frequently during your pregnancy and for a few weeks after your baby is born. Your dose of lithium may be changed based on these measurements.

All pregnant women will have an ultrasound scan early in their pregnancy. If you need to take lithium during the first three months of pregnancy, a second ultrasound scan will be done later to check the baby's heart.

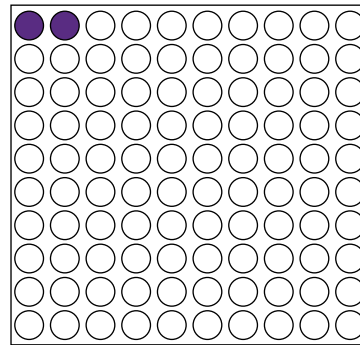
### Can I breastfeed my baby if I am taking lithium?

Large amounts of lithium are found in breast milk. Bottle feeding is recommended to ensure that your baby does not receive lithium.

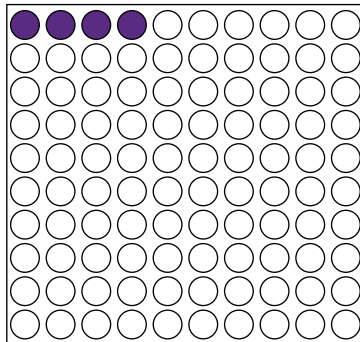
General risk of a baby having a heart defect. About 1 in 100 babies will have this problem.



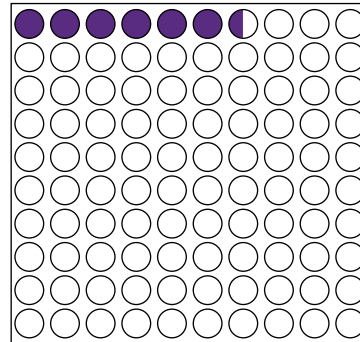
Risk of a baby having a heart defect when the mother is taking lithium. About 2 in 100 babies will have this problem.



General risk of a baby having a birth defect. About 4 in 100 babies will have this problem.



Risk of a baby having a birth defect when the mother is taking lithium. About 6½ in 100 babies will have this problem.



### Where can I find more information?

- Talk to your midwife, doctor, pharmacist or nurse.
- Information on pregnancy: [health.govt.nz/your-health/pregnancy-and-kids/pregnancy](https://www.health.govt.nz/your-health/pregnancy-and-kids/pregnancy)
- Information on medicines: [www.medsafe.govt.nz/Medicines/infoSearch.asp](https://www.medsafe.govt.nz/Medicines/infoSearch.asp)
- Information on reporting side effects: <https://nzphvc.otago.ac.nz/>