ADD/ADHD: Focusing on What's Best for Mom and Baby during Pregnancy

By Beth Kiernan, MPH, Interviewer & Teratogen Information Specialist, MotherToBaby

Kristin called MotherToBaby one afternoon saying, "I just took a home pregnancy test and it's positive." Kristin sounded beyond worried. "I've been taking a medication for ADHD since I was eight years old, and when I searched the internet it said it was harmful and that I should stop taking it before getting pregnant." Kristin hadn't planned on getting pregnant. Now, not only was she terrified she had hurt her unborn child, but she also found it impossible to think about stopping the medication for a very good reason: "I am a nurse in the Cardiac Intensive Care Unit at a hospital – staying focused is critical to the lives of my patients."

Kristin isn't alone in her concerns.
This is one of the most frequent topics asked about by people who contact MotherToBaby, which isn't really surprising. About 1.4 million people in the U.S. have been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Since nearly half of pregnancies in the U.S. are unplanned, her situation isn't uncommon.

ADD and ADHD are chronic conditions often diagnosed in childhood. They cannot be cured, but can be treated with behavioral counseling/coaching, medication, or both. If you or someone you know are affected by ADD/ADHD, you know that there are some classic things that can be challenging, including difficulty staying organized at home and at school or work, problems with sleep, being distracted, acting without thinking things through, having trouble behaving appropriately, struggling to finish tasks, having a short temper, talking too much, feeling anxious or restless or bored, and sometimes addictive tendencies.

About 60%-80% of kids diagnosed with ADD/ADHD will need to take their medications into adulthood, since it often helps them in daily life. But what about when a woman with ADD/ADHD gets pregnant? This was Kristin's concern, and Dr. Google (searching the internet for medication advice in pregnancy) isn't the recommended solution! Thankfully for Kristin, this is our specialty here at MotherToBaby. We talk with women about all their medication choices and concerns, referring to key research to educate them. This gives them the information they need to discuss their medication choices with their healthcare providers.

Kristin was taking Ritalin.
Ritalin is a stimulant medication also called methylphenidate. Kristin's concern reflects the fact that Ritalin is grouped with other stimulants like amphetamines and methamphetamine, so it can be hard to untangle the research when everything is lumped together in discussions of pregnancy. Obviously, drugs used in an addictive way like "meth" or "speed" aren't advised in pregnancy because research has shown negative effects, like pregnancy complications and postnatal problems in behavior, emotions, memory, attention, and growth. However, taking a prescribed daily dose of methylphenidate or other ADD/ADHD medications during pregnancy hasn't shown increased risks for having a baby with a birth defect. Nor have we seen an increased risk for pregnancy complications like preterm delivery or low birth weight. Plus, babies exposed to prescription levels of methylphenidate in utero that were studied up to a year of age have had normal development.

I told Kristin that, for people like her with ADD/ADHD, methylphenidate can really promote success at work, in school, and in getting along with other people. Going off this medication can create problems, so it's good to know that the data we have on its effects in pregnancy is reassuring.

Other side effects of ADD/ADHD medications on a pregnancy.
I also shared with Kristin some pregnancy-specific information: sometimes people who take methylphenidate feel less hungry, and when combined with pregnancy this may lead to weight loss. Similarly, changes in the body while pregnant can mean that the prescribed daily dose level may need to be periodically changed during pregnancy to adequately treat ADD/ADHD. Lastly, stimulants can affect heart rate and blood pressure. I told Kristin that if she had any of these issues while pregnant, she should call her healthcare provider. And I added that if she still felt nervous about taking her medication, that perhaps her doctors could help her find other ways to manage her ADHD.

Still concerned, Kristin asked if her baby might be born addicted to Ritalin. I explained to her that sometimes babies exposed to stimulants right up until birth have shown symptoms of withdrawal after delivery. When babies have this condition, they may have trouble eating, may sleep too little or too much, may have very floppy or stiff muscles, or be jittery. These usually disappear within 1-2 weeks and there are no lasting effects. Babies who have more severe symptoms may have to stay in the hospital a little longer to be treated. However, we wouldn't expect this level of withdrawal to occur with regular use of methylphenidate that is taken as prescribed by a doctor. In addition, it's hard to predict if withdrawal symptoms will even happen. It's seen more often when women take opioids and other medications for mental illness and epilepsy. With daily doses of methylphenidate, it's possible that her baby could have mild symptoms or no symptoms, even if Kristin needed to take it until delivery.

What about breastfeeding?
Finally, Kristin said that, while she hadn't planned to be pregnant, she was excited about it, and hoped to breastfeed too since she'd heard that was best for her baby. She asked if she could continue to take her Ritalin and nurse her baby. I told her that small amounts of methylphenidate have been found in studies on breastmilk, but that the levels are so low that it wouldn't be expected to cause problems. Normal sleeping and feeding have been reported in the exposed infants. I suggested she also speak with her pediatrician about it once she found one in her insurance network.

In the end, Kristin told me that she felt very relieved to get a full understanding of her situation, and to be able to more accurately understand the possible risks to her pregnancy versus the benefits for her of staying on her medication. Now she can "focus" on preparing for the next chapter in her life: impending motherhood!



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About MotherToBaby

MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures, like medications to treat ADD/ADHD, during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text information service by texting questions to (855) 999-3525. You can also visit MotherToBaby.org to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on Android and iOS markets.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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