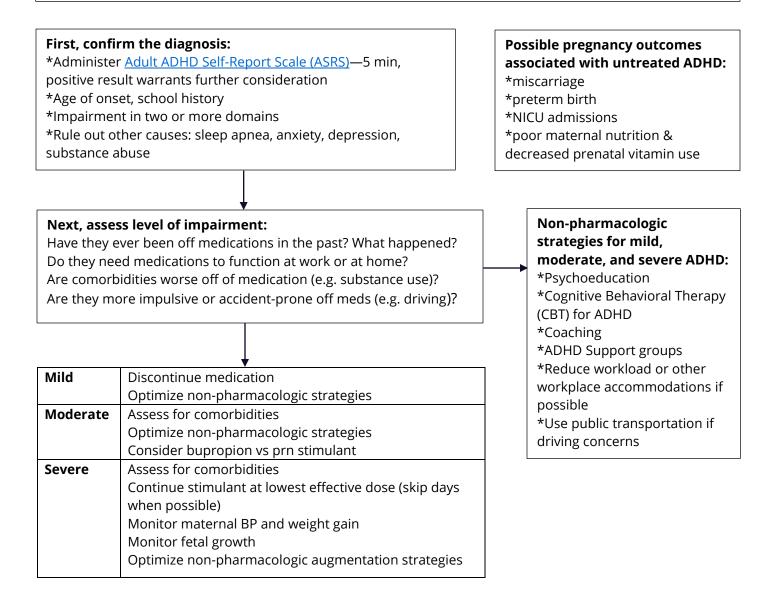
Perinatal Attention-Deficit/Hyperactivity Disorder (ADHD)

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Perinatal ADHD

Prevalence: 3-4% of adults (prevalence unchanged during pregnancy and postpartum) **Common Comorbidities:** Mood disorder (38%), anxiety disorder (47%), substance use disorder (15%) disorder **Medication Use:** Roughly 20% of pregnant people choose to continue ADHD meds throughout the pregnancy



ADHD Medications in Pregnancy

	Early Pregnancy	Late Pregnancy	Breastfeeding?
Methylphenidate	No consistent association with overall defects (~6700 exposures); possible small increased risk of cardiac septal defects (NNH estimates range from 92-333); possible increased risk spontaneous abortions.	Small increased risk of preterm birth. Possible increased risk of preeclampsia, SGA, placental abruption, low Apgar score, NICU admission, CNS disorders, induced terminations	Low levels in breastmilk, undetectable in infant serum. Limited data without adverse effects.
Prescribed amphetamines	No consistent association with malformations (~5600 exposures).	Small increased risk of preterm birth and preeclampsia. Possible increased risk of SGA, placental abruption, NICU admission, CNS disorders.	Infant dose 5-15% maternal dose. Very limited data without adverse effects.
Bupropion	No consistent association with malformations (~2300 exposures).	No adverse effects (small studies)	Nursing infant exposed to 2% maternal dose; 2 case reports of seizures at 6 months
Atomoxetine	No consistent association with malformations (~450 exposures)	Mixed evidence (~700 exposures)	Unknown
Guanfacine	Too few exposures to say (~30)	Low birth weight (very small studies)	Unknown
Clonidine	No consistent association with malformations based on data from women with HTN	Reduced fetal growth	Excreted in breast milk. Adverse events reports (hypotonia, drowsiness, apnea, seizure)