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Adverse Effects of Psychotropic Drugs on Pregnant Women: Retrospective Study of 12 Cases in A Psychiatric Hospital in Marrakech

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ABSTRACT Published Online: May 31, 2025

This retrospective study analyzes maternal and neonatal adverse effects associated with the use of psychotropic drugs during pregnancy in 12 patients followed between 2021 and 2024 at the CHU psychiatric hospital in Marrakech.

Clinical data, types of psychotropic drugs prescribed and complications observed were collected. The results highlight cases of neonatal respiratory distress, prematurity and hypotonia, correlated with exposure to antidepressants and antipsychotics.

This study highlights the importance of a rigorous assessment of the benefit-risk balance in a Moroccan context.

KEYWORDS:

Psychotropic drugs, Pregnancy, Neonatal adverse effects

I. INTRODUCTION

The use of psychotropic drugs during pregnancy remains a complex issue in perinatal psychiatry. While teratogenic and neonatal risks are documented in the international literature (cardiorespiratory toxicity, malformations, withdrawal syndromes), few data specific to Morocco exist. This study aims to describe the exposure profiles and complications observed in a local context, taking into account socio-cultural particularities and access to care.

II. METHODOLOGY

- **Design**: Retrospective descriptive study (January 2021-December 2024).
- **Population**: 12 pregnant patients treated for psychiatric disorders (major depression, bipolar disorder, schizophrenia) on psychotropic drugs.
- Inclusion criteria: Single-fetal pregnancy, continuous exposure to at least one psychotropic drug during the first trimester.
- Data sources: Medical records, delivery reports, neonatal check-ups.

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III. RESULTS

- 1- Population characteristics
- **Average age**: 28 (extremes: 19-37).
- **Main diagnoses**: Depression (58%), schizophrenia (25%), bipolar disorder (17%).
- Psychotropic drugs prescribed:
- ✓ SSRIS (sertraline, fluoxetine): 7 cases.
- ✓ Second-generation antipsychotics (olanzapine, risperidone): 4 cases
- ✓ Lamotrigine: 1 case (discontinued in the 2nd^{trimester}).

2- Undesirable effects observed

- 21. Kindergarten:
- Pre-eclampsia (1 case).
- Premature delivery (<37 SA): 1 case 22. *Neonatal*:
- Early respiratory distress: 3 cases (linked to SSRIs in 2 cases).
- Hypotonia and hyperreflexia: 1 case (exposure to olanzapine).
- Intrauterine growth retardation: 1 case (Lamotrigine).

B. Raouf et al, Adverse Effects of Psychotropic Drugs on Pregnant Women: Retrospective Study of 12 Cases in A Psychiatric Hospital in Marrakech

 Withdrawal syndrome (tremors, irritability): 2 cases (SSRIs).

IV. DISCUSSION

1- Alignment with international literature

- SSRIs are associated with an increased risk of neonatal respiratory distress, confirmed here in 2 cases. The prolonged half-life of fluoxetine could explain persistent symptoms.
- Lamotrigine, commonly prescribed, caused growth retardation, corroborating warnings of its placental impact.
- Antipsychotics (olanzapine) are associated with muscle tone disorders, compatible with dopaminergic and serotonergic mechanisms.

2- Moroccan specificities

- Access to non-pharmacological alternatives: None of the patients received structured psychotherapy, reflecting gaps in care.
- Compliance and follow-up: 4 patients discontinued their treatment in the 2nd^{trimester} for fear of teratogenic effects, aggravating their psychiatric pathology.

V. PRACTICAL RECOMMENDATIONS

- 1. Shared decision: Involve the patient and her family in the therapeutic choice.
- 2. Close monitoring: Plasma levels
- 3. Multidisciplinary management: Obstetric, pediatric and psychiatric collaboration to anticipate complications.

VI. CONCLUSION

This pioneering study in Marocco confirms the need for a national protocol for the prescription of psychotropic drugs during pregnancy. Despite the small sample size, the cases described alert us to the neonatal risks involved, and argue in favor of strengthening non-drug alternatives. Prospective multicenter studies are needed to refine local recommendations.

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