**Transcript**

8 January 2025, 12:34pm



 **Interviewer** 8:13

The first the first questions are just about your pregnancy and the medications, so.
Are you abLe to teLL me or describe to me when you were first prescribed?
So you toLd me it was sertraLine. Was this before or during your pregnancy?

 **Participant** 9:07
Yeah.
Before.
I was originaLLy on fLuoxetine so Switched on to sertraLine just before I got pregnant.

 **Interviewer** 9:29
And did you switch medications because you'd discussed your pLans to have a baby?

 **Participant** 9:37
Yeah, yeah.

 **Interviewer** 9:45
And who did you discuss that with?

 **Participant** 9:49
GP

 **Interviewer** 9:55
OK.
And can you teLL me a LittLe bit more about taking sertraLine so kind of the dose?
And if the dose change during your pregnancy at aLL?

 **Participant** 10:10
Yeah. So I started on 100 miLLigrammes.
And during pregnancy went up to 150mg
And yeah.
There was discussion of it, increasing it a bit more, but it was quite near to the end of the pregnancy, so we decided to hoLd off.

 **Interviewer** 10:40
Sure. And.
Then any changes in the immediate sort of post nataL period.

 **Participant** 10:47
Yeah. So I think about two weeks afterwards I went up to 200mg then.

 **Interviewer** 10:59
OK.
Can you teLL me about any other medication that you're taking during your pregnancy?
So anything that was prescribed eLse that was prescribed perhaps for physicaL heaLth by your GP, by the hospitaL, anything that you bought over the counter herbaL medicines over the counter medicines, muLtivitamins, medicines, other peopLe gave you or any substances or anything Like that.

 **Participant** 11:26
And so I was on mesaLazine.
For uLcerative coLitis.
I had codeine for fibromyaLgia, stopped during pregnancy
And
I was on buprenorphine patches as weLL which I aLso stopped in 3rd trimester
FoLic acid, iron tabLets and a pregnancy muLtivitamin.

 **Interviewer** 12:11
And.
That's great. And can you share with me any kind of thoughts or feeLings you had about taking antidepressants during your pregnancy?

 **Participant** 12:23
I was apprehensive but.
I thought that it was a kind of a Lesser of two eviLs.
So I'd discussed with the GP that the sertraLine was the.
You know the safest kind of option.
And I was happy to go ahead with that. But yeah, I was apprehensive at first.

 **Interviewer** 12:57
Yeah. And can you teLL me about any information or advice that you did get from heaLthcare professionaLs, friends, famiLy, media sources?
Websites you know about taking medication during pregnancy.

 **Participant** 13:14
Yeah. So.
Think mainLy the GP and and they.
Referred me to Some the websites so BUMPs
And so that I couLd do some research myseLf on it.
But yeah, I got signposted to quite a Lot of information.

 **Interviewer** 13:46
Yeah. And what about kind of, you know, friends and famiLy?
Or sociaL media or anything. Did you discuss?
In any of those forums or with friends and famiLy.

 **Participant** 13:59
Yeah, I think.
So sociaL.
Media type.
What I saw was very mixed but some
Women were compLeteLy opposed to it and
That did make me question.
Whether it was right for me to be taking it or not.
Friends and famiLy.
I didn't have anyone that kind of questioned it and they were aLL supportive and a Lot of them had taken stuff themseLves when they were pregnant.

 **Interviewer** 14:46
Yeah. So my next question is about how you and you sort of touched on this reaLLy how you feLt kind of perceived the advice and the information that you received. So when we're getting information from different sources, did you know noticing the difference and did it seem consistent? I think you've aLready pointed out that there were some differences with kind of sociaL media, but.

 **Participant** 15:10
Yeah, yeah.

 **Interviewer** 15:12
The websites that you were signposted to and.
The information from the GP.

 **Participant** 15:16
Yeah, that was aLL. Yeah, that was aLL.
The same reaLLy.
The fact that they said that, yeah, there are SmaLL risks invoLved.
But generaLLy the you know the benefits outweigh the risks.
And yeah, it's that it's very minimaL. And so yeah, everyone had said the same thing. But yeah, stiLL said obviousLy stiLL mentioned that there was A potentiaL risk.

 **Interviewer** 15:57
Yeah. And can you teLL me if you created a birth pLan before your baby was born?

 **Participant** 16:04
Yes, I did. Yeah.

 **Interviewer** 16:06
And were there any detaiLs about medication in that?

 **Participant** 16:14
In regards to additionaL medication or the medication that was aLready on.

 **Interviewer** 16:21
The medication you're aLready on.

 **Participant** 16:23
Yeah. So I had to. Yeah, I put that I had taken sertraLine during my pregnancy in it.
Because they wanted to monitor the baby afterwards.

 **Interviewer** 16:43
Yeah. So what sorts of discussions did you have with your care team about?
That monitoring or staying in hospitaL Longer because you're taking antidepressants? What kind of detaiL was incLuded on the birth pLan or discussed with you?

 **Participant** 17:00
On the birth pLan. It was just just noted that I'd had it. So I understood that I needed to have more monitoring.
When I discussed it that that was part of ahat peopLe weren't consistent with? I got different information.
Some peopLe said that I wouLd need to be in for three days, some peopLe said 24 hours.
When I was in hospitaL, they said 24 hours.

 **Interviewer** 17:43
Yeah, and. And so that kind of difference in information where where did, where did that come from was that?

 **Participant** 17:52
So I think.
The my community midwife said I'd be in for three days and aLso the I was under a mentaL heaLth midwife as weLL.
She I think, she said either 48 or 72 hours.
And then, but then I was under a consuLtant and she seemed to think it was onLy 24 hours.

 **Interviewer** 18:25
And were there any extra observations pLanned for your baby because of the medication? If you couLd teLL me a LittLe bit about that.

 **Participant** 18:33
Yes.
Yeah. So it was just doing the reguLar respiration rate, heart rate temperature a bit more reguLarLy. So I think it was, it was hourLy.
And then during the night it was, I think they they put it to two hours.

 **Interviewer** 19:00
Oh yeah, sorry. You might have. You might have actuaLLy just said this, but did it end up being 24 hours you stayed for?

 **Participant** 19:07
It did, yeah. 24 hours, yeah.

 **Interviewer** 19:10
OK, so I'm just going to ask you if you're famiLiar with any of these terms. So have you heard?
Anything about neonataL adaptation syndrome, neonataL withdrawaL syndrome or withdrawaL or discontinuation symptoms in babies and can you are you abLe to teLL me what they kind of mean to you?

 **Participant** 19:35
So I've heard of, Like the withdrawaL symptoms.
They I think the things that I remember they saying that.
They couLd be more tired.
Not feed as weLL and aLso Like jittery.

 **Interviewer** 20:03
And were you given any information about?
NeonataL adaptation syndrome or neonataL withdrawaL syndrome, whatever kind of term you're famiLiar with before.

 **Participant** 20:13
No, no.

 **Interviewer** 20:19
Or during your pregnancy.

 **Participant** 20:21
No, it wasn't, no.

 **Interviewer** 20:26
And so was it ever.
How was it expLained to you? Was it expLained to you afterwards?

 **Participant** 20:37
It was briefLy touched on during pregnancy, but I wasn't reaLLy given much information on on the withdrawaL type of process.
I don't remember being spoken to about it in any detaiL.

 **Interviewer** 21:05
And.
Did the cLinicians that you saw so midwives and the doctors in the hospitaL, did they observe any symptoms of withdrawaL in your baby?

 **Participant** 21:22
No.

 **Interviewer** 21:28
And are you abLe to share what your experience was of feeding your baby?
WhiLst taking an antidepressant sort of immediateLy afterwards.

 **Participant** 21:42
Yeah. So she wasn't feeding very weLL immediateLy, Like within the first coupLe of hours, I had to express coLostrum and give her that via syringe.
But her bLood sugar was reLativeLy Low as weLL, because I had.
GestationaL diabetes.
So they gave her some gLucose and the coLostrum.
And then she was fine. So kind of Like 3-4 hours after that, after she was born, she was absoLuteLy fine.

 **Interviewer** 22:25
And did you get some advice about breastfeeding and your antidepressant?

 **Participant** 22:31
Yes. Yeah.

 **Interviewer** 22:34
And did you get that as written advice or?

 **Participant** 22:37
WeLL, just spoken.

 **Interviewer** 22:39
Spoken. Yeah. OK.
Can I just go back to?
You you are famiLiar with the term withdrawaL.
Is that, did you Look it up afterwards or when they said that baby needed monitoring?

 **Participant** 23:01
Yeah, I Looked it up afterwards.

 **Interviewer** 23:04
So the additionaL monitoring, how was that described to you? Was it just additionaL monitoring because you were taking an antidepressant but not perhaps no specifics?

 **Participant** 23:13
Yeah, yeah. They hadn't gone into Like what they were Looking for or anything Like that.

 **Interviewer** 23:27
OK and.
You said that you weren't aware of any symptoms.
In your baby after deLivery.

 **Participant** 23:38
No. Yeah.

 **Interviewer** 23:40
And so your baby didn't receive any medicaL care for any withdrawaL symptoms.

 **Participant** 23:46
No.

 **Interviewer** 23:51
And.
You didn't observe any symptoms, but you wouLd have observed the monitoring. of your baby.
So did that have any impact on how you were feeLing?

 **Participant** 24:11
No

 **Interviewer** 24:19
Can I ask about sort of support systems?
And what kind of support you did have in pLace around the time of your pregnancy and and post nataLLy. So in terms of Like famiLy, friends and support groups, LocaL community groups.

 **Participant** 24:41
Yeah. So famiLy and friends.
Were mainLy famiLy, were a big support system for me.
But I aLso had.
Yeah, the mentaL heaLth midwife and I aLso was part of XXXXXX, I was on a group course at the time as weLL.

 **Interviewer** 25:17
Yeah. And so.
In terms of the support, what type of support heLps you? Is it practicaL support or just having someone there to taLk to or?

 **Participant** 25:32
I yeah. I think having peopLe there to taLk to reaLLy.
Is is mainLy beneficiaL for me and just knowing that somebody is there if I needed to speak to somebody.

 **Interviewer** 25:50
And Looking back, is there anything that you wish you had known or done differentLy regarding antidepressant use during pregnancy?

 **Participant** 26:04
I think.
I wouLd have Liked to.
Have had Like a bigger discussion about it earLier on.
I think I.
There's quite a Lot of taLk about it within Like my my third trimester.
But.
Yeah, I think having the discussions earLier on wouLd have been more beneficiaL reaLLy.

 **Interviewer** 26:39
And how do you feeL about the information, the support you received from heaLthcare providers?

 **Participant** 26:46
I think it was. It was good. Yeah. I I got given quite a Lot of good advice, I think.
In this pregnancy, especiaLLy, the support and the guidance was was reaLLy good.

 **Interviewer** 27:05
And was that in particuLar reLated to the to your mid eternity care or to do with your medication or?

 **Participant** 27:13
Yeah. With in regards to Like the medication with.
For for the mentaL heaLth.

 **Interviewer** 27:24
What advice wouLd you give other women and birthing peopLe who are taking or considering taking antidepressants during pregnancy?

 **Participant** 27:36
Think in my circumstance.
It was required. It was required and I feeL Like if.
If somebody was to ask me, my advice, but it wouLd be that if if you feeL.
You need that heLp.
That it is something that you shouLd consider.
ObviousLy taking into consideration the different types and what's the best for you and.
With the Least risk to the baby but.
You know, I think.
Benefits that outweigh the risks in a Lot of certain situations.

 **Interviewer** 28:33
And based on your experience, do you have any recommendations for heaLthcare providers regarding the management of antidepressant use during pregnancy and neonataL adaptation syndrome? Or withdrawaL symptoms? Yeah. So do you have any recommendations for HeaLthcare staff meeting women Like yourseLf?

 **Participant** 28:59

I think just giving as much information as possibLe and not withhoLding anything.
In regards to Like the risk.
But aLso.
Like I said earLier, having the conversations earLier on in the pregnancy.
Rather than Later on in the pregnancy wouLd be most beneficiaL, I think.

 **Interviewer** 29:37
Yeah.
That's great. Is there anything that you you wanted to mention that we've not covered sort of about your experience?

 **Participant** 29:55
I don't think so. I think I think just a.
I don't think everyone has the.
It's not a standard process to give Women that are pregnant a conversation about risks and benefits, and I think it probabLy shouLd be.
But so I've I had it in this pregnancy, I didn't have it in my first pregnancy.
So I think, yeah, it it it shouLd. It shouLd be something that is offered to to everyone reaLLy.

 **Interviewer** 30:38
Yeah. And the risk and benefit conversation that you had that with your GP quite when you found out you were pregnant.
Did you see them again? You changed just before you were you were pLanning pregnancy, but then did you see them again?

 **Participant** 30:52
Yeah.

 **Interviewer** 30:58
For a conversation.

 **Participant** 30:58
Yes. So then I had.
I think I then had a conversation with somebody eLse Later on in pregnancy.
That that went through Like the risks and benefits.
Which was reaLLy heLpfuL.
I think they gave more information than my GP.

 **Interviewer** 31:34
Sure. And was that, with someone in the Obstetric department.

 **Participant** 31:41
I think I think it was perinataL.
Services.

 **Interviewer** 31:46
Right in the mentaL heaLth team.

 **L**31:48
Yes.

 **Interviewer** 32:00
That's great. That's that's the the end of my questions, **Participant**.

 **Participant** 32:08
ok briLL.

 **Interviewer** 32:09
So.
Thanks very much for joining.
Thanks so much for your time. I'LL just stop this a moment.

 **Interviewer** stopped transcription