Center for the Study of Social Policy



# **Pregnant & Parenting Youth in Foster Care**: The Complexities That Surround the Use of Psychotropic Medications

Research indicates that youth involved in the child welfare system are more vulnerable to behavioral and mental health disorders [1]. Complex childhood trauma experiences, ongoing separation and losses and multiple transitions adversely impact a child's emotional well-being [2]. Youth in foster care demonstrate both short- and long-term, clinically significant mental health problems [3].

One mode of treatment for some of these behavioral or mental health issues is psychotropic medication, which affects brain chemicals related to mood, behavior and thinking. While the use of psychotropic medications has increased for the entire population, youth in foster care have demonstrably higher rates of psychotropic medication use than their peers who are not in foster care [4,5,6]. The prevalence of the use of these medications ranges from 13 to 30 percent in community settings [7]; as much as 67 percent in therapeutic foster care settings and 77 percent in group homes [8]. The trend is associated with the increased use of antipsychotics, antidepressants and Attention Deficit Hyperactivity Disorder (ADHD) medications. Practices such as polypharmacy, "blanket authorizations" for use of medications in residential facilities and reliance on *Pro re nata ("*as needed") medications have also increased [9].There is growing concern about the appropriate use of psychotropic medication for youth in foster care [10,11,12]. The issues become even more complicated when applied to pregnant and parenting youth in foster care.

**State Guidance**

- The 2012 federal Child and Family Services Improvement Act requires each state, as part of its Child Welfare Services Plan, to develop a health oversight services plan which must include protocols for the appropriate use and monitoring of psychotropic medications [13].
- The American Academy of Child and Adolescent Psychiatrists issued a Best Principles Guideline for states developing procedures on oversight of psychotropic medication use by children in foster care [14].

Meeting the mental health and medical needs of any youth in foster care involves informed conversations about all treatment options, including, at times, starting or continuing psychotropic medication treatment. This can be challenging for practitioners due to the youth's multiple placements, fragmented physical and mental health care and lack of consistent treatment providers, coordinated treatment and access to services [15]. Decisions about appropriate treatment options can be even more challenging for foster youth who are pregnant or are young parents.

There are currently no accurate data on the number of girls who become pregnant or give birth while in foster care or those in foster care who are parents. There is even less information on psychotropic medication use for this subpopulation. Accurate and timely identification of youth who are both on psychotropic medication and pregnant is essential in order for parents, foster parents, caseworkers and others involved with a youth to address the youth's social-emotional and health needs and avoid in utero risks to the developing fetus.

## Misinformation & Stigma

Conflicting information surrounding the use of psychotropic medication during and after pregnancy makes managing behavioral and mental health needs especially complex for all pregnant and post-partum women, adolescents in particular. Available data on psychotropic medication are primarily based on the experiences of adult women, not adolescents. While it is important to review and understand the potential risks and benefits of medication use during pregnancy, the Centre for Addiction and Mental Health highlights common myths that may contribute to lack of needed treatments. These include the belief that antidepressants, antipsychotics and benzodiazepines should be avoided during pregnancy except for the most severe cases and that it is dangerous to take *any* medications while breastfeeding [16]. Misinformation is usually delivered through the media and may be perpetuated by well-intended family members, friends and other social supports. Reports of complications arising from use, while rare, often trump research demonstrating the relative safety and benefits of some types of psychotropic medications. Given the conflicting and confusing information about the potential impact of psychotropic medication use during pregnancy, informed conversations and decision-making between the youth, their supports and trained professionals are needed to weigh the risks and benefits on a case-by-case basis.

Further complicating the issue is the "disconnect" between perceived effectiveness of and the willingness to use psychotropic medication. A study conducted by the Indiana Consortium for Mental Health Services found that although people increasingly understand mental illnesses and the advances in treatment, only 41 percent of study participants said they would take psychotropic medication to treat diagnosed depression [18].

**Did You Know** [17]**…**

- Between 14 and 23 percent of women will experience a depressive disorder while pregnant. Women who have severe depression during pregnancy may not eat healthfully, get enough rest or may have trouble taking care of themselves.
- Depression during pregnancy has been linked to several problems, including premature birth, problems with growth of the fetus, having a low birth weight baby, and complications after birth.
- Pregnancy and delivery often increase the symptoms of bipolar disorder: pregnant women or new mothers with bipolar disorder have a sevenfold higher risk of hospital admission and a twofold higher risk for a recurrent episode, compared with those who have not recently delivered a child or are not pregnant.

## The Impact of Psychotropic Medication Use During & After Pregnancy

A study of the risks of preterm delivery, found approximately 11 percent of women used at least one type of psychotropic medication during pregnancy [19]. While studies offer guidance on safety and points of consideration around use of medications, findings only speak to probabilities and can rarely be generalized for practice. Below is a summary of research findings concerning reproductive outcomes as a result of psychotropic medication exposure, postpartum implications and the consequences of abrupt medication withdrawal. It is important to note this issue brief does not purport to offer medical guidance but instead emphasizes the critical importance of making informed decisions about the use of medication during pregnancy on an individual basis.

- *Depression during pregnancy is linked to significant impacts on both the expectant mother and child.* A study on the prevalence of depression during pregnancy found that of the pregnant women identified with depressive symptoms only 14 percent reported receiving any mental health treatment, including medication [20]. Depressed

individuals tend to have sleep disruptions; experience appetite changes; lack motivation; lack follow through with self-care activitiesand prenatal care; and experience interference with focus and attention. They may also seek and use harmful substances such as illicit drugs, alcohol or tobacco and are at increased risk of self-harm behaviors and attempting suicide [21]. Maternal depression impacts the mother's health and well-being and may also be associated with adverse outcomes for their child, such as premature birth, low birth weight, miscarriage, birth complications, higher levels of stress hormones and neurobehavioral impacts (e.g., poor attachment and bonding, delays in cognitive and emotional development) [22].

- *Impact during particular time of gestation.* Some medications have a greater impact on organ formation during the first trimester, which may require halting treatment or reducing the prescribed dose until organ development is complete [23].

- *Impact of antidepressants on birth outcomes*. Evidence is still not fully conclusive on the risks and benefits even with an increase in the research on the use of antidepressant medication among pregnant women and the impact this may have on birth outcomes. A number of studies suggest that the use of some antidepressants increases the risk for miscarriage [24], preterm birth, lower infant birth weight, structural malformations (i.e. cardiac malformations), neurobehavioral complications (i.e. jitteriness, irritability) and hypertension [25,26]. However, other studies have found no significant difference or adverse impact with the use of some antidepressants and outcomes related to major cardiac defects [27,28], infant birth weight [29] or other neurobehavioral complications [30].

- *Postpartum depression*. Those with a history of mental health issues, especially depression during pregnancy, are more likely to experience postpartum depression [31]. According to a Centers for Disease Control survey, 8 to 19 percent of women experience postpartum depressive symptoms [32].

- *Breastfeeding.* An additional postpartum concern is breastfeeding while taking medications. Studies have found some psychotropic medications to be safe, having no adverse effects on breastfed infants [33,34]. Evidence for medications that are found to be harmful however, have pointed to adverse effects for infants that may include sedation, drowsiness, poor feeding, more crying and increased irritability among others, depending on type and classification of medication [35]. While there may be limited research available on the use of psychotropic medication while breastfeeding, studies caution that the decision to prescribe psychotropic medication for breastfeeding women be on an individual risk-benefit analysis. A suggestion found in the literature is for women to postpone taking a dose of medication until immediately after breastfeeding to reduce the transference of the drug into breast milk [36,37].

- *Interrupting treatment of mental health disorders*. Women who discontinued medication for the treatment of bipolar disorder between six months prior to conception and 12 weeks after conception were more than twice as likely to suffer a recurrence of at least one episode of the illness [38].

- *Consequences of abrupt psychotropic medication withdrawal.* The American Academy of Child and Adolescent Psychiatry cautions against abrupt discontinuation of psychotropic medication use in cases where medicine has been used for a long period of time [39]. If a medication dosage is to be reduced or stopped it is important to be aware that the brain may have become used to effects of the medication and tapering, or discontinuing the use of medication gradually over time, allows the brain and body to adjust.

### Points of Consideration When Treating Pregnant Youth with Mental Health Needs

It is crucial for youth, caregivers, caseworkers and health care providers to understand the implications of psychotropic medication use. The decision to continue, taper or discontinue psychotropic medication use is not simple. While no medications are considered completely safe during pregnancy and some medications are not safe to take while breastfeeding, there must always be serious weighing of the potential risks and the benefits to both the mother and child. Risks and benefits must be considered by the youth in consultation with professionals on a case-by-case basis.

The benefits of psychotropic medications to improve one's ability to function and to save lives are well established. However, many psychotropic medications also cause different side effects, from an upset stomach to possible neurologic issues. Parenting teens need to be able to consider these issues, how these side effects might impact their child and their ability to care for their child. For example, some medications may cause drowsiness, which can interfere with attending to a baby. Because of the side effects and/or stigma associated with psychotropic medication use youth may see pregnancy as an opportunity to discontinue medications. For youth in foster care, who sometimes experience the child protection system as disempowering, pregnancy may present an opportunity to exercise control over their bodies and stop taking medications without consultation.

Conflicting information surrounding the safety of use of psychotropic medication during pregnancy and after birth may act as a barrier to receiving proper care or treatment. Education is the best tool for empowering pregnant and parenting youth to achieve wellness for themselves and their child(ren). Those who work with and care about youth must be armed with accurate information about all treatment options and share it with youth in a culturally sensitive, individualized and age- appropriate manner.

### Recommendations: Knowledge, Advocacy and Support

A holistic mental health treatment plan for a youth in foster care may include, for example, psychosocial interventions such as – counseling, psychoeducation, adjustment in diet, engagement in regular exercise, meditation, other mindfulness based stress reduction interventions, healing practice that does not fall within the realm of traditional Western medicine, and psychotropic medication. Ongoing reproductive counseling and counseling about getting and staying healthy overall are important for all youth.

Youth who are pregnant and/or parenting and in foster care should naturally be concerned about the impact of their use of psychotropic medication on the welfare of their newborn and their ability to parent. Also, in comparison to their peers who are not in foster care, youth in foster care are highly scrutinized and these parenting youth may be concerned about

jeopardizing the safety of their child and/or be at risk of losing custody of their child depending on their decisions about pharmacological and other treatment options.

Child welfare staff, judges, those who represent youth in court, community-based service providers and relevant others need up-to-date information and guidance on their role in addressing these issues.

Young adults need information and support in order to make informed decisions. Regardless of whether or not a youth chooses psychotropic medication as part of their treatment, close monitoring of their emotional and behavioral symptoms during and post-pregnancy is essential. In order for youth to be actively involved in their treatment plan and make informed decisions, they must have an understanding of their behavioral or mental health needs, the available treatments, the potential impacts of those treatments, the possible consequences of neglecting their needs and the opportunities to improve such conditions, including consideration of the risks and benefits of medication.

Ultimately, there is no "one size fits all" prescription or approach to guide the use of psychotropic medication by pregnant and/or parenting youth in foster care. Depending on an individual's specific needs, it may be appropriate to begin, increase, taper, temporarily or permanently stop medication during pregnancy or while parenting. Only licensed professionals (i.e. physicians, advanced practice registered nurses, physician assistants, psychiatrists) - preferably those experienced in treating adolescents and pregnant women - are authorized to prescribe psychotropic medications. Keeping in mind the youth's right to confidentiality, a supportive team approach to decision-making involving the youth, caregiver(s), caseworker, OB/GYN, mental health practitioner and any other individuals a youth chooses to involve may be the best method for reaching decisions about meeting a pregnant or parenting youth's behavioral or mental health needs. The youth's specific needs and input are undeniable factors in the decision-making process and should be the starting point for meeting the behavioral and mental health needs of *all* youth, pregnant, parenting or not.

**Resources**

- *The American Bar Association (ABA) Practice and Policy Brief - Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges*
  Includes a section on 10 issues to be considered, including particular disorders requiring attention in making decisions about psychotropic medication with a pregnant teen [40].

- *A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents*
  Developed by the American Academy of Child and Adolescent Psychiatry (2012) and provides information to service providers in community-based systems of care and families regarding the role of psychotropic medications in a youth's treatment plan [41].

- Massachusetts General Hospital, Center for Women's Mental Health
  A website providing current information and new research findings in women's mental health: http://www.womensmentalhealth.org/

**About the Issue Brief Series**
CSSP, in partnership with selected jurisdictions and stakeholders, has developed a series of issue briefs with topics concerning and addressing the needs of pregnant and parenting youth in foster care. The goals of these briefs are to raise national awareness about the needs of this population, share the experiences of the four jurisdictions participating in the learning network and provide the child welfare field with recommendations on best practice approaches to improve supports, services and outcomes for expectant and parenting youth and their children. These issue briefs will illustrate some of the unique challenges faced by this specific population, share techniques for better understanding the needs of this population through qualitative and quantitative methods and are also meant to inspire action toward improving the outcomes and experiences of pregnant and parenting youth.

Click here for more information on the
Pregnant and Parenting Youth in Foster Care National Peer Learning Network.

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