

ADHD and pregnancy guidance

Pregnancy and medication: What you need to know

Every pregnancy carries some risks, even when no medication is used. Sadly, miscarriage can happen in about 1 in 5 pregnancies, and around 1 in 40 babies are born with a birth difference. This is known as the *background risk* — it occurs naturally and is not necessarily linked to any treatment.

Most medicines pass through the placenta to the baby. For many medications, this causes no harm, but some can affect a baby's growth or development. If you are taking regular medication and are planning to become pregnant, it's important to talk with your doctor or healthcare team in advance. They can help you decide whether it's best to continue with your medication.



If you find out you are pregnant unexpectedly while taking medication, don't stop your treatment suddenly — contact your doctor as soon as possible for advice. Likewise, if a new medicine is recommended during pregnancy, please make sure that the person prescribing it knows you are pregnant.

If you ever feel unsure or worried about a medicine, your doctor, midwife or pharmacist are there to help and support you.

ADHD and pregnancy

Living with ADHD brings unique strengths and challenges – and pregnancy can make both more noticeable. It's understandable to have questions about how best to manage your ADHD while keeping your baby safe. You don't have to face these decisions alone.

Treatment decisions are personal and risk-balanced

- ADHD medication does not need to be stopped automatically during pregnancy. The right approach depends on your individual situation.
- Decisions should carefully balance the benefits to your mental health against any potential risks to your baby.
- If you're already on treatment, options include:
 - Staying on your current dose.
 - Reducing to the lowest effective dose.
 - Gradually stopping and exploring non-medication approaches.

Your healthcare team will help you weigh these choices and support you in finding what feels safest and most manageable for you.

Why ADHD treatment might be important

Medication and structured ADHD care can make a real difference during pregnancy. For many people, treatment helps with:

- 1** Keeping up with midwifery and medical appointments.
- 2** Managing other health conditions.
- 3** Regulating emotions and reducing anxiety or depression.
- 4** Avoiding impulsive or risk-taking behaviours that could affect you or your baby.

Maintaining your wellbeing is a vital part of having a healthy pregnancy – and for some, this includes continuing ADHD medication.

ADHD symptoms can fluctuate

- ADHD symptoms can change during pregnancy. Some people notice improvement in early pregnancy, but symptoms may return or feel harder to manage later on.
- Hormonal changes, especially shifts in oestrogen, can affect dopamine levels and, in turn, your ADHD symptoms. Understanding these patterns can help you and your care team plan ahead and adjust your treatment as needed.

Physical and mental health risks



Untreated or poorly managed ADHD during pregnancy can be linked with a higher risk of:

- **Smoking, alcohol, and substance misuse.**
- **Pre-eclampsia, gestational diabetes, infection or pre-term birth.**

For some, continuing ADHD medication helps reduce these risks and supports overall stability and wellbeing.

Medication-specific considerations

Lisdexamfetamine in pregnancy

(e.g. Elvanse, Vyvanse)

Every situation is unique, and decisions about ADHD medication during pregnancy should always be made together with your healthcare team.

- Therapeutic use of amfetamines such as lisdexamfetamine in pregnancy is not known to increase the risk of birth defects.
- Use later in pregnancy may slightly slow the baby's growth, as it can affect blood flow through the placenta.
- Because lisdexamfetamine acts on the brain, babies exposed in the weeks before delivery may experience short-term withdrawal symptoms such as jitteriness, sleeping or feeding difficulties, or breathing issues. If this occurs, your baby may be monitored for a short time after birth.
- Extra monitoring for birth defects is not usually required when using therapeutic amfetamines in pregnancy.

Methylphenidate in pregnancy

(e.g. Concerta, Xaggitin, Delmosart, Ritalin, Medikinet)

- Some studies have suggested a possible link between methylphenidate use in early pregnancy and a slightly higher chance of miscarriage or certain heart differences. However, most babies exposed to methylphenidate are born healthy and without birth defects, and it remains unclear whether these risks are caused by the medicine itself or by other factors.
- Methylphenidate may be associated with slower growth in the womb, possibly due to changes in blood flow through the placenta.
- If taken close to delivery, short-term withdrawal symptoms may occur in the newborn baby, such as jitteriness or trouble feeding/sleeping. So, monitoring may be recommended after birth.
- No additional monitoring for birth defects is needed, but your healthcare team may offer additional growth scans later in pregnancy to monitor your baby's size.

Atomoxetine in pregnancy

(e.g. Strattera)

- Current research suggests that atomoxetine does not cause birth defects, though data remain limited.
- As atomoxetine acts on the brain, babies exposed close to delivery may experience short-term withdrawal symptoms and may need monitoring after birth for jitteriness or feeding/sleeping difficulties.
- We do not recommend continuing atomoxetine during pregnancy due to the limited data available..

Breastfeeding guidance

1

Most ADHD medications pass into breast milk in very small amounts (Relative Infant Dose below 10%, which is generally considered safe).

2

Methylphenidate may temporarily reduce milk production, but this effect is reversible and breastfeeding can usually continue or be resumed if paused.

3

Always discuss your specific medication and dosage with your doctor or pharmacist before breastfeeding.

Postnatal mental health

Women with ADHD are more likely to experience postnatal depression or anxiety, especially if ADHD is untreated. Managing your ADHD effectively after birth can help protect both your wellbeing and your bond with your baby.

Untreated ADHD may contribute to:

- Difficulty maintaining daily routines and planning ahead.
- Emotional ups and downs.
- Low stress tolerance or challenges with bonding.

Support, treatment, and understanding are key – you are not alone, and help is available.

If you're considering restarting medication during pregnancy

If you have stopped ADHD medication and are thinking about restarting it during pregnancy, this should always be discussed with a specialist. In some situations, restarting medication during pregnancy may not be clinically recommended, and you may be advised to wait until after your baby is born. Each situation is considered individually, taking into account both your wellbeing and the safety of your baby.

Your care should involve:

- Referral to a Perinatal Mental Health Service if your situation is considered higher risk or more complex.
- Close coordination between your GP, midwife, and obstetric team.

Working together, your healthcare team can help you decide on the safest and most appropriate plan for you and your baby.

Further reading and support

Read this useful fact sheet:

[Click here](#)

Useful websites:

BUMPS

Best Use of Medicines in Pregnancy

[Click here](#)

BUMPS

Use of Therapeutic Amfetamines in Pregnancy

[Click here](#)

MotherToBaby

Information on ADHD Medicines in Pregnancy and Breastfeeding

[Click here](#)

