PLLR Taskforce *Patient Perspective* Pregnancy and Lactation Labeling Rule *A Modern Day Medical X Factor*

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Jamie Zahlaway Belsito Founder, Effie's Grace LLC *March 5, 2018*

PLLR Taskforce: Patient Perspective

What's a mother-to-be to do?

Personal perspective:

- Lack of information consistent information to the public regarding safety around medication and pregnancy, to make informed decisions about taking medication, including OTC.
- Societal 'stigmas' around the health of the Mom versus the health of the baby.
 - Mom should not put her baby at risky by taking medication, with no know outcome, during pregnancy.
 - Mom should put her own health and wellness at risk, due to no known outcome, of taking medication while pregnant.
- Decision to not take SSRI/anxiety medication leading into second pregnancy.

PLLR Taskforce: A Modern Day Medical X Factor

To take or not to take medication: that is the question.

(Conducted an informal crowd sourcing of experiences from women who were on medication, and pregnant during the timeframe of January 2015-present)

- PCP had me on an old school med that was safe for pregnancy, because she knew I was trying to get pregnant. Once I started fertility treatments, MFM specialist suggested a better med that I'm on now. PCP went along with MFM recommendation. (Feb 2018-2nd trimester)
- I am early on in my 1st trimester and I feel terrible, physically, but more concerning is my anxiety and depression and how I feel mentally right now. I am no longer taking any of my anxiety medications because my doctor had me stop months ago, to prepare for getting pregnant.

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- I told my OBGYN that I wanted to get pregnant in 2015. OBGYN told me I would need to come off all my medication before trying to get pregnant. I was on Prozac, Trazodone and very low dose of Xanax prn. I stayed on the first two until the fall of 2016. I was working with a reproductive endocrinologist at that time. I decided to wean myself off in the Fall 2016 before I became pregnant. I've been off all meds since then. Delivered my baby girl in November 2017
- I was advised to stay on my psych medication when I got pregnant in 2016.
- Currently pregnant and told by my psychiatrist and a high risk doctor, to stay on my meds. On Luvox 200mg once daily, Abilify 5mg once daily, and Adderall 30mg once daily, to counteract negative side effect.

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- I was advised to stop taking Celexa before I got pregnant.
- I was on 50mg Prozac and was told to go off. My NP weaned me off in less than a week. I was a hot mess.
- I was told to stop my Lexapro by OBGYN.
- I was almost 12 weeks when I started Lexapro. My OBGYN was completely on board knowing what the alternative was to not being on anything.

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- I found out I was pregnant with twins. OB told me to stop my psych meds and I went to a prescriber to wean because I was scared of just stopping.
- Pregnant in 2016-2017, stayed on Lexapro. My OB, and my perinatalogist, were all totally fine with it. Baby had an echo done by my perinatologist when I was in my second trimester just as an added precaution. Everything was and is fine.
- I had a doctor wean me completely off my psych medication when we were trying to conceive. He did it really fast and it was absolutely awful. I ended up in the hospital.

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 When I became pregnant in 2015 I was back on a very low dose of meds and with a different doctor. He slowly weaned me off of that and it was fine. He wanted me to go back on the meds towards the end of my pregnancy but I refused. That was 2016.

PLLR Taskforce: Patient Observations

- Moms' who are taken off psych meds and self medicate themselves into an addiction.
- "Doctor shopping" i.e. one doctor will monitor pregnant Mom on meds, while another will tell pregnant Mom "No meds"
- Need for provider training to utilize existing PLLR information and support evidence-based care
 - Take into account both risk of illness and also medication treatment.

PLLR Taskforce: *Patient Recommendations*

- Create an online tool that hosts all agency info related on medication safety i.e. database for pregnant and lactating moms.
 - Easily accessible for Moms and providers looking for info.
- OBGYN's should:
 - Have access to consistent data regarding medication and pregnancy.
 - Info should include caveats the the data available is the best data available.
 - Decisions need to be made based on the health and wellness of the Mother-to-be.

PLLR Taskforce: Q and A

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Contact me: Jamie Zahlaway Belsito Founder, Effie's Grace LLC jamie@effiesgrace.org 978.998.1160