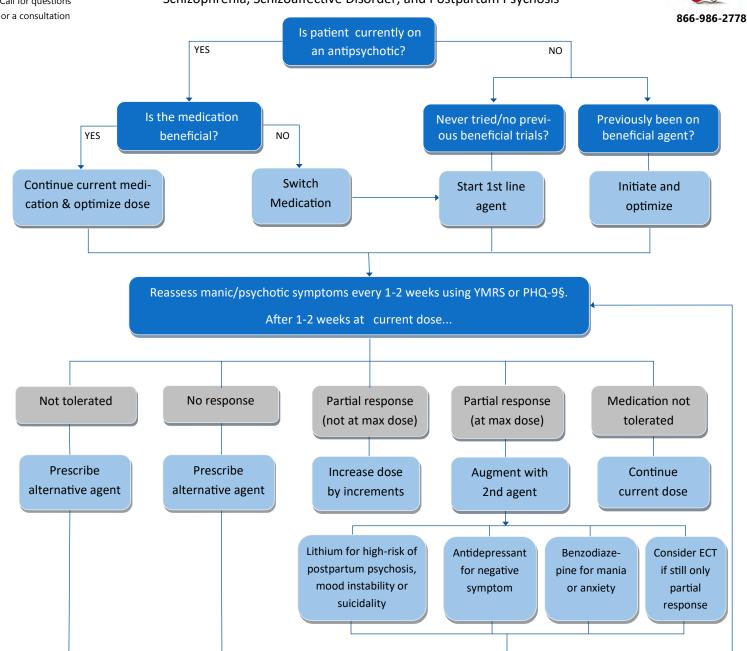
Prescribing Antipsychotics as an Outpatient during Pregnancy for Bipolar Disorder, Schizophrenia, Schizoaffective Disorder, and Postpartum Psychosis





| | ANTIPSYCHOTIC | START DOSE | INCREASE BY | TARGET RANGE |
|----------------|----------------------------|------------|-------------|--------------------|
| First Line | Quetiapine (Seroquel) | 50-100 mg | 50-100 mg | 300-800 mg |
| | Risperidone (Risperdal) | 3 mg | 1-2 mg | 3-8 mg |
| | Olanzapine (Zyprexa) | 5 mg | 5 mg | 5-30mg |
| | Haloperidol (Haldol) | 5 mg | 5 mg | 5-20 mg |
| | Chlorpromazine (Thorazine) | 25 mg | 25 mg | 25-800 mg |
| Second Line | Paliperidone (Invega) | 3 mg | 1 mg | 3-6 mg |
| | Aripiprazole (Abilify) | 5 mg | 5 mg | 10-30 mg |
| | Ziprasidone (Geodon) | 20 mg BID | 20 mg BID | 20mg BID- 80mg BID |
| | Lurasidone (Latuda) | 20 mg BID | 20 mg | 20-120 mg |
| Third | | | | |
| Line | Clozapine (Clozaril) | 12.5 mg | 25 mg | 200-450 mg* |

Clinical Pearls:

- If patient has high risk of gestational diabetes (GDM) or weight gain, trial first generation antipsychotic (FGA) before second generation antipsychotic (SGA)
- If patient has history of extrapyramidal symptoms (EPS) or catatonia, trial SGA before FGA (preference for agents with more anti-cholinergic side effects)
- If patient has history of poor adherence, trial risperidone > haloperidol > paliperidone = aripiprazole to determine tolerability/efficacy before transitioning to long-acting injectable (LAI) [LAIs do not exist for other listed agents]
- If patient is at high risk for postpartum psychosis (especially history of previous postpartum psychosis), can initiate lithium during pregnancy or immediately after delivery

§The Young Mania Rating Scale (YMRS) can be used to serially track manic symptoms, while the Patient Health Questionnaire-9 (PHQ-9) can be used to track depressive symptoms.

*Clozapine should be increased by no more than 25 mg/day in clozapine-naïve patient; if titrating a patient who is currently/recently on clozapine, may increase by 50 mg/day if tolerates, watching out for seizures, sialorrhea, and agranulocytosis.

Source: Westin AA, Brekke M, Molden E, Skogvoll E, Castberg I, Spigset O. Treatment With Antipsychotics in Pregnancy: Changes in Drug Disposition. Clin Pharmacol Ther. 2018;103(3):477-484. doi:10.1002/cpt.770