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# Antidepressant Treatment Changes Before and During Pregnancy and Maternal Psychiatric Outcomes. Protocol for a Systematic Review and Meta-analysis

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**ADMINISTRATIVE INFORMATION**

**Support -** No support.

**Review stage at the time of initial registration -** Preliminary searches.

**Conflicts of interest -** None declared.

**INPLASY registration number:** INPLASY2026110016

**Amendments -** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 6 November 2026 and was last updated on 6 November 2026.

## INTRODUCTION

**Review question / Objective** To assess maternal psychiatric outcomes associated with discontinuing or changing antidepressant treatment before or during pregnancy, compared with continuation among prepregnancy users.

**Rationale** Evidence extends beyond antenatal depressive relapse to postpartum depression and psychiatric service use. This review will integrate these outcomes while distinguishing treatment strategies and follow-up periods.

**Condition being studied** Maternal depression, anxiety and other psychiatric outcomes during pregnancy and postpartum among established antidepressant users.

## METHODS

**Search strategy** PubMed, Embase and Web of Science Core Collection were searched using pregnancy/perinatal terms combined with antidepressant classes and individual drug names. APA PsycArticles and Psychology and Behavioral Sciences Collection were supplementary databases. No language or publication-year restrictions were applied.

**Participant or population** Women who used antidepressants before pregnancy and were followed during pregnancy or postpartum.

**Intervention** Discontinuation, interruption or other changes to established antidepressant treatment before or during pregnancy. Restarting, dose reduction and switching are considered separately.

**Comparator** Continuation of established antidepressant treatment among women who used antidepressants before pregnancy.

**Study designs to be included** Randomized trials and comparative longitudinal observational studies, including prospective and retrospective cohorts.

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**Eligibility criteria** Eligible studies must compare antidepressant strategies among prepregnancy users and report a maternal psychiatric, functional or treatment-course outcome. Conference reports with sufficient information are eligible. Companion reports from eligible comparative cohorts may contribute treatment-course information. Animal studies, uncontrolled studies, offspring-only studies and comparisons without separable antidepressant data are excluded. Report eligibility is assessed independently of whether results can be pooled.

**Information sources** Information sources include PubMed, Embase, Web of Science Core Collection, APA PsycArticles, Psychology and Behavioral Sciences Collection, ClinicalTrials.gov, and reference/citation checking.

**Main outcome(s)** Main outcomes are diagnostic depressive recurrence, postpartum depression, and psychiatric emergency attendance or hospitalization. Pregnancy and postpartum outcomes are assessed separately, retaining source-specific follow-up and outcome definitions.

**Additional outcome(s)** Self-harm or suicidality, symptom scores, other psychiatric contacts, treatment resumption or escalation, psycholeptic use, sick leave, and functional or healthcare-use outcomes.

**Data management** Two reviewers will independently verify the extracted data using a standardized form. Discrepancies will be resolved through discussion.

**Quality assessment / Risk of bias analysis** Risk of bias is assessed using ROBINS-I version 2 for nonrandomized comparisons and RoB 2 for randomized trials. ROB-ME and GRADE evaluate missing-evidence bias and certainty, respectively. Critical-risk results are excluded from primary synthesis.

**Strategy of data synthesis** Clinically comparable results are synthesized using inverse-variance random-effects meta-analysis with REML and modified Hartung-Knapp intervals. Adjusted estimates are preferred. Study designs, effect measures and follow-up windows are considered separately, and overlapping samples contribute once to each synthesis. Evidence unsuitable for pooling is summarized narratively.

**Subgroup analysis** Where data permit, analyses consider treatment-change timing, clinical indication, illness history and follow-up period. Within-study subgroup estimates are preferred.

**Sensitivity analysis** Sensitivity analyses compare confidence-interval methods and alternative country or source estimates. Exploratory analyses relaxing clinical compatibility criteria are identified as post hoc. Critical-risk results remain outside primary synthesis.

**Language restriction** No language restrictions were applied during database searching.

**Country(ies) involved** China.

**Keywords** pregnancy; antidepressants; discontinuation; continuation; maternal mental health; postpartum depression; systematic review; meta-analysis.

**Contributions of each author**

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