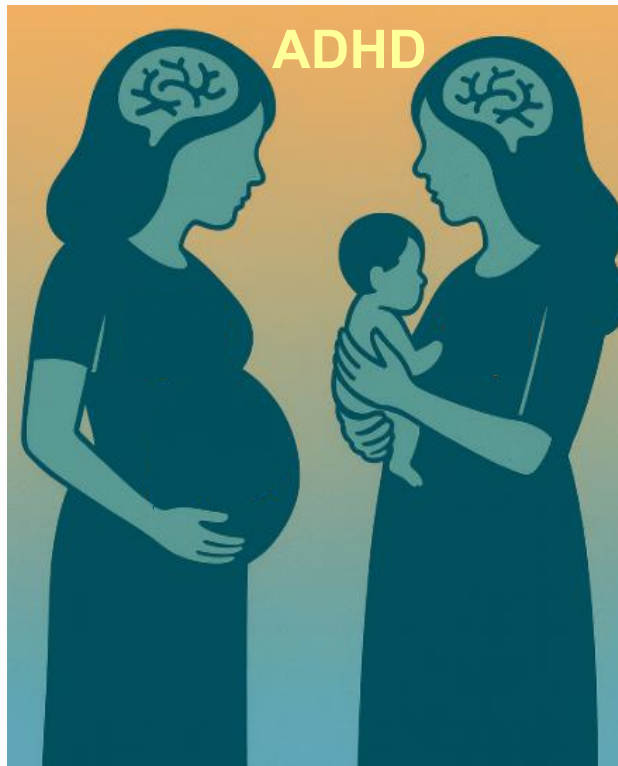


ADHD During Pregnancy and the First Postpartum Year

– A Survey Among Norwegian Women



Gro C. Havnen^{1*}, Nacima Hashi Adan², Jelena Topalovic², Anne Katrine Eek¹, Hedvig Nordeng²

¹SafeMotherMedicine, Regional Medicines Information and Pharmacovigilance Centre (RELIS), Oslo, Norway.

²Department of pharmacy, University of Oslo, Oslo, Norway.

Background & Aim

- ADHD affects 2–3% of adults in Norway.
- Use of ADHD medication during pregnancy has doubled (0.3% in 2010 → 0.6% in 2019). Inquiries to SafeMotherMedicine suggest a continued steep increase.
- Most women discontinue ADHD medication in pregnancy (85%), and only ~1/3 re-initiated within 6 months postpartum.
- **Knowledge gap:** Limited understanding of why women discontinue, continue, or adjust medication during pregnancy and postpartum.

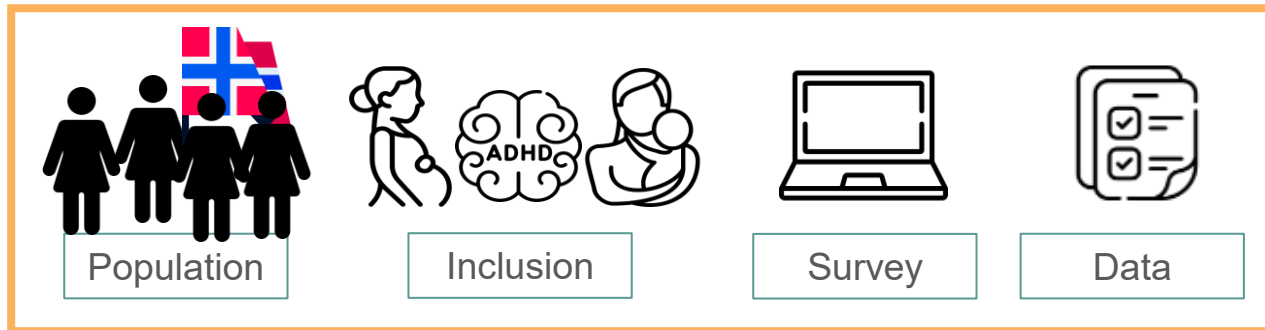
Aim: Explore medication use, comorbidities, symptom burden, and decision factors.

Methods

Cross-sectional online survey

Inclusion criteria:

- Women in Norway ≥ 18 years
- Clinical ADHD diagnosis
- Currently pregnant or ≤ 1 year postpartum
- Using / previously used / discontinued ADHD medication due to pregnancy or breastfeeding



Anonymous electronic questionnaire (ADHD history, medication use, comorbidities, symptom changes, decision factors)

Results – Sample description

- $n = 140$ women
- $n = 77$ pregnant and $n = 63$ postpartum
- Median: 26 weeks pregnant / 6 months postpartum*
- 79% diagnosed in adulthood; majority inattentive/combined type ADHD
- Most common ADHD medications before pregnancy:
Lisdexamfetamine > Methylphenidate > Dexamfetamine > Atomoxetine

Results – Main findings

Medication use

- 100% had used ADHD medication before pregnancy
- Only 26% used during pregnancy
- Only 25% used postpartum
- Concern about ADHD medication use was high both in pregnancy and postpartum.

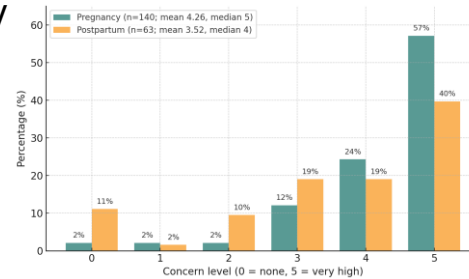


Figure 1. Concern level (scale 0–5) regarding ADHD medication use in pregnancy and breastfeeding.

Decision factors – Sources of influence

- Advice from healthcare providers was most influential.

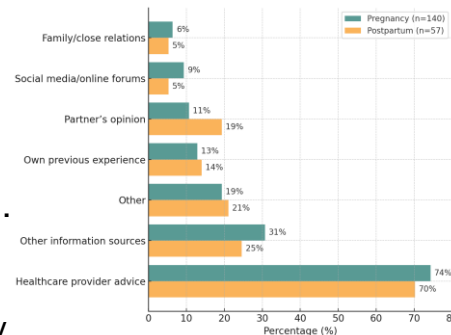


Figure 3. Sources influencing ADHD medication decisions during pregnancy

Comorbidities - Symptom changes

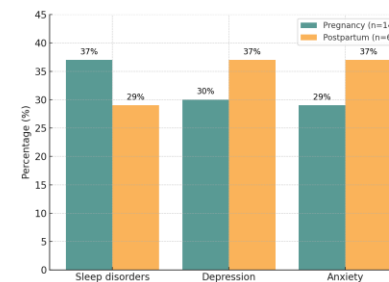


Figure 2. Comorbidities in pregnancy and postpartum

- Many women reported comorbid mental health problems, most commonly sleep disorders, anxiety, and depression.
- Many reported a worsening of symptoms of these comorbidities during pregnancy or after childbirth.

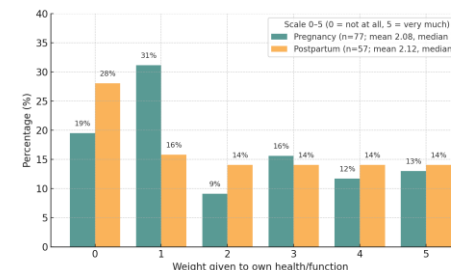


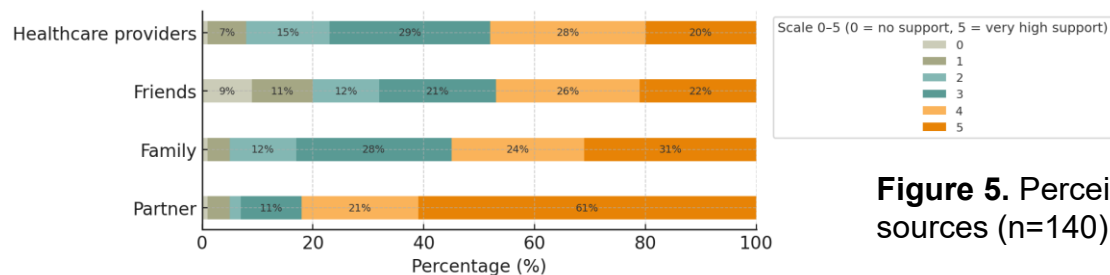
Figure 4. Consideration of own health in ADHD medication decisions

Decision factors – Own health

- Half of pregnant women (51%) and 44% of postpartum women placed little weight on their own health (scale 0–5).

Results & Conclusion

Support during pregnancy and postpartum

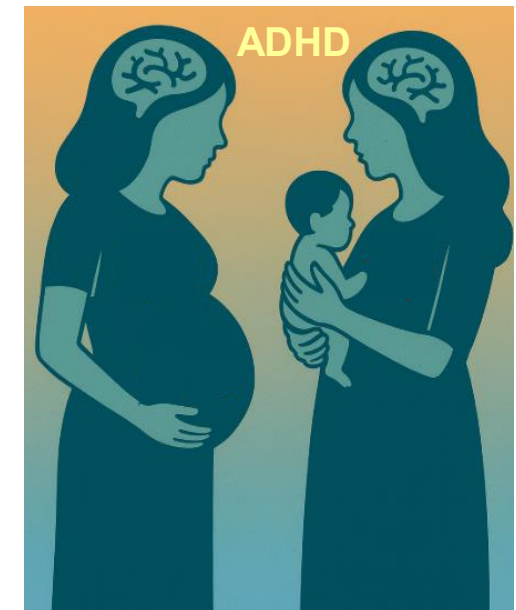


- Partners were most supportive, healthcare support varied.

Figure 5. Perceived support from different sources (n=140). Scale 0–5.

Conclusion:

- Healthcare professionals play a key role in women's decisions on ADHD medication
- Many women focus mainly on their infant's health and give less attention to their own; they need support to find a healthier balance between the two.



Next steps

- In-depth interviews with 59 surveyed women on ADHD symptoms, quality of life, functioning and medication decisions.
- Additional interviews will further explore these themes.