In a recent article by Malm et al, the authors conclude that selective serotonin reuptake inhibitors (SSRIs) taken during pregnancy increase the risk of fetal alcohol ingestion, which is an important confounder. This suggests that there may be other factors involved, not necessarily the SSRIs.

The fact that the publication appeared in the journal Obstetrics & Gynecology is particularly distressing because this important journal provides guidance for clinical practice. Because many obstetricians are called on to serve as primary care providers, they frequently prescribe antidepressants during pregnancy, and they may decide, based on this study, to withhold a needed antidepressant. Of note, abstracts often can be misleading, and critical examination of methodology frequently is not discussed.

As perinatal psychiatrists and practitioners, we prescribe medication for mothers with psychiatric illness. Although we engage in informed-consent consultations with our patients, they often are left with doubts and worries. Those of us who practice in this field do so with caution and respect for our patients. New legal advertisements seek out women who have taken SSRIs during pregnancy and have children with congenital malformations. A publication such as this encourages these types of lawyers. Physicians may be less likely to provide the necessary treatment for a depressed mother and may not take into account the adverse outcomes of depression or other psychiatric illness on both the mother and her child.

The bottom line is that peer-reviewed journals, especially highly respected ones such as Obstetrics & Gynecology, should be used to benefit our clinical practice so that we can provide the best possible care for our patients and their families. This means publishing articles with rigorous methodologies and detailed discussion of the limitations.

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In Reply:
We thank Margaret Spinelli, Lucy Puryear, and Adrienne Einarson for their interest in our study on the use of selective serotonin reuptake inhibitors (SSRIs) and offspring major congenital anomalies. Spinelli and her colleagues raise the concern that a mother’s alcohol use is a potential and important confounder not considered in our study and should have been discussed in more detail.

We regret that, during the repeated process of truncating the text for editorial purposes, the alcohol issue was deleted from the Discussion. Reliable data on alcohol use are difficult to obtain and are not collected routinely in the registers and therefore were available only in cases with the diagnosis of fetal alcohol spectrum disorders. We were therefore not able to include alcohol as a confounder in the analyses. It is evident that alcohol use may be an important confounder in this population. However, abundant alcohol use is associated with practically any malformation, and it indeed would be difficult to explain why alcohol use would increase the risk of specific cardiac anomalies in offspring exposed to different SSRIs—ventricular septal defects in fluoxetine and right ventricular outflow tract defects in paroxetine use. One would rather expect the overall risk of cardiovascular anomalies to be increased in SSRI-exposed offspring if the effect was attributable to alcohol use. Furthermore, we adjusted for smoking, which may be considered a proxy for alcohol use.

We believe that our study results clearly demonstrate a small increased risk of specific cardiac anomalies with fluoxetine and paroxetine use. The
quality of the data and coverage in the Finnish nationwide health registers have been validated, are excellent, and cover even elective terminations as a result of major fetal anomalies. The rigorous description of the registers and their use in research has been described recently in the literature. These registers clearly offer an extremely valuable database for research purposes to investigate drug-induced fetal adverse effects.

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**How to Stop the Relentless Rise in Cesarean Deliveries**

**To the Editor:**
As much as we respect Dr. Queenan, we are concerned that his editorial has a grave flaw. He gives as an example of a successful attempt to lower cesarean delivery rates the study by Meyers and Gleicher. The study was reported in the *New England Journal of Medicine* in 1988; these authors managed to reduce the cesarean delivery rate from 17.5% to 11.5%, a decrease of more than 60%. Dr. Queenan mentions that there was an increase in depressed neonates, however. The percentage of neonates with Apgar scores lower than 7 increased from 3.0 to 4.9%—an increase of more than 60%!

Even more telling than the increase of low 5-minute Apgar scores was the percentage of neonates delivered by cesarean who had low Apgar scores. That datum was not given for the control group (births in 1985) in the original article. However, for the two experimental years, 1986 and 1987, the neonates delivered by cesarean had astonishingly high percentages of low Apgar scores at 5 minutes—6.3% and 11.4%, respectively. This leads us to believe that cesarean delivery was postponed too long.

On the next page we learned that low Apgar scores at 5 minutes can have serious consequences. “Apgar Scores at 5 Minutes After Birth in Relation to School Performance at 16 Years of Age” shows that “An Apgar score of less than 7 at 5 minutes after birth is associated with subtle cognitive impairment, as measured by academic achievement at 16 years of age.” If we can believe the conclusion of this careful Swedish study, there seems to be a strong relationship between low 5-minute Apgar scores and lack of realization of intellectual potential.

We are concerned that, by this logic, any attempt to lower cesarean delivery rates may have injurious consequences. Indeed, until such attempts are proven to be safe for the neonate, we feel that they should be reconsidered.

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**REFERENCES**


**In Reply:**
Dr. Grossman and Roach make a good observation concerning the lower Apgar scores in the Myers and Gleicher study. The purpose of citing this study was to show that practices, policies, and studies can be made to curtail cesarean delivery rates. This study was conducted many years ago, and such robust measures would not be appropriate today. Obviously, we would want optimal outcomes for neonates; thus, crafting studies and programs for the future will require expert knowledge and skills to avoid harm.

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