Women who took one of a class of antidepressants called SSRIs during the second and third trimester of pregnancy were more likely to give birth to a child who would later be diagnosed with autism spectrum disorder, says a new study. (Peter Glass/Getty Images First Light)

Women who took a class of widely used antidepressants during their second and third trimesters of pregnancy were roughly twice as likely as those who did not to have a child who would later receive a diagnosis of autism spectrum disorder, says a new study.

The new research, published Monday in JAMA Pediatrics, is among the strongest findings linking antidepressant use in pregnancy to poor outcomes in the children born of those pregnancies, said experts. But it leaves many questions unanswered about the roots of autism, the prevalence of which appears to be surging.

The new findings emerged from a Canadian registry of 145,456 newborn children who were followed for an average of about six years. The medical records of the babies' mothers were available for at least a year before their birth, allowing researchers to look
at whether and when the babies' pregnant mothers took selective serotonin reuptake inhibitors--SSRIs that include medications marketed as Prozac, Zoloft and Lexapro.

In the population as a whole, 0.7% of the registered babies (1,054) later received an autism diagnosis. Among the 2,532 babies whose mothers took an SSRI during her second and/or third trimester of pregnancy, 31 infants (or 1.2%) would be diagnosed with autism some time in his or her first six years of life. Some 40 babies (1%) whose mothers took an SSRI in her first trimester of pregnancy were eventually diagnosed with autism.

A mother's history of depression has long been suspected of raising a child's autism risk. So the study also sought to clarify which showed a stronger link to a child's likelihood of having autism: a mother's depression or her taking SSRIs.

The researchers compared rates of autism among babies born to women with a history of depression with autism rates among babies born to those who took antidepressants during pregnancy. They found that babies whose mothers took an SSRI were still about 75% more likely to get an autism diagnosis than were those whose mothers had a history of depression.

The study is notable for the fact that it does not rely on a mother's recollection of her pregnancy habits after an autism diagnosis has occurred. In research gauging links between autism and a range of environmental factors (including air pollution, cigarette smoking, stress and poor nutrition), studies that rely on delayed recall are widely thought to overstate the effect of those factors, since women are more likely to remember problematic exposures in the wake of a child's diagnosis. "This was a very well-done study," said Dr. Susan Hyman, former chair of the American Academy of Pediatrics' committee on autism and a professor of pediatrics at the University of Rochester Medical Center.

"I think what they've identified is real," added Hyman, who was not involved in the current study.
But, she added, even the latest study leaves parents and their physicians far from having "the entire picture to identify who's at risk from what environmental factor," she added. A woman's antidepressant use may well be one of many factors that may nudge her baby in the direction of a "suboptimal outcome" such as autism, ADHD or mood disorders, said Hyman. But a burgeoning number of research findings suggests that ultimately, a child's genetic vulnerability will also play a role and that the two--genetic susceptibility and harmful exposures--may interact, she said.

Hyman underscored a key finding of the study: that "the dramatic, overwhelming number of children exposed to SSRIs don't have autism." But a woman's untreated anxiety and depression are bad for mother and child, she added, and the new findings underscore the need for women with depression to plan early for pregnancies and speak with their physicians about non-drug treatments that work.

Those include cognitive behavioral therapy. That's sometimes a hard sell not just for depressed women, she said, but for insurers who often make it easier and cheaper for anxious and depressed patients to chose medication over costly and time-consuming psychotherapy.

"We want a quick fix and we want drugs but, in reality, the hard work you do with a therapist can be helpful," said Hyman.