

104 - Gynaecological and obstetric haemorrhage

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Depression and anxiety disorders CHAPTER 3 One database study³⁷ also identified an increased risk of ICH in those who have been taking SSRIs alone or in combination with NSAIDs. This and other studies providing data on absolute risk are summarised in Table 3.21, which gives estimates of absolute risk of ICH derived from three studies. Gynaecological and obstetric haemorrhage A multicentre cross-sectional study³⁹ found an association between the use of antidepressants and menstruation disorders (unusual or excess bleeding, irregular menstruation, menorrhagia, etc.). This study found that the prevalence of menstruation disorder in the study group who were taking SSRIs, venlafaxine or mirtazapine, either alone or in combination, was 24.6% compared with 12.2% in people not taking antidepressants. Abnormal vaginal bleeding Cases of abnormal vaginal bleeding associated with SSRIs have been reported in a young woman,⁴⁰ a postmenopausal woman⁴¹ and a preadolescent girl aged 11.⁴² Postpartum haemorrhage While one study⁴³ could not find an increased risk of postpartum haemorrhage (PPH) with the use of SSRI or non-SSRI antidepressants, a large cohort study⁴⁴ found an association between PPH and all classes of antidepressants, with a number needed to harm of 80 for current users of SSRIs and 97 for those on other antidepressants. One hospital-based cohort study⁴⁵ found an absolute risk of PPH of 18% and an absolute risk of postpartum anaemia of 12.8% after a non-surgical vaginal delivery in women who were current users of SSRIs. The absolute risk of both PPH and postpartum anaemia for those without any exposure to antidepressants was 8.7%. The blood loss during delivery was also higher for those who had SSRI exposure. The length of hospital stay was also significantly increased for those who had been taking an SSRI. A recent population study⁴⁶ identified that the use of serotonergic medications was associated with 1.5 times increased risk of PPH. This study highlighted that women who have been taking other psychoactive medications such as antipsychotics and mood stabilisers Table 3.21 Absolute risk of intracranial haemorrhage with SSRI with or without anticoagulant or NSAIDs. Study Risk with SSRI alone Risk with SSRI + NSAID Risk with antidepressant

- anticoagulant Shin et al. 2015³⁷ 1 in 632* (0.16%) 1 in 175* (0.57%) – Renoux et al. 2017⁶ 1 in 450** (0.22%) – 1 in 260** (0.38%) Smoller et al. 2009³⁸ 1 in 240*** (0.42%) –
– * Within 30 days of taking antidepressant. ** Incident users (no time limit). *** Annual

risk (older patients).

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