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| Table 1Trials | Design | Number of subjects | Treatment with medicine | Discontinuation of medicine | Relapse duringpregnancy | Relapse postpartum |
| Newport, 2008Bipolar I+II | Prospective observational study | A. 16 initially euthymic womenB. 10 Initially euthymic women | Lamotrigin (No. 5), Lithium (No. 6), Divalproex (No. 5)Lamotrigine  | A. Stopped during 1-13 days (No. 14)Unplanned pregnancy(81.3%)B. Continued lamotrigineUnplanned pregnancy (20%). | A. 100%B. 30% |  |
| Viguera, 2000Bipolar I+II | Retrospectivestudy | A. 42 pregnant B. 59 non-pregnant | Lithium  | A. Stopped within 6 weeks after conceptionB. Stopped after euthymia (75%) or adverse effects (25%) | A. 52.4% (No. 22)B. During the same period: 57.6% (No. 34) | The euthymic after 40 weeks of discontinuation: A. relapse 70% (No. 14)B. relapse 24% (No. 6) |
| Grof, 2000Bipolar I | Retrospectivestudy | A. 28 pregnant prior to lithium treatmentB. 33 ChildlessLithium responders | Lithium | No medication at start of pregnancy | 17.9% (No.5) started with lithium during pregnancy | 25% (No.7) relapsed postpartum |
| Rosso, 2016Bipolar I | Non-randomized prospective follow-up study | 17 lithium responsive women. Euthymic for 24 months | Lithium treatment during pregnancy | 24 to 48 hours before delivery | 11.2 % (No. 2) | 27.8% (No. 5) |
| Abdel-Hay, 2011Bipolar I | Prospective observational study | 83Euthymic for at least 8 weeks before last menstrual episode  | No information is given concerning when and how fast medication was discontinued | A. 63 % (No.52) discontinued medication during pregnancyB. 37% (No. 31) continued medication during pregnancy | In total; 33.7% (No. 28)A. 76.9% (No.40) relapsed during pregnancy and postpartum | In total:31.3% (No. 26)B.45.2% (No. 14) relapsed during pregnancy and postpartum |
| Bergink, 2012Bipolar I+II | Prospective open label follow-up study | 70 women at high risk of postpartum psychosis.A. 29 without mood episodes and B. 41 with mood episodes | A. No medicationB. Lithium monotherapy  (No. 27) | A. No medication (No. 29)B. - lithium (No. 10) + lithium (No. 31) | A. 0%B. - lithium: 40.0%  + lithium 19.4%  | A. 13.8 % (No.4) relapsedNo. 20 started lithium postpartum: (no relapse)B. lithium postpartum- lithium: 20% relapse+ lithium: 7.7% relapse |
| Viguera, 2007Bipolar I+II | Prospective observational study  | 89 euthymic women.The study excluded women who discontinued mood stabilizers 6 month before conception | Mood stabilizersLithium (No.55)Anticonvulsants (No.32)Atypical antipsychotics (No. 2).Antidepressants (AD) (No. 46) | A. 27 continued mood stabilizers and 18.5% continued with AD.B. 62 discontinuedmood stabilizers proximate to conceptionand 66.1% continued with AD | In total: 71%A. 37%B. 85.5% |  |
| Sharma, 2013Bipolar II | Prospective observational studyfrom week 24-32 | 37 16 excluded (no data) | Monotherapy 35% (No. 13)Combination 10.8% (No. 4) | A. 54% discontinued  (No. 20)B. 46% continued (No. 17) | In total: 51% relapseA. 40% (No. 8)B. 64.7% (No. 11) | In total: 70% relapseA. 90% (No. 18)B. 47% (No. 8) |