

Mental health medication and pregnancy

SOT

Sarah Shoemaker [SHOE-may-ker]
OSF HealthCare midwife

“There are some women who take years to find the perfect combination of medications that keep them stable and healthy. We don’t want to mess with that. Very rarely do we have to completely disrupt somebody’s medication regimen. Nothing in our field is black and white. There’s no such thing as bad medication or strictly dangerous medication. We weigh the pros and cons and decide what’s best for each patient.” (:31)

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“If you look online, you’re going to find all kinds of information. You’re going to find conflicting sources, old studies and poorly written studies.” (:10)

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“We discuss what the woman is on, how we can counteract the risk and what the *actual* risk is for her specific situation. Then we can make a shared decision about what is best for her and her family.” (:11)

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“If you continue to ask in new and different ways, women eventually open up. They say ‘yeah, this is really bothering me. I wondered if it was normal. I was afraid to talk about it.’ Once you make it clear that the provider is a safe person to talk to and mental health is really important, women will open up.” (:18)

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“More women need to talk about how difficult it can be to be pregnant, to be a mother and to be going through this huge life transition.” (:11)