

# Medications, Pregnancy and Breastfeeding

## PMAD PHARMACIST HANDOUT

\_\_\_\_\_ has given a prescription for \_\_\_\_\_  
from their provider \_\_\_\_\_, phone \_\_\_\_\_.

The patient and provider are aware that there are risks associated with using medication during pregnancy and breastfeeding. There are also risks associated with untreated mental health concerns. Please honor this prescription and be assured that the patient and the provider have had the appropriate conversations regarding this.

If you would like more information regarding the potential risks of this medication related to breastfeeding and/or pregnancy, please contact the provider listed above.

The Minnesota Department of Health created this form. For additional information related to perinatal mood and anxiety disorders, visit [PMAD MN Facts](https://www.health.state.mn.us/people/womeninfants/pmad/mnfacts.html)  
(<https://www.health.state.mn.us/people/womeninfants/pmad/mnfacts.html>)

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