

WOMEN, HORMONES AND NEURODIVERGENCE · 11.9

Pregnancy, Postnatal and ADHD: The Decision Framework

Pregnancy and the postnatal year are some of the largest hormonal and life shifts an adult with ADHD will go through. The medication conversation is one part; the wider biological and practical picture matters too.

FOR

Women with ADHD planning pregnancy or in the perinatal year

AUDIENCE AGE

18+

REVIEWED

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PART OF

The NeuroFX resource library

IN SUMMARY

Pregnancy, Postnatal and ADHD: The Decision Framework

What changes for ADHD

- **Pregnancy often improves ADHD symptoms (sometimes).** Sustained high oestrogen in the second and third trimesters often produces cognitive improvement; the picture is individual and the first trimester can be harder if medication has been stopped.
- **The postnatal year is often the harder of the two.** The post-delivery oestrogen drop scales up the late-luteal cycle effect; sleep deprivation amplifies everything; the new executive function load is the largest some women have ever carried.
- **First-time diagnosis often happens here.** The combination of new cognitive demands and the postnatal hormonal picture often makes a longstanding underlying difficulty impossible to ignore.

The medication decision

- **It is decision-support, not recommendation.** UKTIS, BUMPS, the BNF and NICE NG87 are the primary UK references. Methylphenidate has the largest accumulated dataset; lisdexamfetamine, dexamfetamine, atomoxetine and guanfacine have less data and more cautious manufacturer guidance.
- **The decision is not binary.** Continue, modify or stop, weighed against the cost of unmanaged ADHD in pregnancy (relationship strain, work difficulty, mental health risk). Specialist input is the throughline.
- **Pre-conception planning is worth its weight.** Where pregnancy is being planned, talking to your prescribing clinician before stopping medication produces a better outcome than improvising at the positive test.
- **Postnatal depression risk is elevated in women with ADHD.** The threshold for referral to perinatal mental health should be lower than for the general population. PANDAS Foundation and the Maternal Mental Health Alliance offer specific support.
- **The restart-medication decision is its own conversation.** Restarting (or starting for the first time) postnatally weighs the same factors as the pregnancy decision plus breastfeeding considerations. UKTIS and the BNF carry breastfeeding-specific guidance.

How we can help

- **Prescribing clinician first, early.** The medication conversation benefits from time. For women with NeuroFX prescribing, your clinician can be part of the perinatal team conversation alongside the perinatal psychiatry team, the obstetric team and your GP.
- **GP, health visitor and perinatal mental health for postnatal mental health.** Lower threshold for referral; perinatal mental health teams exist in every NHS area.
- **First-time assessment if the picture has only just become visible.** NeuroFX offers adult ADHD assessment for women, including specifically for women in the postnatal year where the picture has been newly recognised.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your prescribing clinician as soon as pregnancy is being planned or confirmed. The medication conversation benefits from time. For postnatal mental health concerns, your GP, health visitor and the perinatal mental health team are the right routes; the threshold for referral to perinatal mental health for women with pre-existing ADHD should be lower than for the general population. For acute postnatal mental health crisis, NHS 111 mental health option, the local perinatal crisis team, Samaritans 116 123, or 999 / A&E for immediate risk. PANDAS Foundation and the Maternal Mental Health Alliance both offer specific postnatal mental health support.

SOURCES

UKTIS; BUMPS; BNF; NICE NG87; Young 2020 BMC Psychiatry; Andersson 2024 JAMA Psychiatry; RCOG maternal mental health

NEXT STEPS**Speak to NeuroFX**

Private ADHD and autism assessment for adults and children aged 6 and upwards.
CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

neurofx.co.uk · **info@neurofx.co.uk** · **0333 533 3303**