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Letter

Antipsychotics during pregnancy and increased risk of congenital malformation in offspring: toward a systematic use of real-world data

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In our study published in Lancet Regional Health Europe [1], we found no statistical difference between women with or without schizophrenia for the rate of congenital malformations (2.7% vs. 2.2%, $p=0.18$).

We agree that this result should be taken with caveat as rightly commented by Alain Braillon and Susan Bewley.

First, we agree that we cannot exclude congenital malformations being less coded in the French hospital database in case of medical abortions or stillborn children. This negative result may also be explained by our malformation codes being available only for the delivery stay. Many congenital malformations may be discovered later during early childhood. Other studies carried out in other countries have demonstrated that children of mother with schizophrenia had increased rates of mortality during the first year of life [2,3]. In the French hospital database, it is hardly possible to link children's outcomes during early childhood and those of their mothers.

Second, we mentioned in the limitations that the French Hospital Database has no treatment data. A recent review has concluded that there was no strong evidence for increased risk of congenital malformation after prenatal second-generation antipsychotic exposure [4] but a recent Finnish population-based study has concluded that olanzapine was associated with increased risk of musculoskeletal malformations [5]. As detailed in our discussion, it is probable that a high proportion of women with schizophrenia in our study were not treated by antipsychotics, as we found that an important proportion of them had insufficient contacts or no contacts with the psychiatric system during pregnancy.

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Further analyses on population-based data are warranted to identify the risk factors of congenital malformations in the children of women with schizophrenia. All data published so far converge to conclude that the health of these children is threatened by many modifiable factors that should be actively prevented. Our future works are planned to focus on the French Healthcare database (SNDS) that combine hospital and out-of-hospital data, including drugs.

Author Contributions

Concept and design: Laurent Boyer, Guillaume Fond.

Drafting of the manuscript: Laurent Boyer, Guillaume Fond.

Critical revision of the manuscript for important intellectual content: All the authors.

Supervision: Laurent Boyer.

Declaration of Interests

We declare no competing interests.

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