Medications and Pregnancy and Breastfeeding

_____________________________ has been given a prescription for __________
from their provider ________________, phone: _________________

The patient and provider are aware that there 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.

This form was created by the Minnesota Department of Health. Please find additional information related to perinatal mood and anxiety disorders at www.health.state.mn.us/divs/cfh/topic/pmad/