marijuana, tobacco, alcohol, opiates, and cocaine. Long-term follow-up studies on exposed infants are needed.

Selective Serotonin Reuptake Inhibitors

Studies estimate that between 8% and 13% of pregnant women experience major depression (Grote, Bridge, Gavin, et al, 2010). For many of these women, selective serotonin reuptake inhibitors (SSRIs) provide an important therapeutic benefit; however, these drugs may result in side effects in their newborns. Signs of withdrawal are present in up to one third of infants exposed to SSRIs in utero (Burgos and Burke, 2009). Findings include hypertonia, tremulousness, wakefulness, high-pitched crying, and feeding problems. An increased risk of persistent pulmonary hypertension has been reported in neonates exposed to SSRIs early in pregnancy (Galbally, Gentile, and Lewis, 2012); however, this finding has not been consistently reported (Wilson, Zelig, Harvey, et al, 2011). Some SSRIs are transferred into breast milk. Breastfeeding infants whose mothers are taking SSRIs should be monitored for sleep disturbances, irritability, and poor feeding.

Maternal Infections

The range of pathologic conditions produced by infectious agents is large, and the difference between the maternal and fetal effects caused by any one agent is also great. Some maternal infections, especially during early gestation, can result in fetal loss or malformations because the fetus's ability to handle infectious organisms is limited and the fetal immunologic system is unable to prevent the dissemination of infectious organisms to the various tissues.

Not all prenatal infections produce teratogenic effects. Furthermore, the clinical picture of disorders caused by transplacental transfer of infectious agents is not always well defined. Some viral agents can cause remarkably similar manifestations, and it is common to test for all of them when a prenatal infection is suspected. This is the so-called **TORCH complex**, an acronym for:

Toxoplasmosis