

Depression and Pregnancy



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Recent research reveals that more than 10 percent of pregnant women and approximately 15 percent of post-partum women experience depression. An estimated 80 percent of women experience the "post-partum blues," a brief period of mood symptoms that is considered normal following childbirth. Depression is a common occurrence during and after pregnancy. A new mother may be depressed and not know it. Once a woman experiences post-partum depression, her risk of reoccurrence reaches 70 percent.

There are important and complex risks and benefits to be assessed by a prospective mother if she has a history of depression. Untreated depression has substantial risks to mother and baby alike-yet at the same time, there are risks known and unknown in taking some medications to reduce the risk of depression. Having a thoughtful discussion with your doctor about these choices is important as the scientific literature is always evolving in this area.

Symptoms during Pregnancy

Some normal changes experienced during and after pregnancy are similar to symptoms of depression. Therefore, if you are unfamiliar with the illness it can be hard to distinguish between "baby blues" and post-partum depression. Talk to your health care provider if you experience any of the following symptoms for more than two weeks:

- feeling restless or moody;
- feeling sad, hopeless and overwhelmed;
- crying a lot;
- having no energy or motivation;
- eating too little or too much;
- sleeping too little or too much;
- having trouble focusing or making decisions;
- having memory problems;
- feeling worthless and guilty;
- losing interest or pleasure in activities you used to enjoy;
- withdrawing from friends and family; and
- headaches, aches and pains or stomach problems that don't go away.

The signs and symptoms of depression after childbirth vary depending on the type of depression you are experiencing. Most common is the "baby blues" which last only a few days or weeks. Post-partum depression appears to be "baby blues" at first, but is more intense and longer lasting, eventually interfering with your ability to care for your newborn child and handle daily life. This degree of depression can appear anywhere within three months of childbirth. Although extremely rare, post-partum psychosis is worth mentioning because of its extreme severity. This condition typically develops within the first two weeks after delivery and is associated with harmful thoughts or actions toward the mother or baby. Development of post-partum psychosis is higher for women who have been previously diagnosed with bipolar disorder or schizophrenia, but it is currently treated as a new diagnosis.

Causes of Post-partum Depression

There is no single cause for post-partum depression, but being aware of what physical, emotional and lifestyle factors influence risk is important. Physical changes, such as the hormones produced, change dramatically from pre- to post-pregnancy. Those produced by the thyroid gland, for instance, may drop sharply leaving one

feeling tired, sluggish and depressed. Emotional factors that come with a newborn are overwhelming, especially with a firstborn. A new mother might be sleep deprived, anxious and feel as though she has no control over her life. Lifestyle influences such as a demanding baby, older siblings, financial problems or lack of partner support can also significantly influence the risk of depression.

Women who experience stressful life events during or within 12 months preceding delivery increase their risk of depression. The likelihood of post-partum depression also increases with the number of stressful events or factors a woman experiences. There has been no significant linkage of women with post-partum depression and race and ethnicity or level of education.

A woman needs to know that it is okay to accept help. A new mother (first time or again) should know that having depression does not make her a bad mother or a failure. Cognitive Behavioral Therapy (CBT) can help to examine and correct these negative thoughts. Accepting help, support and treatment can help her manage her depression and enjoy her newborn.

Treatment and Prevention

Treatment and recovery depends on the severity of the depression and individual needs. If left untreated, however, post-partum depression can interfere with mother-child bonding and cause the child to have delays in language development, behavior problems and increased crying.

The "baby blues" usually fade on their own, but a new mother can help herself by getting as much rest as she can, accepting help from family and friends and connecting with other new mothers. Post-partum depression is often successfully treated with medication and counseling. Usually, with the appropriate treatments, post-partum depression goes away within a few months, but it can last up to a year. Women should consult with their health care provider before taking any medications while pregnant or breastfeeding. See the Antidepressant Treatment Research section below for more information.

Treatment for those who experience post-partum psychosis requires hospitalization-for their safety. A combination of interventions such as antidepressants, antipsychotic and mood stabilizer medications may be needed to control symptoms. This form of treatment will likely interfere with a mother's ability to breastfeed; she should talk to her health care provider to work through these challenges.

If a woman has a history of depression, she should discuss this with her doctor as soon as she finds out that she is pregnant. This information will help the health care provider monitor the woman closely for signs and symptoms of depression. After the baby is born, an early post-partum checkup to screen for depression might be recommended.

Antidepressant Treatment Research

It's challenging to study and understand the risks of any drug given to pregnant women. During pregnancy, both the mother and the fetus are exposed to the drug. Medications that are considered safe for a woman are sometimes risky for a fetus. That said, researchers have not studied many drugs during pregnancy. Most research about antidepressants and pregnancy is drawn on research about drugs that have been approved for women who aren't pregnant; rather, the studies were conducted on animals or and studies of women who took antidepressants before they knew they were pregnant.

The FDA has a rating system for medications in terms of its known impact on developing babies. This scale is from safest to riskiest: A, B, C, D and X. While there are many unknowns, some clear risks of psychiatric medications have been identified. For instance, Paroxetine (Paxil) has been rated "D," meaning there is known to be harm in some cases to the fetus. For this reason, that medication is avoided in pregnancy. To see FDA ratings for medications, look at the Physicians Desk Reference PDR or the [FDA Web site](#) This information is regularly updated.

Here are some other things that research has told us to inform these complex decisions.

- One study in 2006 found that pregnant women with major depression are quite likely to become ill again during their pregnancy if they stop taking their medication. A depressed woman may have trouble taking care of herself during pregnancy. This could threaten the health of the fetus.
- Some babies born to mothers who are taking SSRI antidepressants show signs of "withdrawal." For instance, they may have breathing or feeding problems. Their movements may be jerky. Some have seizures. Health providers who care for newborn babies are aware of these risks and can provide treatment. It's important for the baby's provider to know ahead of time that the mother has taken antidepressants during pregnancy.
- Babies exposed to SSRIs in late pregnancy (after 20 weeks) may be more likely to have persistent pulmonary hypertension (PPHN). This rare but serious condition affects the lungs and blood vessels. More research is needed.
- Some researchers have studied children whose mothers took antidepressants. They have found no link to serious problems with language, behavior or intelligence.
- Some studies have shown a link between antidepressants and premature delivery.
- The literature is always evolving, so be sure to review the latest information as you make these choices.

For more Information

Remember the best way for a new mother to care for her baby is to care for herself. For more information on depression during and after pregnancy, visit or contact any of the following organizations.

Post-partum Education for Parents

Phone: 1 (805) 564-3888

www.sbpep.org

Post-partum Support International

Phone: 1 (805) 967-7636

www.postpartum.net

Department of Health and Human Services

Office on Women's Health

1 (800) 994-9662

TDD: 1 (888) 220-5446

www.womenshealth.gov

Pregnancy and Newborn Health Education Center

March of Dimes

1275 Mamaroneck Avenue

White Plains, NY 10605

National Office Phone: 1 (914) 997-4488

www.marchofdimes.com

Massachusetts General Hospital

Center for Women's Mental Health

Perinatal and Reproductive Psychiatry Program

Simches Research Building

185 Cambridge Street, Suite 2200

Boston, MA 02114

1 (617)-724-7792

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