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Depression and Pregnancy

This sheet talks about the risks of depression during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is depression and how common is it in pregnancy?

Depression is a serious medical illness that has a negative effect on how someone feels, thinks and acts. The most common symptoms of depression are continued deep feelings of sadness and not being able to feel pleasure or happiness. Other symptoms of depression are anxiety, irritability, difficulty concentrating, fatigue, and thoughts of death or self-harm. Physical symptoms of depression can include increased heart rate, loss of appetite, stomach pain, and headaches.

The chance for a woman to develop depression during her lifetime is about 10-25%. The highest risk occurs during the childbearing years. Pregnancy may be a possible trigger for the development of depression in some women. This may be due to changes in hormone levels during pregnancy and the stress that comes with this major life event. Two studies that reviewed published reports on depression in pregnancy found that depression occurs in 7-13% of pregnant women. Treatment for depression usually includes counseling/psychotherapy and/or medications.

I have depression and am planning on getting pregnant. Is there anything I need to know?

It is wise to talk to your health care providers about your desire to become pregnant. This will allow your doctors and your counselors/therapists to review your current mental health care. They can look at the medicines that you are taking and what effects they may have on a pregnancy. Sometimes, changes in treatment may be recommended before pregnancy.

Can taking medication for depression during my pregnancy cause birth defects or other problems for my baby?

Most antidepressant medications have not been linked to higher risks for birth defects. When

some antidepressants are taken during the third trimester, there may be effects in the newborn. The baby may be jittery, irritable, and have difficulties with feeding, sleeping, breathing and heart rate. In most cases, these symptoms last a few days or less. Some antidepressant medications have been studied more thoroughly than others. You may call OTIS toll-free at 1-866-626-6847 to speak with a counselor about your specific treatments and possible risks to a pregnancy.

I do not want to take my medication for depression during my pregnancy. My doctor said this could be worse for my baby and me. Is this true?

Yes. Studies have reported higher rates of miscarriage, low birth weight, and babies who are small-for-gestational age when depression is left untreated in pregnancy. Pre-eclampsia is a serious form of high blood pressure that can cause life-threatening complications for mother and baby. A study found that the risk of pre-eclampsia in pregnant women suffering from depression was more than double the general population risk.

In addition, stopping your medication could lead to a return of your symptoms of depression, called a relapse. One study found that women who stopped their medications for major depression had a five times greater risk of relapse during pregnancy compared to pregnant women who stayed on their medications. Restarting the antidepressant medicine lowered the chance of a relapse, but it did not completely prevent the relapse in all cases. A relapse of depression during pregnancy could increase the risk of pregnancy complications.

Should I stop taking medication for depression during my pregnancy?

Only you and your health care providers can decide what is best for your individual situation. In making that decision, the benefits and risks to you and the baby of taking antidepressants

versus stopping them should be considered. Usually medications are favored when the risks to the mother and baby from the depression outweigh the risks of the medication.

If you and your doctors decide to stop your antidepressant medication, your doctor may suggest that you gradually decrease the dose that you are taking before you completely stop taking the medication. This is to help prevent withdrawal symptoms that some people experience when they suddenly stop taking certain antidepressant medications. Withdrawal should be avoided during pregnancy because it is not known what effects it may have on a pregnancy.

I've had problems with substance abuse in the past. Should this influence my treatment for depression during pregnancy?

Yes. Studies have shown that depression during pregnancy is associated with legal and illegal substance abuse. It is believed that some women turn to substance abuse as a means of coping with their depression. However, substance abuse is likely to be more harmful than proper treatment for depression. Even in small to moderate amounts, drinking alcohol, smoking and using street drugs during pregnancy have been linked to serious, harmful effects to a pregnancy and the baby. In this case, controlling depression with medications prescribed by a doctor may help prevent more serious problems from substance abuse.

I'm considering trying an alternative treatment for my depression during my pregnancy. Is this safe?

Herbal remedies, supplements or other nontraditional therapies have not been studied enough to know if they are safe to use during pregnancy. It is important to discuss any alternative therapies you are considering with your obstetric and mental health care providers before you use them. You may also call OTIS toll-free at 1-866-626-6847 to speak with a counselor about specific treatments and possible risks to a pregnancy.

I feel so sad and have so little energy that I am having trouble going to my prenatal doctor's appointments. Is this a problem?

Yes. It is important to have regular prenatal appointments so that you and your baby can be as healthy as possible. Avoiding prenatal care may be caused by a lack of motivation and low self-worth associated with depression. Studies have found that women with mental illnesses including depression

attend less than half of their prenatal care appointments. Studies have also shown significantly higher rates of premature births and deaths in the newborn period in the babies of women who did not have good prenatal care.

I've heard that pregnant women with depression have a higher chance of suffering from postpartum depression. Is this true?

Yes. One of the most serious effects of not treating depression during pregnancy is the increased risk for postpartum depression (PPD), depression following childbirth. While the general population risk for PPD is approximately 5-15%, a number of studies have shown higher rates of PPD among women who were depressed during their pregnancy. Reports have suggested that PPD may interfere with a woman's ability to take care of and bond with her baby. This may have a negative effect on the baby's development and behavior.

I think I am suffering from depression and I'm pregnant. What should I do?

It is very important to get help from a medical professional before the situation becomes harmful to you or your pregnancy. Contact your doctor for appropriate care. If you feel you may hurt yourself, your pregnancy, or someone else, seek emergency medical care at once.

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If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847.