Depression and Pregnancy FACT SHEET

Recent research reveals that over 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 mom and baby alike, and 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 postpartum 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 of 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. Postpartum 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, postpartum 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 postpartum psychosis is higher for those women who have been previously diagnosed with bipolar disorder or schizophrenia but has been seen as new diagnosis.

Causes of Postpartum Depression

There is no single cause for postpartum depression, but knowing 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 she has no control over your 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 postpartum depression also increased 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 or again) should know that having depression does not make her a bad mother or a failure. Cognitve Behavioral Theray (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. With the appropriate treatments usually post-partum depression goes away within a few months, but 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 for more information.

Treatment for those who experience post-partum psychosis requires hospitalization—for their safety. A combination of interventions such as antidepressant, antipsychotic and mood stabilizer medications may be needed to control symptoms. This form of treatment will likely interfere with a mother's ability to breast feed, 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 screening 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. This 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; conducted studies on animals 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 Paroxitne (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 what the FDA rates a medication look at the Physicians Desk Reference PDR or 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.

Postpartum Education for Parents
Phone: (805) 564-3888
www.sbpep.org

Postpartum Support International
Phone: (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, N.Y. 10605
National Office Phone: (914) 997-4488
www.marchofdimes.com

Mass General Hospital
Fruit Street Booston MA
Center for Women's Mental Health
Reproductive and Perinatal Center

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