Depression During Pregnancy



Depression occurs in about 7 of every 100 people in the United States. Depression is more common in women than in men, especially in women who are ages 15 to 44 years. Pregnancy also happens during these ages. Depression can occur for the first time during pregnancy, or depression may become worse during pregnancy. Depression can also develop after the baby is born. There is no simple treatment for depression. Medications can help some women, especially those with severe depression. The most effective treatment for depression is a combination of medication and psychotherapy (talking with a therapist on a regular basis).

How do I know if I have depression?

These answers to these 2 questions will help you learn if you have depression:

- 1. Over the past 2 weeks, have you felt down, depressed, or hopeless?
- 2. Over the past 2 weeks, have you felt little interest or pleasure in doing things?

If you answer yes to both questions, contact your health care provider to discuss the possibility that you have depression. Your health care provider will ask you more questions to see if you have depression. People with depression often say that most days they feel sad, lifeless, trapped, or hopeless, and the pleasure and joy have gone out of life. If you spend time thinking about killing yourself or others, and especially if you develop a plan to do so, you need to seek care *immediately*. Severe depression is linked to suicide (killing yourself).

Why is it important to treat depression while I am pregnant?

Having depression during pregnancy can be harmful for both you and your baby. This is because the symptoms of depression, such as sadness, tiredness, and loss of appetite, can make it hard to do your normal activities. Depression may make it harder to take good care of yourself. You might skip a prenatal visit if you are too tired or don't feel comfortable talking to other people. You also may not eat a healthy diet because you aren't hungry. If you have depression, it is easier to make choices that are not good for your health, such as smoking, drinking, and doing drugs. These things can increase your chances of problems in pregnancy, such as miscarriage, preterm birth, and having a small baby. Treating depression helps you and your baby be healthier during and after you are pregnant. If you have depression during pregnancy, you have a higher chance of having postpartum depression. This can make it hard to take care of and enjoy your baby.

What can I do to help my depression while I am pregnant?

Psychotherapy along with self-care activities that help mental health may be enough treatment for your depression. Exercise, spending time outdoors, doing something you find relaxing, being with friends and family, mindfulness, meditation, and decreasing the stress in your life are forms of self-care that can all help you feel better. Sometimes depression can be managed without medication, but sometimes medication is needed.

What are SSRI medications?

Selective serotonin reuptake inhibitors, also called SSRIs, are the most commonly used antidepressants (medications for treating depression). If psychotherapy or self-care activities, such as exercise, do not relieve depression, an SSRI medication may be a good choice for you, even during pregnancy. Some common SSRIs are:

- citalopram (Celexa)
- escitalopram oxalate (Lexapro)
- fluoxetine (Prozac)
- fluvoxamine (Luvox)
- paroxetine (Paxil)
- sertraline (Zoloft)



How do SSRIS work?

SSRI medications increase the amount of a chemical called serotonin that is present in your brain and affects your general mood. Usually it takes a few weeks after you start taking the medication before you notice any changes in depression, even when the medication works well. Because SSRIs can take a few weeks to start working, you may still be depressed during that time. It is important to reach out to others for support, talk with your health care provider, and do self-care activities during the first few weeks after you start the medication.

Should I stop taking my antidepressant medication if I'm planning to get pregnant or if I am pregnant?

Always contact your health care provider before stopping your medication. Depression may become worse during pregnancy because the changes that happen to your body and emotions can make it more difficult to cope with depression. Some studies have found that women with depression have a higher chance of having a premature baby and postpartum depression if they do not take medication for depression during pregnancy. In addition, stopping some antidepressants too quickly can cause withdrawal symptoms. If you have mild depression and have had no symptoms in the last 6 months, you may be able to try stopping your medication. Talk about this with your health care provider.

Do SSRIS cause birth defects?

The chance that SSRIs will cause birth defects is very low. Because the chance of causing birth defects is so low, it is hard for scientists to study the question well, and we do not yet know the answer for sure. A few SSRI medications may increase the chance of your baby having a heart problem, but the chance of this happening is very low. If you are taking an SSRI medication when you get pregnant, call your health care provider to learn what is known about that medication. Do not stop the medication before talking with your health care provider.

Can SSRIS harm my baby after birth?

Some SSRIs may cause a mild withdrawal reaction in a baby after birth. If this happens, the baby can be fussy and have problems eating well during the first few days after birth. These symptoms go away after a few days. Remind the health care provider who is caring for your baby about any medications you took during pregnancy.

Are SSRIS safe to take if I'm breastfeeding?

It is safe to breastfeed if you are taking SSRIs after the baby is born. SSRIs get into your breast milk in very low amounts, so they do not affect the baby. Talk with your health care provider about the best medication to take while you are breastfeeding.

For More Information

National Institute of Mental Health: Depression in Women

https://www.nimh.nih.gov/health/publications/depression-in-women/index.shtml

Womenshealth.gov: Depression During and After Pregnancy

https://www.womenshealth.gov/a-z-topics/depression-during-and-after-pregnancy

American Psychological Association: Postpartum Depression

www.apa.org/pi/women/programs/depression/postpartum.aspx

Flesch-Kincaid Grade Level: 8.9

Approved August 2017. This handout replaces "Depression and Use of SSRI Medications During Pregnancy" published in Volume 56, Number 3, May/June 2011.

This page may be reproduced for noncommercial use by health care professionals to share with clients. Any other reproduction is subject to the Journal of Midwifery & Women's Health's approval. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, the Journal of Midwifery & Women's Health suggests that you consult your health care provider.