

# Depression

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This sheet is about having depression in a pregnancy or while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

## ***What is depression?***

Depression is a serious medical illness. There are different types of depression, such as major depression, persistent depressive disorder, perinatal depression, seasonal affective disorder, and depression with symptoms of psychosis. Pregnancy can trigger the development of depression in some people (perinatal depression). This may be due to changes in hormone levels during pregnancy and the stress that comes with this major life event.

Depression can change how someone feels, thinks, and acts. The most common symptoms of depression are strong feelings of sadness and not being able to feel pleasure or happiness over a period of time. Other symptoms can include anxiety, irritability, trouble concentrating, feeling very tired (fatigue), and thoughts of death or self-harm. Physical symptoms of depression can include increased heart rate, appetite changes, stomach pain, and headaches. Treatment for depression can include counseling, psychotherapy, and / or medications.

## ***I think I have depression and I am pregnant. What should I do?***

Contact your healthcare provider as soon as possible. If you are in crisis (you feel you may hurt yourself, your pregnancy, or someone else) and need help, call or text 988 and/or seek emergency medical care at once. You are not alone in what you are experiencing and there is help available.

Healthcare & mental health providers can work with you to create a plan for the health of you and your baby. In addition, share your feelings with your partner, family, friends, or other people you trust so you can receive support. Research suggests social support is associated with less severe perinatal depressive symptoms.

If you do not have a provider or can't reach them, try calling the National Maternal Mental Health Hotline (NMMHH) at 1-833-TLC-MAMA (1-833-852-6262). The Hotline is free, confidential, and available 24/7 in English and Spanish. For even more resources and support services, please visit our mental health resource page at: <https://mothertobaby.org/pregnancy-breastfeeding-exposures/mental-health/>.

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

Talk to your healthcare providers about your plans to get pregnant so they can review your current health and treatments. Sometimes, changes in treatment may be recommended before or during pregnancy.

## ***I have depression. Can it make it harder for me to get pregnant?***

Some studies suggest having depression might make it harder to get pregnant.

## ***Does having depression increase the chance for miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Some studies have reported a higher chance for miscarriage when depression is left untreated in pregnancy.

## ***Does having depression increase the chance of birth defects?***

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Depression itself is not expected to increase the chance for birth defects above the background risk. However, depression during pregnancy should be treated. Many antidepressant medications have been studied in pregnancy and have not been linked to a higher chance for birth defects. For questions about specific medications and pregnancy, talk with your healthcare provider or a MotherToBaby specialist.

## ***Would having depression increase the chance of other pregnancy-related problems?***

Some studies have reported a higher chance for preterm delivery (birth before week 37), low birth weight, babies who are smaller than expected, and preeclampsia (dangerously high blood pressure in pregnancy) when depression is left untreated in pregnancy. Preeclampsia is a pregnancy-related disorder, which can lead to preterm delivery and

complications for the person who is pregnant and their baby. If the person who is pregnant has depression, they may also have changes in their sleeping or eating patterns.

***Does having depression in pregnancy affect future behavior or learning for the child?***

Some studies have shown untreated depression in pregnancy may negatively affect a child's behavior or development.

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

Studies have found that people who are pregnant with depression typically have better outcomes for themselves and their babies if they are getting effective treatment compared to having untreated depression.

Stopping your medication could lead to a return of your symptoms of depression (relapse). One study found that those who stopped their medications for major depression had a 5 times greater risk of relapse during pregnancy compared to those who stayed on their medications. Restarting the antidepressant medication 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.

It is important to talk with your healthcare providers before making any changes to how you take your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. Consider your personal feelings, the severity of your symptoms, any past hospitalizations, how quickly symptoms have returned in the past if you have ever gone off medication, and how quickly you respond when you restart medications.

If you decide to stop your antidepressant medication, your healthcare provider may suggest that you slowly lower your dose before you stop completely. This is to help prevent possible withdrawal symptoms that some people experience when they suddenly stop taking antidepressants. It is not known what effects, if any, withdrawal could have on a pregnancy.

***What about other treatments (besides medication) for depression during my pregnancy?***

Other evidence-based treatments for perinatal depression include talk therapy (psychotherapy/counseling) and support groups such as Postpartum Support International (PSI).

Most herbal remedies, supplements, or other nontraditional therapies have not been studied enough to know if or how they might affect a pregnancy. It is important to discuss any therapies that you are considering with your obstetric and mental healthcare providers before you use them. Please see our fact sheet on Herbal Supplements here:

<https://mothertobaby.org/fact-sheets/herbal-products-pregnancy/>. You may also contact MotherToBaby to speak with a specialist about specific treatments/therapies and available research on use during pregnancy.

***I feel so sad and have so little energy that I am having trouble going to my prenatal care appointments. Can this affect my baby?***

Regular prenatal appointments can help to improve outcomes for you and your baby. It is not uncommon for people with depression to not feel motivated or have the energy to participate in parts of their day-to-day life, including going to your appointments. Studies have found that people with mental health conditions, including depression, go to less than half of their prenatal care appointments. Studies have also shown higher rates of preterm births and deaths in the newborn period in the babies of those who did not have appropriate prenatal care.

***Do people with depression during pregnancy have a higher chance of having postpartum depression or mood disorders?***

One of the most serious effects of not treating depression during pregnancy is the increased chance for a postpartum mood disorder, including postpartum depression (PPD). PPD is depression following childbirth. About 1 in 10 (10%) to 2 in 10 (20%) people experience PPD. Several studies have shown a higher chance for developing PPD among people who were depressed during their pregnancy. PPD might make it harder for a person to take care of and bond with the baby. This might affect the baby's development and behavior.

***Breastfeeding while I have depression / postpartum depression:***

Breastfeeding has benefits for the health of both the person who is breastfeeding and the baby. Studies have found

that people with depression during pregnancy tend to breastfeed their babies for a shorter time. Breastfeeding may lower the chance of postpartum depression or reduce symptoms of depression.

Some people may struggle with depression while breastfeeding. Find people who are supportive such as family, friends, your healthcare provider, or a lactation consultant. You can contact a MotherToBaby specialist to discuss your treatment while breastfeeding. Your mental health is also important. Ask for help if you have any concerns. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

***If a male has depression, can it make it harder to get a partner pregnant or increase the chance of birth defects?***

Some reports have found depression in males can decrease the chance of getting a partner pregnancy. Depression and anxiety in males have been shown to lower semen volume and sperm density. Some studies have found that 2% to 9% of males can experience depression during a partner's pregnancy. Emotional well-being is important, not only for a person's health but also for the health and support of their partner and children. Anyone who has symptoms of depression should seek appropriate care. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

**Please click [here](#) for references.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

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