



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Depression

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to depression may increase the risk for birth defects over that background risk. 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. It can change how someone feels, thinks and acts. The most common symptoms of depression are long-lasting and strong feelings of sadness and not being able to feel pleasure or happiness. Other symptoms of depression are anxiety, irritability, difficulty concentrating, fatigue (feeling very tired), 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. 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 health care providers 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 a higher chance 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 / or 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 than others. You can call MotherToBaby toll-free at 1-866-626-6847 to speak with a counselor about specific treatments and possible risks to a pregnancy.

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

Studies have found that women and their babies typically do better if they receive treatment for their depression during pregnancy versus having untreated depression. Some studies (not all) have reported higher rates of miscarriage, premature birth, low birth weight, babies who are small-for-gestational age, and pre-eclampsia 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 woman's sleeping and eating patterns might also change. Untreated maternal depression may also negatively affect later child behavior or development.

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. You will likely take into account many things including personal preferences, the severity of your symptoms (any past hospitalizations), how quickly symptoms have returned in the past if you have ever gone off medicines, and how quickly you respond when you restart medicines.

If you and your health care providers decide to stop your antidepressant medication, your health care provider will likely suggest that you gradually lower 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 in pregnancy because it is not known what effects this could have on a pregnancy.

I've had problems with substance abuse in the past. Will 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 way of coping with their depression. However, substance abuse is usually 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 health care provider 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?

Many 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 MotherToBaby 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 health care provider'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.

Is it true that pregnant women with depression have a higher chance of suffering from postpartum depression?

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 health care provider for appropriate care. If you feel you may hurt yourself, your pregnancy, or someone else, seek emergency medical care at once.

Can breastfeeding with depression be harmful to me or my baby?

No. Breastfeeding improves health in both mom and the baby. Studies have found that women with depression during pregnancy tend to breastfeed their babies for a shorter time. This can lead to recurrence of depressive symptoms. If a woman is able to continue breastfeeding, it has been shown that her symptoms might actually be lessened and may even prevent postpartum depression. Supporting a woman through periods of difficulty in the early stages of nursing, can allow her to breastfeed for a longer time period which is better for both the woman and her child.

Be sure to discuss all your breastfeeding questions with your health care provider. You can also call

MotherToBaby toll-free at 1-866-626-6847 to speak with a counselor about specific treatments and possible risks while breastfeeding.

References Available By Request

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