Depression

This sheet is about having depression in a pregnancy or while breastfeeding. This information is based on published research studies. It 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 women (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. 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 and mental health providers can work with you to create a plan for the health of you and your baby. Also, share your feelings with people you trust (such as your partner, family, friends, or others) so you can receive support. Research suggests that social support is associated with less severe perinatal depressive symptoms.

The National Maternal Mental Health Hotline (NMMHH) is also available for help at 1-833-TLC-MAMA (1-833-852-6262). It is free, confidential, and available 24/7 in English and Spanish. For more resources and support services, please visit our mental health resource page at: https://mothertobaby.org/pregnancy-breastfeeding-exposures/mental-health/.

I have depression. What should I talk about with my healthcare team before I get pregnant?

It is important to talk to your healthcare team (including your obstetrician and mental health specialist) about plans for treating your condition before and during pregnancy, during delivery, and after delivery. If possible, talk with your healthcare team before getting pregnant. If your pregnancy is unplanned, contact your healthcare providers as soon as you find out you are pregnant.

Things to talk about with your healthcare team include:

- Ways to monitor your pregnancy and depression symptoms.
- Any medications or vitamins you should take during pregnancy.
- Getting any necessary vaccines before and during pregnancy. Many vaccines can be given in pregnancy. For more information, please see the MotherToBaby fact sheet on vaccines at https://mothertobaby.org/fact-sheets/vaccines-pregnancy/.
- Any other questions or concerns you have.

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

Does having depression increase the chance of birth defects?
Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like depression, might increase the chance of birth defects in a pregnancy.

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 during pregnancy and have not been linked to a higher chance of birth defects. For questions about specific medications and pregnancy, talk with your healthcare provider or a MotherToBaby specialist.

Does 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 (weighing less than 5 pounds, 8 ounces [2,500 grams] at birth), babies who are smaller than expected, high blood pressure, and preeclampsia when depression is left untreated in pregnancy. Preeclampsia is a pregnancy-related disorder, which can lead to preterm delivery and complications for the woman who is pregnant and for the baby.

Pregnant women with depression sometimes notice changes in sleep and eating patterns. Studies suggest they may also have a higher chance of gestational diabetes. Additionally, women diagnosed with depression around the time of birth are at an increased risk of death, particularly within the first year after diagnosis, with suicide being a leading cause.

Does having depression in pregnancy affect future behavior or learning for the child?
Some studies have shown that untreated or poorly treated depression in pregnancy might negatively affect a child's behavior or development.

I feel nervous about taking my medication for depression during my pregnancy. But my healthcare provider said that not treating my depression could be worse for my baby and me. Is this true?
Studies have found that women 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 women 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 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.

What about other treatments (besides medication) for depression during and after my

pregnancy?

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

Most herbal remedies, supplements, and other nontraditional therapies have not been studied enough to know if they work and/or increase risks to a pregnancy. Because of this, it's important to talk with your obstetric and mental health providers before using them. You can learn more from the MotherToBaby fact sheet on herbal supplements https://mothertobaby.org/fact-sheets/herbal-products-pregnancy/ or contact MotherToBaby to speak with a specialist about specific treatments and the research on their 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 improve outcomes for you and your baby. It is common for people with depression to not feel motivated or not to have the energy to participate in parts of their day-to-day life, including going to appointments. Studies have found that women with mental health conditions, including depression, go to less than half of their prenatal care appointments. Studies have shown higher rates of preterm births among women who did not have appropriate prenatal care.

Do women 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 of a postpartum mood disorder, including postpartum depression (PPD). PPD is depression following childbirth. About 1 in 10 (10%) to 2 in 10 (20%) women experience PPD. Several studies have shown a higher chance for developing PPD in women who were depressed during their pregnancy. Having PPD might make it harder to take care of yourself, your baby, and to bond with your baby.

Breastfeeding while I have depression:

Breastfeeding has benefits for the health of both the woman who is breastfeeding and the baby. Studies have found that women with depression during pregnancy tend to breastfeed their babies for a shorter time. Breastfeeding might help lower the chance of postpartum depression or reduce symptoms of depression.

It is common for women with depression to find breastfeeding to be challenging. Women who want to breastfeed can look for support from people such as family, friends, their healthcare providers, or a lactation consultant. You can contact a MotherToBaby specialist to talk about medications you might be taking while breastfeeding. Your mental health is important. Ask for help if you have any concerns. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man has depression, can it affect fertility or increase the chance of birth defects?

Depression and anxiety in men have been shown to lower semen volume and sperm density. This could make it harder to conceive a pregnancy. Anyone who has symptoms of depression should seek appropriate care. In general, exposures that men 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.

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