Pregnancy is often portrayed as a time of joy, excitement, anticipation, and happiness. But for many, this time of life doesn’t feel so “glowing.” Many women do not experience the common joy that comes with carrying a baby. In fact, as many as 20 percent of all women feel exactly the opposite. Depression often occurs specifically during pregnancy, and is referred to as antepartum depression. This reading material is about the diagnosis and treatment of antepartum depression, which we will refer to as depression in pregnancy. This is a common illness that often leaves women feeling sad, confused, and alone. The good news is there are options available to help you enjoy your pregnancy and bring a healthy baby into the world.

DEFINITION:

Depression is a mood disorder. It is not just feeling blue, but an extreme sadness beyond control. Depression may also carry a variety of additional associated problems, such as anxiety or anger which can lead to a person becoming helpless, hopeless, and functionless.

SYMPTOMS:

Many of the symptoms of depression during pregnancy are the same as other forms of depression. Common signs of depression include:

- Feelings of sadness or “emptiness”
- Feelings of hopelessness, irritability, anxiety, or guilt
- Losing interest in favorite activities
- Extreme fatigue
- Inability to concentrate or remember details
- Inability to sleep, or excessive sleep
- Changes in eating patterns: overeating, or lack of appetite
- Thoughts of death or suicide, or suicide attempts
- Chronic aches or pains, headaches, cramps, or digestive problems

CAUSES:

Pregnancy comes with an onslaught of physical, emotional, and hormonal changes to a woman’s body. These changes are drastic and can be overwhelming. Years ago, the changes caused by pregnancy were once thought to offer some protection against depression. Experts now know that this is not the case. In fact, the hormonal and emotional changes that accompany pregnancy may trigger some women to depression. Although doctors and scientists today know more about depression than ever before, there is still no absolute answer for what causes it. Each case is unique and depression can be triggered by a combination of various individual factors. Researchers are still heavily invested in learning more information to provide better diagnosis and treatment.

RISK FACTORS:

The occurrence of depression in pregnancy can be hard to predict, but research shows that some events and situations are associated with higher incidence of depression in pregnancy. Here are some suspected risk factors of depression in pregnancy:

- Family history of depression
- Relationship struggles or loss of a loved one
- Stopping medication for depression – 5 times higher risk of relapse
- Previous history of depression
- Infertility treatment

DISCLAIMER:

This material is for informational purposes only. Psychiatry is a complex neuroscience and this material is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Never disregard professional medical advice or delay in seeking it because of something you have read in this material. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding any psychiatric or other health condition.

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**IMPORTANCE OF TREATMENT:**

Depression in pregnancy is a serious medical condition that requires treatment. Left untreated, the condition threatens the well-being of both you and your baby. Depression can lead to poor nutrition, substance abuse, suicidal behavior, and poor self-care. These outcomes negatively can affect your health and the health of your child. In addition, a mother’s depression itself is thought to influence the baby’s development both before and after birth. Therefore, if you think you might be suffering from depression while pregnant, it is crucial to seek medical help.

**TREATMENT AND DRUGS:**

Treatment of depression in pregnancy is similar overall to treatment of depression in patients who are not pregnant. The key difference is that some medications used in other patients are not preferred for use in pregnant women, due to concerns about their effects on the developing child. Treatment options for women with depression in pregnancy include:

- Support groups
- Individual psychotherapy
- Medication
- Other approaches, including light therapy

Based on a patient’s symptoms and history, doctors will design a course of treatment that includes regular assessment to ensure that symptoms are being controlled. If necessary, this course of treatment may include antidepressant medication.

**ANTIDEPRESSANTS:**

Using antidepressants during pregnancy can be a challenging process and should be closely monitored by your doctor. Because depression is a disorder of brain chemistry: some specific brain chemicals, which are important for normal brain signals, become unbalanced, meaning that their levels are too high or low in the parts of the brain that control mood. The chemicals thought to be most important for mood disorders are serotonin, norepinephrine, and dopamine. Antidepressants are medicines that alter these chemical levels to achieve a normal balance.

**Safe Antidepressants:** For patients who need antidepressant medication during pregnancy, several options are available that minimize risk to the baby. These options include the following medications in different chemical/medical classes.

- **Tricyclic antidepressants.** This class of medications, which includes Amitriptyline and Nortriptyline (Pamelor), includes the first antidepressants used in the 1950s. These medicines can cause various side effects that must also be managed.

- **Some serotonin reuptake inhibitors (SSRIs).** The SSRIs include the most famous antidepressants, such as Prozac. Several SSRIs are considered potential options during pregnancy, including Citalopram (Celexa), Fluoxetine (Prozac) and Sertraline (Zoloft).

- **Bupropion (Wellbutrin).** This medication, used for both depression and smoking cessation, is not a typical first line treatment for depression during pregnancy. However, it can be a good option for patients who do not respond to other medications.
Risks of Antidepressants to a Fetus: Every mother knows that whatever goes into her body will also go to her baby. For this reason, it is important for doctors to protect the fetus by reducing exposure of harmful antidepressants. There are two main risks with consuming antidepressants during pregnancy:

• Some antidepressant medications are known to be associated with risk of certain birth defects.

• Babies born to mothers taking antidepressants often experience withdrawal-like symptoms after birth as they adapt to life without the medication.

Using Medication During Pregnancy: When using an antidepressant medication during pregnancy, it is important to closely follow your doctor's instructions. You should not stop taking your medication without a doctor's oversight.

Breastfeeding: According to experts,

• Moms should be encouraged to breastfeed as long as they are comfortable.

• Medications are usually seen in very small concentration in the breast milk including antidepressants like Sertraline (Zoloft).

• If the patient has been on antidepressant medication during pregnancy then its best to continue the same during lactation. Sudden change or stopping of medication can trigger relapse to the mother and a depressed mother can affect the wellbeing of her baby. Therefore, it's best for the mother to continue the medication even while breastfeeding.

There is no guaranteed way to avoid depression in pregnancy, but there are a few things you can do to reduce your risk of becoming depressed.

• Exercise naturally increases serotonin levels and decreases levels of stress hormones.

• Adequate rest and a regular sleep schedule can reduce stress and enhance your ability to handle physical and emotional stress.

• Diet and nutrition are known to affect mood and stress responses, especially during pregnancy.

REFERENCES:

