
Depression in Pregnancy: Diagnosis and Treatment

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Introduction: Prenatal depression is common, affecting 10-15% of pregnant patients. Make sure to screen for this condition as it's linked with negative birth outcomes like low birth weight and preterm birth. Early detection and intervention are key to protecting both maternal and fetal health.

Diagnosis: You'll diagnose depression in pregnancy in the same way as any other time but be careful about over-relying on neurovegetative symptoms like poor sleep, fatigue, and changes in weight and appetite as these are common experiences in pregnancy. Focus instead on cognitive, emotional, and behavioral aspects of depression, like persistent feelings of sadness or worthlessness, poor concentration, loss of interest or pleasure in activities (anhedonia), and/or suicidal thoughts.

Treatment of depression during pregnancy

- **Therapy:** Several forms of therapy are helpful during pregnancy, including supportive therapy, couples counseling, and cognitive behavior therapy.
- **Antidepressants:** Most studies show no increased risk for major malformations or developmental disorders following prenatal antidepressant use, except for paroxetine, which has been linked with fetal cardiovascular anomalies.
 - Citalopram, fluoxetine, and sertraline are most often used.
 - Minimize the use of tricyclic antidepressants as they can exacerbate pregnancy symptoms like weight gain, constipation, and dizziness.
 - Infants exposed to SSRIs/SNRIs during pregnancy, especially in the third trimester, may experience transient neonatal distress, including restlessness and poor feeding. Symptoms resolve spontaneously after 1-4 days.
- **ECT:** is a relatively safe and effective option but requires close monitoring of the mother and fetus during the procedure.

Management of Preexisting Depression:

- It's generally advised to continue antidepressants during pregnancy to prevent relapse. Discontinuation is associated with higher rates of relapse.

Risk/Benefit Discussions:

- Engage in joint decision-making with the patient, ideally also involving the baby's father. Discuss previous medication discontinuations and their outcomes.
- Document the discussion of risks, including those of untreated depression and medication use during pregnancy.

Support and Educational Resources:

- mothertobaby.org: provides expert consultation and free second opinions with teratology specialists (tel 866-626-6847)
- womensmentalhealth.org: provides information on perinatal mental health.

