University of Massachusetts Medical School
UMASS

Psychiatry Issue Brief

A Publication of the Systems & Psychosocial Advances Research Center (formerly the Center for Mental Health Services Research)
A Massachusetts Department of Mental Health Research Center of Excellence

Volume 8
Issue 1
2011

Perinatal & Postpartum Depression

Depression in Women During Childbearing Years: Causes, Symptoms, Challenges & Treatment

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"Women in their childbearing years account for the largest population of Americans with depression. Depression is one of the most common complications during pregnancy and the number one risk factor for postpartum depression. Approximately one in 10 women will have major or minor depression sometime during pregnancy and the postpartum period." (ACOG, May 7, 2007.)

During pregnancy and the postpartum period, two notably major life events for women, significant hormonal changes take place that increase vulnerability for depression. At the same time, many women during these periods find themselves in stressful situations exacerbated by the changes in life circumstances inherent with having children. While the vast majority of women adjust successfully to pregnancy and motherhood, some portion of women find the everyday challenges exceedingly difficult to manage. For these women the childbearing years can be the "perfect storm" for major depressive disorder (MDD).

Depression During Pregnancy and the Postpartum Period

Major depressive disorder, also known as major depression, clinical depression, or unipolar depression, is the most common neuropsychiatric disorder of adults. MDD affects more women than men, and is the third most prevalent cause of disability. (Blazer et al., 1994; Regier et al., 1988.) Depression during pregnancy and/or the postpartum period occurs in approximately 10-15% of women (Bennett, Einarson, Taddio, Koren, & Einarson, 2004; Deitz et al, 2007) while rates of postpartum depression have been reported as high as 25% (Gregiore et al., 1996).

Women who experience depression during pregnancy and the postpartum period may experience a variety of symptoms which include, but are not limited to:

- Sadness
- Low self esteem
- Emptiness
- Exhaustion
- Hopelessness
- Social withdrawal
- Low or no energy
- Difficulty concentrating or making decisions

Challenges of Diagnosing Perinatal and Postpartum Depression

Depression is one of the most common health obstacles during and after pregnancy. The physical and emotional changes a woman experiences during these periods, such as fatigue, weight gain and insomnia, can resemble symptoms associated with depression. Consequently, depressive symptoms among pregnant women and new mothers are often overlooked, under diagnosed and under treated (ACOG). Complicating matters further, depressed pregnant women often may not seek prenatal care (Marcus, 2009), which may result in further complications for both mother and infant (Andersson, Sundstrom-Poromaa, Wulff, Astrom, & Bixo, 2004; Chung, Lau, Yip, Chiu, & Lee, 2001; Grote et al., 2010.) Finally, women with depressive symptoms during pregnancy are at a markedly increased risk for developing postpartum depression (Robertson, Grace, Wallington, & Stewart, 2004). Untreated postpartum depression can have lasting effects. Women who have experienced postpartum depression can have significant difficulties bonding with their children, and are at increased risk for reoccurrence with subsequent pregnancies (ACOG).

The good news is that depression is a treatable illness; however, the majority of women with a MDD diagnosis are either untreated or under-treated (Flynn, Blow, & Marcus, 2006).

Treatment Considerations During Pregnancy

Research suggests that women experiencing depression during pregnancy can improve when treated with therapy and/or medication prior to delivery. Relevant findings include:

- Women with mild to moderate depression may benefit from individual and group psychotherapy including cognitive behavioral or interpersonal therapy. (Spinelli & Endicott, 2003.)
- Antidepressant medication is often recommended in combination with psychotherapy for patients with moderate depressive symptoms. Patients with more severe depression may need to consider additional treatment options. (Yonkers et al., 2009)
- Of women taking antidepressant medication during pregnancy, two-thirds of these women may benefit from increases in medication particularly during mid to late pregnancy (Hostetter, Stowe, Strader, McLaughlin, & Llewellyn, 2000). Medication may need to be adjusted because of physiological, psychosocial, and metabolic changes associated with pregnancy. (Sit, Perel, Helsel, & Wisner, 2008)

Many women may be concerned that antidepressant medication may be harmful if taken during pregnancy, or that the baby may have symptoms from medication exposure after delivery. While taking antidepressant medication during pregnancy may have harmful effects on infants, the risks to mother and baby from not receiving adequate treatment must be considered.

Treatment Considerations During the Postpartum Period

During the postpartum period, individual psychotherapies including interpersonal psychotherapy and cognitive-behavioral therapy show positive results in reducing maternal depressive symptoms. Mother-infant-relationship-based psychotherapies may also improve parenting and child outcomes. (Cicchetti, Rogosch, & Toth, 2000)

- For women with moderate to severe depression, antidepressant therapy has shown to be an effective treatment.
- Women should be screened for the presence of depressive symptoms in the postpartum period.
- Standardized assessments should be used to monitor symptoms and help guide treatment.
- For women who are breastfeeding their infants, the health benefits associated with breastfeeding must be thoughtfully considered together with the benefits of depression treatment and the potential risks associated with antidepressant exposure to the infant via breast milk. (Fortinguerra, Calvenna, & Bonati, 2009; Stuebe & Schwarz, 2010).

This does not necessarily mean that breastfeeding and taking antidepressent medications are incompatible. For more detailed information about taking medication during pregnancy and while breastfeeding, a woman should talk with her doctor.

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