

# Depression in Pregnancy & Antidepressant Medication Use

This pamphlet is designed to answer some questions you may have about depression in pregnancy and how it can be treated.

It will give you information to help you decide about using antidepressant medications while you are pregnant.

Produced by Division of Mental Health  
St George Hospital and Community Health Services  
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## Where can I get more information or advice?

If you have concerns about experiencing depression in pregnancy or the use of antidepressant medication in pregnancy you can discuss these concerns with:

- Your family doctor
- Your obstetrician
- Your midwife
- The Mothersafe Hotline (Royal Hospital for Women)  
(02) 9382 6111  
(02) 9382 6539

## You can also get information on the internet on sites such as:

- [www.motherisk.org](http://www.motherisk.org)
- [www.beyondblue.org.au](http://www.beyondblue.org.au)

## **What is depression in pregnancy?**

Depression in pregnancy is also known as antenatal depression.

It is the feelings of sadness or hopelessness lasting several weeks and happening along with other signs such as tearfulness, anxiety, panic attacks, feeling irritable, being unable to cope, loss of enjoyment, poor appetite and/or sleep problems. When severe, it can also be accompanied by frightening thoughts of harming oneself or one's baby.

It is a common myth that women are supposed to "bloom" in pregnancy and many women feel embarrassed to admit that they may be feeling anxious or depressed at this time. However, depression in pregnancy is an illness that can be treated.

## **How common is depression in pregnancy?**

Depression in pregnancy is very common and affects up to

1 in 6 of all pregnant women, especially in the later stages of pregnancy.

1 in 3 women with antenatal depression will go on to experience postnatal depression after their baby is born.

## **Does depression in pregnancy need to be treated?**

Antenatal depression causes great suffering for a pregnant woman. It can affect her eating, sleeping, exercising, caring for herself and going to antenatal appointments with the doctor or midwife. All of these factors can in turn affect her baby's development, leading to prematurity and/or a lower birth weight.

Depression also affects a pregnant woman's ability to relate to her partner, children, other family and friends. If this goes on for a long time, this can lead to breakdown of these relationships.

## **What treatments are available?**

Treatments include counselling and antidepressant medication. Counselling can be a very effective treatment on its own or together with medication. When depression lasts for several weeks or is severe enough to affect the woman's sleep, her appetite or her ability to care for her children, medication is usually necessary to treat it.

Antidepressant medications are very effective for treating depression and most women can expect improvement in their mood, sleep, appetite and interest in life within 2 to 3 weeks of starting the medication.

## **Are antidepressants safe to use in pregnancy?**

We do not currently have enough information to answer this question fully. The information we do have comes from research following up women who have been treated with antidepressants during their pregnancy and finding out if there were side effects or consequences from taking the medication.

There are many types of antidepressants but, in pregnancy, there are two main types that have been used more often: Tricyclic antidepressants (TCAs) and Selective serotonin reuptake inhibitors (SSRIs). TCAs have been available for over forty years. SSRIs are newer but have been in use for over ten years.

Many women have taken these medications while pregnant. There is no evidence to suggest that these antidepressants cause abnormalities in their babies.

There have been rare reports of babies being born prematurely with one SSRI (fluoxetine). There have also been reports of babies experiencing withdrawal from the medication after birth in the form of rigidity or difficulty feeding and settling. In all of these situations these side-effects have been short-lived and there does not appear to be any long-term effects of the medication on these babies.

If you are taking these medications it is important that you let your midwife and your doctor know.