

# Depression and Pregnancy



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Depression during or after pregnancy is common. A new mother may be depressed and not know it, they may think that they have the “baby blues”. But if the feelings of depression make it hard to get through each day, or take care of their baby, they may have depression. Any mother can experience postpartum depression and it does not mean that they are not a good mother. Post-partum depression can be treated.

## What are the symptoms?

Talk to a health care provider if you experience any of the following signs for more than two weeks:

- feeling restless or moody
- feeling sad, hopeless, and overwhelmed
- crying a lot
- having no energy or motivation
- eating too little or too much
- difficulty sleeping
- difficulty focusing or planning
- memory loss
- feeling worthless or guilty
- losing interest or pleasure in activities and withdrawing from friends/family
- headaches, aches and pains or stomach problems that do not go away
- thoughts of hurting oneself or their infant

## What are the causes?

There is no single cause for post-partum depression and women need to know that their depression does not make them a bad mother, or a failure. Some of the causes include,

- **Physical changes**, hormone changes as well as other physical changes that come with pregnancy can contribute to depression.
- **Lifestyle influences**, such as a demanding baby, older siblings, financial problems, or partner support can also increase risk of depression.
- **Emotional factors**, such as loss of sleep, anxiety, and lack of control as a new mother transitions into her role.
- **Stressful events**, during pregnancy or delivery but also stressful events before getting pregnant can contribute to depression.

## Treatment and Prevention

With the appropriate treatments, post-partum depression goes away within a few months, but it can last up to a year. What treatment is best will depend on each mother’s needs and new mothers need to know that it is okay to seek help. Women should talk with their doctors to decide what treatment options are best for them.

- **Self-Care**, such as getting as much rest as possible, accepting help from others and connecting with other new mothers.
- **Medication**
- **Therapy**, such as Cognitive Behavioral Therapy (CBT) or other talk therapy services.

## Prevention

If a woman has a history of depression, she should discuss this with her doctor as soon as she finds out that she is pregnant. This information will help the health care provider monitor the woman closely for signs and symptoms of depression. After the baby is born, an early post-partum checkup to screen for depression might be recommended.

### **Antidepressant Treatment Research**

It is difficult to understand the risks of any drug given to pregnant women. During pregnancy, both the mother and baby are exposed to the drug. Medications that are safe for a woman are sometimes risky for a fetus.

To see the FDA rating scale of risk for medications, look at the Physicians' Desk Reference PDR or the [FDA Web site](#) . This information is regularly updated. Talk with a health care provider before taking any medications while pregnant or breastfeeding.

### **For more Information**

For more information contact any of the following organizations.

Post-partum Education for Parents

Phone: 1 (805) 564-3888

[www.sbpep.org](http://www.sbpep.org)

Post-partum Support International

Phone: 1 (800) 944-4773

[www.postpartum.net](http://www.postpartum.net)

Department of Health and Human Services

Office on Women's Health

1 (800) 994-9662

[www.womenshealth.gov](http://www.womenshealth.gov)

March of Dimes

1550 CrystalDr, Suite1300

Arlington, VA 22202

(888) 663-4637

[www.marchofdimes.com](http://www.marchofdimes.com)

Massachusetts General Hospital

Center for Women's Mental Health

Perinatal and Reproductive Psychiatry Program

Simches Research Building

185 Cambridge Street, Suite 2200

Boston, MA 02114

1 (617)-724-7792