DEPRESSION IN PREGNANCY: *FIVE THINGS YOU NEED TO KNOW . . .*

1). Depression is common in pregnancy and if untreated may result in significant morbidity for both mom and infant.

Approximately 13-18% women experience depression in pregnancy with prevalence comparable to non-pregnant women. Combined symptoms of depression and anxiety are common. Perinatal depression is associated with small increased rates of spontaneous abortion, uterine bleeding, operative deliveries, and preterm birth. Untreated depression is associated with increased alcohol and substance abuse, poor nutrition, reduced prenatal care compliance, and reduced rates of breast feeding. Maternal depression is associated with possible infant/child abnormal development, cognitive problems, and psychopathology.

2). All women should be screened for depression in antenatal and postpartum periods.

The Edinburgh Perinatal/Postnatal Depression Scale is validated for use in pregnancy and up to one year post delivery. Scale clarifies which women require further assessment by a health care provider. Scale can be administered face-face, by telephone, or on-line. Expectant fathers can also be screened with Scale.

3). Criteria for diagnosing depression in pregnancy are the same as general population.

Nine diagnostic criteria include depressed mood, diminished interest or pleasure, thoughts of worthlessness or guilt, impaired concentration or memory, recurrent thoughts of death or self harm, psychomotor retardation or agitation, fatigue, significant weight change, and sleep disturbance. For making a diagnosis of depression, focus on the first five mood and cognitive changes as the last four somatic symptoms overlap with normal pregnancy related changes.

4). There are a range of nonpharmacological treatments available.

All patients should receive psychoeducation on the signs and symptoms of depression along with a commitment from their health care professional to provide emotional support. Strategies for self-care should be offered. The efficacy of cognitive behavioral therapy and interpersonal therapy are supported by high level evidence.

5). Preferred pharmacological treatment of perinatal depression is an SSRI.

Information about risks of antidepressant drugs during pregnancy are based on low to moderate quality studies. The antenatal risks of SSRIs have been more widely studied than any other antidepressant. Recommended SSRIs for treating perinatal depression include Citalopram, Escitalopram, Fluoxetine, and Sertraline.

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