

DEPRESSION IN PREGNANCY

If able, consult with psychiatrist during preconception planning.

Diagnostic criteria the same as in non pregnant women.

- Can use depression screening tools such as PHQ-9, Beck or Zung inventory.

Risk factors for depression in pregnancy:

- Current Major Depressive episode
- History of depression or postpartum depression
- Family history of depression, especially antepartum or postpartum
- Discontinuing antidepressant medication

Diagnosis

- Review medications patient is taking including herbs and supplements
- Labs: TSH to rule out hypothyroidism, urine tox screen (comorbidity)

Maternal consequences include:

- Impaired judgment, may effect compliance
- Increased use of cigarettes, alcohol and drugs as a way to self-medicate
- Poor appetite/poor weight gain
- Fatigue
- Insomnia
- Anxiety
- Worsening depression which may evolve into psychosis
- Suicidal thoughts/suicide
- Poor obstetrical outcomes (low birth weight, shorter gestation, fetal distress, preeclampsia, placental abnormalities)
- Impaired bonding with baby
- Postpartum depression/postpartum psychosis

Treatment options:

- Shared decision making between prenatal provider and mental health provider
- Social worker referral for psychosocial support resources
- Cognitive-behavioral therapy
- Medications (consider risk versus benefit)-can consult psychiatrist, Pharm D, HCMC genetic counselor, HCMC Women's Health Psychiatric Clinic, perinatologist (OBTU)
 - If on medications already, do not stop abruptly-discuss with a psychiatrist
 - Selective Serotonin Reuptake Inhibitors (SSRI's):
 - First choice
 - Fluoxetine (Prozac)-best studied- Class C
 - Sertraline (Zoloft): Class C

- Paroxetine (Paxil): **Class D-not for use in pregnancy**
 - Fetuses exposed to paroxetine should have cardiac echo
- Citalopram (Celexa): Class C

- Neonates may experience serotonin withdrawal (neonatal abstinence syndrome) which includes jitteriness, mild respiratory distress, Transient Tachypnea of the Newborn (TTN), weak cry, and poor tone (may want to decrease mom's dose as she approaches term-discuss with psychiatrist...risk versus benefit)

- Bupropion (Wellbutrin): Class C
 - Also helpful for smoking cessation
- Lithium: **Class D-not for use in pregnancy**

REFERENCES:

ACOG Committee Opinion, December 2006

UpToDate

Major Depression During Pregnancy, Vivien K. Burt, MD, PhD, Women's Health in Primary Care Feb 2007