Depression in Pregnancy

Background
1. Definition
   o Depression occurring in pregnant pt
2. General info
   o Maternal mental illness can have adverse effect on infant development
       Cognitive
       Social
       Emotional
       Behavioral
   o Preconception counseling of depressed pts ideal
   o Early detection and Tx of depression in pregnancy critical
       Depression can adversely affect birth outcomes and neonatal health
   o Incr risk of recurrent depression if antidepressant discontinued during pregnancy
   o High likelihood of postpartum depression if left untreated

Pathophysiology
1. Pathology of dz
   o Disturbance in neurological pathways
       Primarily norepinephrine, serotonin, and dopamine
2. Incidence/prevalence
   o 14-23% of pregnant women
3. Risk factors
   o Hx of
       Mood disorders
       Anxiety disorders
       Postpartum depression
       Ante partum depression
   o FHx of mental illness, esp during pregnancy or postpartum
   o Psychosocial
       Hx of abuse
          Emotional, child, sexual, domestic
       Lack of social support
       Unplanned pregnancy
       Substance abuse
       Younger age
       Ambivalence about pregnancy
       Single
       Higher parity
       Adverse life events
       Marital instability
4. Morbidity/mortality
   o Maternal
       Impaired judgment
       Insomnia
       Poor prenatal care
• Incr substance use
• Preterm delivery
• Incr incidence of post partum depression
• Anxiety
• Psychosis
• Suicide ideation and suicide
• Development of chronic mood disorders
• Effects on attachment and bonding

  o Fetal
    • Possible incr risk of preterm delivery
    • Incr risk irritability
    • Less activity and attentiveness
    • Fewer facial expressions
    • Inconclusive data on
      • Miscarriage risk
      • Low birth wt
      • SGA at delivery
    • Possible genetic predisposition to depression

Diagnostics

1. History
   o Same as nonpregnant pt (see DSM-IV-R)
     • Many Sx of depression overlap w/Sx of pregnancy
     • See Depression (Adult)
   o Determine severity of depression
     • Suicidal thoughts or self harm
     • Psychotic thoughts
     • Functional incapacitation
     • Wt loss
   o Characteristics of previous depressive episodes
     • Severity
     • Recurrences
     • Suicide attempts
     • Medication efficacy

2. Physical exam
   o See Depression (Adult)

3. Diagnostic testing
   o Laboratory evaluation
     • Consider TSH, Hct, urine toxicology screen

4. Edinburgh Postnatal Depression Scale
   o Found effective as screening tool in pregnancy
   o If suicidal thoughts
     • Consider hospital admission or urgent psychiatric referral

5. Diagnostic criteria
   o See DSM-IV-R
**Differential Diagnoses**

1. Bipolar disorder/bipolar spectrum disorders
2. Hypothyroidism
3. Anemia
4. See Depression (Adult)
5. See Postpartum depression

**Therapeutics**

1. Acute Tx
   - Mild to moderate
     - Cognitive behavioral therapy (CBT) and interpersonal therapy (IPT) shown to be effective
   - Moderate to severe
     - Psychotherapy + pharmacologic therapy
     - Psychosocial interventions
   - Severe w/suicidal or psychotic features
     - Hospitalization w/urgent psychiatric evaluation

2. Pharmacologic therapy
   - General
     - Selective serotonin reuptake inhibitors (SSRIs) mainstay
     - All antidepressants cross placenta and can enter breast milk
     - Selection should be based on hx of efficacy, teratogenicity, plans to breastfeed (see Postpartum depression)
     - Single medication at higher dose preferred over multiple drugs
   - SSRIs
     - General
       - Discontinuation of SSRI during pregnancy may incr risk of recurrent depression
       - Incr risk for preterm birth in mothers w/depression and/or taking SSRIs in pregnancy
       - All cross placenta and found in breast milk
       - Avoid starting paroxetine Category D
       - SSRI exposure late in pregnancy may be associated w/
         - Poor neonatal adaptation (PNA)
         - Self-limited symptoms such as tachypnea, hypoglycemia, temperature instability, irritability, weak cry, and seizures
         - Persistent pulmonary hypertension (PPHN)
       - Tricyclic antidepressants (TCAs)
         - Neonatal effects
         - Little data on safety
   - SNRIs
     - Very little data on safety
   - Buproprion
     - Very little data

3. Electroconvulsive therapy (ECT)
   - Requires psychiatric consultation
   - Consider for acute psychosis or suicide ideation w/intent
4. Informed consent
   - Discussion of risks and benefits or medication +/− other Tx options **documented in chart**
   - Involves in-depth individual risk-benefit analysis
   - Discussion to include parents, primary care provider, obstetric provider, neonatology, and psychiatrist when indicated

5. Long-term care
   - See pts weekly until depressive symptoms stabilize
     - Drug dose may need to be incr late second trimester due to decr serum concentrations during pregnancy
   - Reassess for suicidality each visit
   - Sx indicate need for psychiatric referral
     - Psychotic thoughts
     - Active suicidal thoughts
     - Comorbid substance use
     - Complicated polypharmacy
     - Resistant depression
   - Admit to hospital
     - Psychotic features
     - Suicidality
     - Unable to care for self or other children

Prognosis
1. Likelihood of recurrence in future pregnancies predicted by
   - Severity of depression
   - Response to Tx
   - Total number of lifetime depressive episodes
2. Depressed prenatal pts are at high risk for postpartum depression
3. Pts should be monitored closely for up to a yr following delivery

Prevention
1. Preconception counseling
2. Address psychosocial risk factors prior to pregnancy
3. Women on medication w/mild or no depressive Sx for 6 mo or longer and no hx of recurrent depression
   - May consider tapering off and discontinuing meds prior to conception
4. In women w/prior prenatal depression, make sure pt is euthymic before attempting conception
5. Contraceptive counseling and close follow-up to prevent/discourage unplanned, closely spaced pregnancies

Patient Information
References

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