

Pregnancy and Depression

Pregnancy is usually a time of excitement and anticipation-- but not for everyone. In fact, one in 10 pregnant women experience depression and may need professional help.

Understand your own emotions; know what to look for and remember, help is available.

How common is depression during pregnancy?

While depression can occur at any point during pregnancy, recent information indicates that approximately seven percent of women experience depression in the first trimester. The rate increases to 12 percent in the second and third trimesters.^{1,2,3,4}

What are the symptoms?

- sad, anxious, or empty mood
- feeling of hopelessness
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in activities you once enjoyed, including sex
- low energy level, feeling slowed down
- problems remembering and making decisions
- changes in eating and sleeping habits
- feeling on edge
- thoughts of death or suicide
- headaches, stomach problems and pain that do not get better, even after seeing a doctor

Because many of these symptoms are often considered a normal part of pregnancy, it's important to discuss your thoughts and feelings with your doctor at each visit.

What if depression is not treated?

Untreated depression can not only keep you from enjoying your pregnancy, it can also interfere with the critical bonding period with your new baby. That can have consequences for you, your baby, your other children, your partner and your extended family. But, most importantly, untreated depression during pregnancy can also lead to more complicated forms of depression after your baby is born, including:

Postpartum Blues:

- **What is it?**
Mild feelings of stress and/or depression, sometimes called the "Baby Blues".^{5,6}
- **How common is it?**
Temporary shifts in mood may be experienced by 50 to 85 percent of women.
- **Why does it happen?**
The first two months after giving birth can be very difficult. Everything has changed-- your body, your relationships and your daily routine. There are major hormonal changes and new challenges for you and your body. In addition, every day you deal with expectations, myths and anxieties. It can all be overwhelming when you are tired and stressed.
- **When does it begin?**
Usually symptoms occur three to 14 days after delivery.
- **What are the symptoms?**

Mild stress Minimal depression

- **How long does it last?**
Usually from several days to a few weeks, at most.
- **Will it go away?**
Yes, the baby blues generally improve during that time and go away without treatment.

Postpartum Depression:

- **What is it?**
Moderate feelings of stress and/or depression that you may have experienced in the past.¹
- **How common is it?**
Eight to 15 percent of women experience postpartum depression.
- **Why does it happen?**
It is thought to be a combination of biological, hormonal, social and psychological factors.
- **When does it begin?**
Usually within three weeks after delivery, the woman has felt sad or overwhelmed, and the symptoms will not go away. After three months, 50 percent of women with earlier symptoms will be affected by postpartum depression, and by six months, 75 percent of those women experience problems.
- **What are the symptoms?**
Moderate stress to severe sense of stress moderate to severe depression lasting at least two weeks with no relief of symptoms during that period.
- **How long does it last?**
It may last from three to 14 months.
- **Will it go away?**
Yes, most women recover within a year.

Postpartum Psychosis:

- **What is it?**
This condition can involve moderate to acute stress and/or depression, but is distinguished by sudden exaggerated symptoms, such as not sleeping, hearing voices and seeing things that aren't there. This condition is an emergency and requires immediate medical attention.^{2,3,4}
- **How common is it?**
This is the most rare, but most severe, pregnancy-related mood disorder. It occurs in about one in every 1,000 women who give birth.
- **Why does it happen?**
It is thought to be the result of a rare combination of biological, hormonal, social and psychological factors that affect a woman who typically has an underlying, inherited tendency to depression.
- **When does it begin?**
It often comes on suddenly, usually in the first two to three weeks after delivery.
- **What are the symptoms?**
Although it has many of the same symptoms as postpartum depression, in postpartum psychosis, there are particularly unique, extreme symptoms that include:
 - Hallucinations (seeing, hearing, or tasting things that aren't there)
 - Delusions (thoughts that have no truth in reality)
 - Severe loss of sleep
 - Extreme feelings of being on edge
 - Thoughts of harming yourself or another person
 - Strange and unfamiliar feelings and behavior
- **How long does it last?**

Symptoms may last a few days or much longer if untreated

- **Will it go away?**
Eighty percent of cases resolve within 12 months with treatment

Remember: Postpartum psychosis is an emergency condition and requires immediate medical attention.

What Can I Do?

- Be informed about your condition and the risk factors for pregnant women.
- Work to keep your relationship with your partner a good one.
- Tell others how you feel and seek help if you continue to feel stressed or sad.
- Have people around you who are understanding and can listen to you when problems come up.
- Keep all your medical appointments and discuss your feelings with your doctor

Get Help Early

It's important to your well-being and the well-being of your baby to review both your emotional and physical health with your doctor at each visit. In addition, it's important for you to call your doctor if you have any symptoms between visits. Your doctor can help you with any symptoms or worries that come up during this important time in your life. If appropriate, your doctor can recommend other professionals for any help you may need.

Four Common Myths:

- Bonding is automatic.
- Mothers are happy all the time.
- Breast feeding is natural and easy.
- It's easy to manage your baby by yourself.

Nothing in this information should be construed as a specific recommendation for medical care or treatment. Always consult your doctor for proper diagnosis and treatment.

¹ O'Hara, M.W., Zekoski, E.M., Phillips, L.H., Wright, E.J., Controlled prospective study of postpartum mood disorders; comparison of childbearing and non-child bearing women.

² American Psychiatric Association, Diagnostic and Statistical Manual IV-TR, Washington, D.C, 2000; pp. 422-423

³ O'Hara, M.W., Swain, A.M., Tate and risk of postnatal depression – a meta-analysis, International Review of Psychiatry 1996; 274: 740-743.

⁴ Kendall, R.E., Chalmers, J.C., Platz, C., Epidemiology of puerperal psychoses, British Journal of Psychiatry 1987; 150: 662-673.

⁵ Pitt, B., "Maternity Blues"; British Journal of Psychiatry 1973; 122: 431-433.

⁶ Whiffen, V.E., Gotlib, I.H., Infants of postpartum depressed mother, Infant Behavioral Development 1984; 7: 517 – 522.