More than Just Melancholy in Mothers-to-Be

By ACSH Staff — June 30, 2005

While the ongoing tension between Tom Cruise and Brooke Shields [1] as well as a book by the latter have recently drawn attention to postpartum depression, the issue of depression during pregnancy is often neglected. Roughly the same percentage of women (14.5%) experience depression during pregnancy as after giving birth.

However, some are addressing this, as this May the Pennsylvania House of Representatives approved the Prenatal and Postpartum Counseling Act [2], intended to aid women suffering from depression during pregnancy. Under this bill, doctors or midwives would be required to give pregnant women information on symptoms of depression and counseling options.

Antenatal depression, which occurs during pregnancy, is often misdiagnosed as simply a temporary hormonal imbalance causing sadness -- and therefore not considered a "real" problem -- but is a true mood disorder [3]. Pregnancy does cause hormone levels to change, which affects brain chemistry, and can manifest as clinical depression and anxiety. Though there are risks to taking any medication, especially for pregnant women, these risks must be weighed against the risks of not taking them (discuss individual treatment plans with your doctor). Severe problems often result from abrupt discontinuation of antidepressants that were used before pregnancy, and those who experience the most severe forms of depression may only find relief in medications. The poor sleeping, eating, and substance use habits often caused by untreated depression can in turn harm fetuses, which may suffer from low birth weight, premature birth, higher heart rates, developmental problems, and increased vulnerability to depression in their own lives, most likely due to their altered in utero environment [4].

Fortunately, there is a range of treatments for depressed mothers-to-be, from support groups and counseling to anti-depressants, though use of medication during pregnancy is controversial. The American Academy of Family Physicians has found two types of anti-depressants safe and effective for the mother and fetus during pregnancy: SSRIs, such as Prozac, Paxil, and Zoloft, and tricyclics, such as Elavil, Tofranil, and Pamelor, though the SSRIs produce fewer side effects.

Depression is a stigmatized disease and is especially under-diagnosed and misunderstood in pregnant women [3]. Research on the subject is limited, though depression is undoubtedly a large problem. Pregnant women should be screened for depression risks and educated about its symptoms and treatment options.

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