

Pregnancy and depression



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Introduction

Depression during pregnancy, or antepartum depression, is a mood disorder just like clinical depression. During pregnancy, hormonal changes can affect brain chemicals, which are directly related to depression and together along with other life situations, can increase the likelihood of depression during pregnancy.

Depression can interfere with a woman's ability to care for herself during pregnancy and put her at a risk for increased use of substances that can harm her and her developing baby, such as tobacco, alcohol, and illegal drugs. Furthermore, depression during pregnancy can increase the risk of depression after delivery (postpartum depression).

Overview and Facts

Although pregnancy has long been viewed as a period of wellbeing that protected women against psychiatric diseases, approximately 10-20% of women will struggle with symptoms of depression during their pregnancy.

Symptoms

Women with depression usually experience some of the following symptoms for 2 weeks or more:

- Persistent sadness
- Difficulty concentrating
- Sleeping too little or too much
- Loss of interest in activities they usually enjoy
- Recurring thoughts of death, suicide, or hopelessness
- Anxiety
- Feelings of guilt or worthlessness
- Change in eating habits

Causes and Risk Factors

There are several causes and risk factors for depression during pregnancy such as:

- Having a history of depression or PMDD (Premenstrual Dysphoric Disorder, a severe type of premenstrual syndrome or PMS).
- Age at time of pregnancy – the younger you are, the higher the risk.
- Living alone.
- Limited social support.
- Children – the more you have, the more likely you are to be depressed during a subsequent pregnancy.
- Marital conflict.
- Ambivalence about the pregnancy.

Tests and diagnosis

To effectively diagnose and treat depression during pregnancy, the doctor must hear about specific symptoms of depression.

While a physical examination will reveal a pregnant lady's overall state of health, by talking with her, a doctor can learn about other things that are relevant to making a depression diagnosis. A pregnant lady, for example, can report on such things as daily moods, behaviors, and lifestyle habits. A doctor can rule out other conditions that may cause depression with a physical examination, personal interview, and lab tests. The doctor will also conduct a complete diagnostic evaluation, discussing any family history of depression or other mental illness.

Treatment

Preparing for a new baby is a lot of hard work, but your health should come first. So resist the urge to get everything done -- cut down on your chores and do those things that will help you to relax. And remember, taking care of yourself is an essential part of taking care of your unborn child.

If all else fails, and you're still feeling down and anxious, consider seeking treatment.

The main treatments for depression during pregnancy are:

- Psychotherapy which involves working with a therapist to reduce symptoms.
- Medication such as antidepressants. Growing evidence suggests that many of the currently available antidepressant medicines are safe for treating depression during pregnancy, at least in terms of short-term effects on the baby. Long-term effects have not been properly studied. You should discuss the possible risks and benefits of antidepressant medication with your doctor.
- Combination of psychotherapy and medication

Sources

www.webmd.com