

Depression and Anxiety during Pregnancy and while Breastfeeding

MotherSafe - Royal Hospital for Women

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Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

Depression and anxiety are very common, often serious health conditions that can exist at any stage during a woman's lifetime. The risk of depression and anxiety is highest during pregnancy and following childbirth: it may happen for the first time or worsen in this period.^{1,2,3} This may be related to hormonal changes associated with pregnancy and the stress that may accompany this significant life change.

Planning

If you experience anxiety or depression, it is advisable to talk to a healthcare provider such as a GP, psychiatrist or psychologist when planning pregnancy. It is important to discuss how pregnancy may affect your mental health and to review your overall management, including any regular medications taken. You can also contact MotherSafe for advice about specific medications.

Issues for pregnancy

Why treat?

It is important to treat depression and anxiety in pregnancy because if left untreated there is significant risk to both a mother and her baby. For the mother, the major risk is deteriorating mental health which may have serious consequences for her and her ability to care for herself and her baby. There is also evidence associating untreated depression and anxiety in the mother with an increased risk of miscarriage, low birth weight and prematurity.^{1,2}

Non-medical treatment

It is important to see your healthcare provider, such as your GP or mental health professional to help manage anxiety and depression while pregnant. Initial assessment often includes a questionnaire designed specifically for women who are pregnant or have recently had a baby.^{2,3} Management may involve talking therapies such as counselling and cognitive behavioural therapy (CBT).^{1,2,3}

Medicines

You may have been taking an antidepressant or other specifically prescribed medication to help manage your mental health prior to pregnancy. Stopping a needed medication due to pregnancy, already a high risk time, may be harmful to both you and your unborn baby (see **Issues for pregnancy. Why treat?**). In particular, it is not advisable to stop your antidepressant suddenly as it may result in you developing withdrawal symptoms and increase the risk of your symptoms returning (relapse).¹

It is often advisable to stay on a regular mental health medication if it keeps you well. Many medications used to treat anxiety and depression have been studied in pregnancy and have not been associated with having an increased risk of birth defects or other harmful effects. These medicines are reasonable to continue or start during pregnancy.¹ For advice regarding specific medications please consult your healthcare provider or call MotherSafe.

Some babies whose mothers have been taking antidepressants or other similar medications throughout pregnancy may have symptoms immediately after birth. These symptoms may include jitteriness, irritability, feeding and breathing issues. Most babies are unaffected; however taking more than one medication increases the chance for these side effects. Even if these symptoms do occur, **these effects are temporary and have no long-term effect on baby's growth and development.**¹ Therefore, it is important that if you are taking an antidepressant, you have your baby in hospital where you can receive extra support in managing your baby if necessary. It is not recommended that you stop your medication in the 3rd trimester as there is a high risk of your depression or anxiety returning, which may affect your ability to care for yourself and your baby.

Previously, it was thought that there may be an association (although rare) between some antidepressant medications and severe breathing difficulties in newborn babies (pulmonary hypertension). More recent studies have not been able to confirm a link.^{1,3}

Although more studies are needed, follow-up of babies whose mothers have taken antidepressants throughout pregnancy have been reassuring and in general have not found effects on babies' development and IQ.^{1,3} Most studies have not found an increase risk of autism spectrum disorder and attention deficit hyperactivity disorder (ADHD) after considering other factors such as genetic differences and the effects of maternal depression. In general, most experts reviewing the evidence consider it unlikely that there is an increase in risk of these conditions.^{1,4}

Breastfeeding

Having a new baby is a major life changing experience and mothers may be particularly vulnerable to depression and anxiety at this time. It is important that any difficulties are appropriately managed as being unwell psychologically may be harmful to both mother and baby. Scientific evidence has suggested a link between untreated depression in mothers and long-term development and behaviour issues in their babies. This may be due to depression affecting interactions between mothers and their babies.¹

Your GP or mental health professional are the appropriate people to help coordinate treatment. Management can include non-medical treatment such as counselling and cognitive behavioural therapy. Medication is often also considered. You are able to breastfeed your baby while taking most antidepressants.¹ Often the amount of medication in breastmilk is small and is unlikely to affect a breastfed baby. For specific medications, discuss with your healthcare provider or call MotherSafe for advice.

Herbal medicines

Some pregnant and breastfeeding women may consider taking herbal medicines to treat anxiety or depression. However, there are several concerns:

- Most herbal medicines and supplements have not been studied enough to know if they are safe for you to take while pregnant or breastfeeding.
- Some eg St Johns Wort, may also have dangerous interactions with prescribed medicines.
- Herbal products are not strictly regulated medicines: there are no standards for ingredients and dose.

For these reasons herbal medicines are not recommended for treatment of depression and anxiety while pregnant or breastfeeding.⁵

References

1. Therapeutic Guidelines (eTG December 2020 edition). Psychiatric conditions in pregnancy and the postpartum: West Melbourne: updated December 2019.
2. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG): College statement. Mental health care in the perinatal period. East Melbourne: updated July 2018. Available at <https://ranzcoq.edu.au/statements-guidelines/>. Accessed February 2021
3. Austin M-P, Hight N. and the Expert Working Group. Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Centre of Perinatal Excellence. Melbourne: 2017. Available at <https://cope.org.au/wp-content/uploads/2017/10/Final-COPE-Perinatal-Mental-Health-Guideline.pdf> Accessed February 2021
4. Maloney SE, Rogers CE, Constantino JN. Antidepressants, pregnancy and autism: setting the record(s) straight. American Journal of Psychiatry. June 2020; 177(6):479-481.
5. Balbontin YM, Stewart D, Shetty A, Fitton CA, McLay JS. Herbal medicinal product use during pregnancy and the postnatal period. Obstetrics and Gynecology 2019; 133 (5):920-932.

Other resources

1. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Patient information pamphlets. Depression and anxiety during pregnancy and following birth. East Melbourne 2017. Available at <https://ranzcoq.edu.au/womens-health/patient-information-guides/patient-information-pamphlets>
2. Centre of Perinatal excellence (COPE). Patient information available from <https://www.cope.org.au/>
3. Perinatal Anxiety and Depression (PANDA) Information available from <https://www.panda.org.au/>. National Helpline 1300 726 306
4. The Gidget Foundation. Information available from <https://gidgetfoundation.org.au/> or call 1300 851 758
5. Beyond Blue: Information available from www.beyondblue.org.au or call 1300 224 636



NSW Medications in Pregnancy & Breastfeeding Service

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday –Friday 9am-5pm (excluding public holidays)