

## my body

# mental health during pregnancy

Pregnancy is a big life change. Such a life change can be stressful. This stress can impact our relationships, our routines, and our mental health. About one in five pregnant people experience at least one type of mental health issue during pregnancy<sup>1</sup>. The most common of these are **depression** and **anxiety**.



## Depression and anxiety

**Depression is a mood disorder that causes a person to feel sadness and/or loss of interest most of the time.** Depression lasts longer than two weeks and the symptoms are more severe than normal fatigue in pregnancy. Depression can start during pregnancy for someone who was not depressed before pregnancy, or it can become worse for someone who already has depression.

Depression affects people differently. Some people feel more sad, numb, or hopeless, while other people become more irritable. Some people want to sleep all the time, and others might find it difficult to sleep. It can cause either an increase or decrease in appetite. Depression can also cause physical pain or make current physical pain feel worse.

**Anxiety centers around feelings of worry.** In small amounts, some anxiety can be normal and motivating for you. For example, you might be concerned or slightly anxious about meals for postpartum. This concern or anxiety may motivate you to prepare and freeze meals for the future. But anxiety can cause problems when the fear and worry consume your thoughts. This can affect your work, relationships, and quality of life in a bad way.

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<sup>1</sup> <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/mental-health-in-pregnancy>

Anxiety and depression can occur at the same time. It is very common for people to experience these conditions during and after pregnancy. You can have these symptoms even when you are excited about your pregnancy. Anxiety and depression can also occur if you are planning an adoption or have a surrogate pregnancy. Feeling depressed or anxious does NOT mean that you are doing anything wrong. Anxiety and depression can make you feel like you are alone, and make it difficult to do the things you want and need to do to take care of yourself and others.

**You are not alone. If you are experiencing any of the following, please reach out to your midwife for help.**

- You are experiencing sadness or a depressed mood (e.g. emptiness, hopelessness).
- You feel very nervous or anxious.
- You are experiencing depression or anxiety followed by periods of a lot of energy, talking fast, or a feeling of “mania”.
- You hear or see people or things that you or others know are not present.

**If you feel like hurting yourself or someone else,  
call the National Suicide Prevention Hotline at (800) 273-8255.**

## Treatment

### Why should I receive treatment?

Getting treatment can keep you safe and healthy. It may help you feel better and have more energy. People with depression and anxiety before or during pregnancy are more likely to experience postpartum depression and anxiety, which can affect people within the first year of giving birth. These conditions can make it hard to care for yourself and your family. If you experience postpartum depression and anxiety, your support person has an increased chance of experiencing depression too. The earlier you get help, the less likely you will have symptoms after your pregnancy. Getting help will also give you the tools to deal with depression and anxiety if they happen in the future.

## What would treatment look like for me?

For some people, simple lifestyle changes can help improve their mental health. These changes could include getting exercise, spending time outdoors, or taking time for meditation, mindfulness, or prayer. They could also include talking to a licensed counselor or therapist. A therapist can help you talk about your feelings and build skills to manage your symptoms. They can help you come up with a plan to keep you safe if you are feeling hopeless. Sometimes therapy is all it takes to feel better.

## Medication

If your depression and/or anxiety is not responding to talk therapy or activity changes, you might need an **antidepressant**. An antidepressant is a medicine that is designed to treat depression and/or anxiety. The most common type of antidepressants are called **selective serotonin reuptake inhibitors** or SSRIs. SSRIs work by increasing the amount of serotonin, a chemical in our brains that helps us feel stable and at peace. *Be sure to talk to your midwife if you are taking an antidepressant or have taken any in the past.*

Side effects of antidepressant medications look different for everyone. Some people don't experience any side effects, while others might experience headaches, trouble sleeping, an upset stomach, or a decreased sex drive. These symptoms are more common when you first start the medication and often get better over time. It can take a while (sometimes a month or more) to feel your depression or anxiety getting better after you start a medication. Sometimes, you may need to increase your dose of medication during pregnancy. This is normal and your midwife can help with this change.

If you want to stop taking your antidepressants or change your dosage, talk to your midwife. Do not change your dosage without talking to your healthcare provider. Stopping your medication all at once can cause a lot of side effects. Slowly stopping your medicine with the help of your provider can make this process more comfortable.

## Is it safe to take antidepressants while pregnant?

### For you

The safety of antidepressants during pregnancy has been studied a lot. These medications are common and used by many pregnant people. Studies show that the benefits of taking antidepressants outweigh the risks of having untreated depression or anxiety.

One risk of antidepressants is that some people feel that their mood becomes worse soon after they start. It is important to plan with your care team so that you can check in and get support, especially if you are having thoughts about hurting yourself or others.

There is a very small risk that people who take antidepressants might bleed more after birth, but we do not know if this is because of the antidepressants, since there are many things that can impact bleeding. Because of this small risk, your midwife may recommend a medication to help with this after the baby is born.

### **For your baby**

The risk of your baby having a complication from your antidepressant is very low.<sup>2</sup> Some research studies have found a small increase in heart problems for babies, but they do not know if it was because of the medication or for another reason. Because the numbers are so low, it is hard for scientists to know if antidepressants are the cause or something else. Many other research studies have found no increases in heart problems. In the rare cases when there are heart problems, they are usually mild and get better on their own. Some babies experience mild withdrawal symptoms after birth. They might be fussy or harder to feed. These symptoms normally go away within a few days.

You can continue to take your antidepressant even if you are using your milk to feed your baby. There is a little bit of the medication in the milk, but it is a very small amount and doesn't usually impact feeding.

When thinking about risks of taking medication, it is also important to ask, "What is the risk of NOT taking medication?" If depression is making it difficult for you to eat, move, and take good care of yourself, this can cause other risks for you and your baby. Your midwife can talk with you more about making this decision.

### **We are here for you.**

If you need any support with your mental health, call your clinic. There is always a midwife on call to help you. You can also call or text the National Maternal Mental Health Hotline at (833) 943-5746 for help in English or Spanish.

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<sup>2</sup> <https://onlinelibrary.wiley.com/doi/full/10.1111/jmwh.12678>