There is a lot of inaccurate information floating around the internet and even the accurate information is often difficult to decipher. As a psychiatrist, I frequently work with women facing this problem and they often want a straightforward “yes or no” recommendation. While it is not always that easy, there are some general guidelines which women can use to guide their decision.

According to the latest guidelines in 2009 from the American Psychiatric Association and American College of Obstetrics and Gynecology Combined Task Force, both depression itself and the use of antidepressant medication during pregnancy have been associated with risks to the fetus. Women experiencing depression during pregnancy have babies with an increased risk for irritability, less activity and attentiveness. Depression has also been associated with fetal growth change and shorter gestation periods. Some studies link both maternal depression and anti-depressants with risks including fetal malformations, cardiac defects, primary pulmonary hypertension (PPH), and reduced birth weight.

In order to better understand what this means in a practical sense, we can take a look at one of the largest studies looking at anti-depressants and risk of PPH by the Journal of American Medical Association in 2006. This study was one of the largest to show a statistically significant correlation between women exposed SSRI's, the most common class of anti-depressants, and the risk of having a baby with PPH. When looking at the data more closely however, only one percent of all women exposed to the SSRI's in the study experienced some degree of problems. On the other hand, ninety-nine percent of women had no reported complications during their pregnancy from the use of anti-depressant medications. So, while it is important to be aware of the published literature, it is equally important to understand that a statistically significant correlation can have many different practical implications.

While it is important to understand the risks of taking medications, it is also crucial to understand the risks of untreated depression during pregnancy. How does depression itself put a fetus at risk? One clear reason is that depressed women are less likely to take good care of themselves in terms of eating properly, maintaining an appropriate weight (losing too much weight while pregnant is potentially detrimental to a fetus), staying physically active, and getting adequate sleep, all of which are crucial to the health of a developing fetus. Depression also puts pregnant women at an increased risk for using alcohol or drugs, which can be crippling to a fetus. In addition to these concerns, the hormones and neurotransmitter chaos involved in depression are thought to have significant negative effects on the fetus. So while risks of anti-depressants are frequently discussed, risks of forgoing treatment are less publicized but equally important to be aware of.

So what is the verdict? If you are experiencing symptoms of depression including loss of interest in your favorite activities, uncontrollable sadness or despair, poor motivation, weight changes and especially any thoughts of suicide, tell your OB/GYN and find a qualified psychiatrist. Practically speaking, here are some recommendations that I give to my patients in this predicament:

If you are pregnant or contemplating pregnancy and are taking anti-depressants, you should stay on the medication if you either are currently experiencing significant depression or have ever suffered from moderate to severe, debilitating depressive episodes. This is especially true if you had a good response to the medication you are currently taking.

If you are experiencing more mild symptoms of sadness but are still functioning well on a day to day basis then avoiding medications is prudent. In these cases I recommend regular psychotherapy and if you are on medication and wish to stop it, to slowly taper off under the supervision of a physician. Slowly tapering off medication is important if possible, since abrupt discontinuation increases the risk of precipitating a more severe depressive episode.

Finally, regardless of the severity of depression, there are some safe and extremely effective steps to take that I strongly recommend to all of my patients. One of the most important ways to combat depression is by getting regular exercise. Especially a good cardio workout which floods your brain with its natural “feel-good” chemicals called endorphins. Exercise will also help to maintain good self-esteem during a time when many women feel insecure. Maintaining good self-confidence will help you continue to function normally and prevent isolating yourself which can really worsen depression. Although regular exercise will be great for the majority of women, it’s important to clear your exercise regimen with your OB/GYN first. Another simple, yet very effective way to fight depression is getting 10-15 minutes a day of sunshine on a daily basis. Sunshine provides helps your body produce vitamin D which is involved in regulating mood and providing an anti-depressant effect. Last but not least, is making sure you step-up your healthy diet habits since you now require nutrients for two! Especially eating lots of fruits and vegetables instead of sugary processed food will also help improve motivation, concentration and energy; all of which are common symptoms of depression.

In the end, the decision is never an easy one but it also does not have to be completely overwhelming. As discussed, there are plenty of completely safe non-medication alternatives to combat depression and if your obgyn or psychiatrist recommends medication than it’s important to consider both the risks of the medication and risks of not taking medication. Ultimately the most important thing is making an informed decision that you are comfortable. Ask your physician a lot of questions and gather as much information as you need from them. As a
physician I would much rather have my patients contact me numerous times to clarify information or ask me more questions rather than having them uncomfortable with their decision.

Dr. Yasinski is a board certified psychiatrist in Scottsdale with expertise in both psychopharmacology and psychotherapy. He specializes in psychiatric care and addiction treatment in the privacy of patients' homes or location their location of choice.

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