Perinatal Mental Health Project
Caring for Mothers. Caring for the Future.

Alan J. Flisher Centre for Public Mental Health

MATERNAL DEPRESSION AND ANTIDEPRESSANTS

Introduction

In South Africa, reported rates of antenatal depression are **three times higher** than in developed countries. Antenatal depression is also one of the strongest risk factors for postnatal depression. When women receive adequate treatment during pregnancy for antenatal depression, the mental disorder progression can be halted, and the many intergenerational consequences avoided. This is particularly relevant in low-resource settings where mothers face several health, economic and social challenges.

The use of antidepressants during pregnancy

Antidepressants may:

- Take up to 6 weeks to have an effect
- Have minor side-effects, especially in the initial 2 weeks of treatment
- Provide optimal benefit when they are taken continuously for at least 6 to 12 months, once symptom control has been achieved.
- Treat anxiety disorders too

In instances of moderate to severe depression, pharmacological treatment is usually recommended, and effective in decreasing depressive symptoms. However, many professionals guard against the use of antidepressants during pregnancy. They argue that the neurodevelopment of the foetus may be affected by antidepressants, and that this could have repercussions on child development. With improvements in pharmacology, **several antidepressants have been reported to be relatively safe to use during pregnancy**. These include the SSRIs (Selective Serotonin Reuptake Inhibitors), such as Fluoxetine (Prozac), Cipramil and Zoloft, or tricyclic antidepressants, such as Amitryptaline. Several studies report no cognitive, language or temperamental effects on children of mothers who have used these antidepressants during pregnancy.

Effects of untreated maternal depression for the mother and her child

While no medication is 100% safe during pregnancy, the potential risks of antidepressant use must be weighed against the **risks of untreated maternal depression**. Indeed, untreated antenatal depression is associated with poor foetal and child outcomes, as well as poor maternal health outcomes. The discontinuation of antidepressants during pregnancy, for woman who had a pre-diagnosis of depression, should also be considered carefully, and is not recommended: it is associated with a high risk of relapse during and after pregnancy, and a high risk of suicide.

Antidepressants during breastfeeding

Antidepressants are excreted in breast milk, yet usually in extremely small doses (<1% of the mother's blood concentration). Studies investigating the exposure of infants to antidepressants through breastfeeding report no differences in developmental milestones. However, as with antidepressant use during pregnancy, the benefits versus potential risks for the mother and the infant must be considered and must inform the mother's decision about whether to initiate or maintain pharmacological treatment during that period.

UNTREATED MATERNAL DEPRESSION:

Poor foetal and infant outcomes

- Poor maternal-infant attachment
- Lower cognitive and social functioning in infants
- Lower language achievements
- Increased behavioural and psychiatric problems in childhood

Poor maternal health outcomes

- Poor uptake of health care services, including antenatal care and HIV prevention and treatment protocols
- Poor nutrition
- Medical and obstetric complications, including pre-term
- Increased risk of substance misuse
- Increased risk of relapse in the postpartum period
- Psychotic symptoms
- Suicide

The PMHP approach

Regardless of the severity of a woman's symptoms, it is essential that she be made aware of the relative risks of antidepressants use and the impact of untreated antenatal depression and anxiety. It remains the woman's choice to either initiate or continue her pharmacological treatment, or to choose alternative non-pharmacological treatment.

The Perinatal Mental Health Project (PMHP) offers psychiatric referral as part of its mental health services at four Midwife Obstetric Units in Cape Town. Pregnant women who are screened to be experiencing psychological distress during pregnancy are referred for on-site counselling, and in cases of severe symptoms, are offered additional on-site psychiatric services, which may include medication.

PMHP's experience, which corroborates existing research, is that in cases of moderate to severe antenatal depression, antidepressants can improve the effectiveness of counselling interventions. Providing access to antidepressants for severely depressed women also overcome the debilitating effects of depression and increases the likelihood of taking up counselling and general health services.

Conclusion

The PMHP agrees with past research, which suggests that the risks to the baby of untreated maternal mental illness are, in most cases, greater than the risks of commonly prescribed antidepressants. Any decisions regarding medication should be made in consultation with a medical professional.