

Treating Depression and Anxiety During Pregnancy

What you should know about antidepressants

This handout describes medicines that may be used to treat depression and anxiety during pregnancy. Be sure to talk with your provider about treating these problems.

Why treat depression and anxiety during pregnancy?

Depression and anxiety can make it hard to do your work or enjoy your family and hobbies. If these problems start during pregnancy, they may continue after you give birth. This can make it hard for you to bond with and care for your new baby.



Depression and anxiety can make it hard to do things you enjoy, even caring for your new baby.

What are antidepressants?

Antidepressants are medicines that help treat depression and anxiety. They include:

- *Selective serotonin reuptake inhibitors* (SSRIs) such as sertraline (Zoloft), fluoxetine (Prozac), and paroxetine (Paxil).
- *Serotonin-norepinephrine reuptake inhibitors* (SNRIs) such as venlafaxine (Effexor) and duloxetine (Cymbalta).
- *Tricyclic antidepressants* (TCAs) such as amitriptyline (Elavil).

Are these medicines safe?

Many of these medicines are safe for most pregnant women and their unborn babies. There are also many medicines that are safe to take while breastfeeding.

We believe sertraline is one of the safest antidepressants you can use at this time. Providers often prescribe it for a woman who is trying to conceive, is already pregnant, or is breastfeeding.

But every medicine is different, and every person is different. Your provider will help you choose the best medicine for you.

New research is being done all the time. What we know about treating depression and anxiety during pregnancy keeps changing. Talk with your provider if you have any questions or concerns.

What is the risk of not treating depression and anxiety?

It is always important to treat depression, anxiety, and other mental illnesses. **This is especially true during pregnancy and after childbirth.** Risks of not treating these problems include:

For the mother:

- Lower quality of life.
- More likely to engage in risky behaviors and poor self-care. These include not eating healthy foods, abusing alcohol, or smoking.
- Higher risk of *preeclampsia* (high blood pressure during pregnancy).
- Higher risk of *postpartum depression* (depression after childbirth), if not treated during pregnancy.
- Higher risk of suicide.

For the baby:

- Slowed growth while in the womb (*intrauterine growth restriction*).
- Preterm delivery.
- Low birth weight.
- Exposure to *cortisol* while in the womb. Cortisol is a stress hormone created by the mother's body. It can cause delays in the baby's mental and physical development.

If you do not want to take an antidepressant, please talk with your doctor about other treatment options. These include therapy, exercise, and supplements. If your symptoms are mild, therapy alone may be the best treatment.

Questions?

Your questions are important. Call your doctor, healthcare provider, or pharmacist if you have questions or concerns.

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To Learn More

- <https://mothertobaby.org>
- *Mother to Baby App*
- <https://womensmentalhealth.org/resource/patient-support-services>