

## **Depression in pregnant women and mothers: How it affects you and your child**

Depression is an illness that affects how you think, act and feel. About 6% of women will experience depression at some point in their lives. For pregnant women, it's up to about 10% (one in ten cases).

Women are more vulnerable to depression during pregnancy and in the weeks and months after childbirth. During pregnancy, hormonal changes can affect brain chemistry and cause depression and anxiety. Some women don't realize that they're depressed. They may think it's just a symptom of the pregnancy or the "baby blues" that many women experience after giving birth.

It should also be noted that up to 10% of fathers experience postpartum depression.

The good news is that depression can be treated. Talk to your doctor if you experience any of the signs listed below. Tell your partner and family members about these signs so they know about them too.

If you don't get help, depression can cause problems for you and your baby.

### **What are the signs of depression?**

Depression can come on slowly. The symptoms are different for everyone. They can be mild, moderate or severe. The most common signs are:

- ✓ Changes in appetite (overeating or lack of interest in food)
- ✓ Changes in sleep patterns (trouble sleeping or oversleeping)
- ✓ Lack of energy
- ✓ Feelings of great sadness, despair or hopelessness
- ✓ Crying spells for no reason
- ✓ Little interest or pleasure in doing things you used to enjoy
- ✓ Difficulty caring for your baby (you may not want to spend time with your baby, and the baby may cry a lot)

## How does depression affect pregnant women?

If you become depressed during your pregnancy, you may have difficulty taking care of yourself.

Depression during pregnancy can also lead to:

- ✓ Miscarriage
- ✓ Early delivery (preterm birth)
- ✓ Small baby (low birth weight)

If depression isn't treated during pregnancy, it can lead to postpartum depression. Postpartum depression is a serious illness that can last for months after delivery. It can affect the mother's bond with her baby.

## What's the difference between the "baby blues" and postpartum depression?

Third-day syndrome is a mild form of postpartum depression that many mothers experience. It usually starts one to three days after birth and can last from ten days to a few weeks. Many women with this syndrome have mood swings: they're happy one moment and crying the next. They may feel anxious, confused or have difficulty eating or sleeping. Up to 80% of new mothers experience this. Third-day syndrome is very common and goes away on its own.

About 13% of new mothers experience postpartum depression, which is more severe and lasts longer. You're more vulnerable if you have a personal or family history of depression.

Symptoms include:

- ✓ Feeling as if you can't take care of your baby
- ✓ Extreme anxiety or panic attacks
- ✓ Difficulty making decisions
- ✓ Deep sadness
- ✓ Despair
- ✓ Feeling as if you've lost control

No one knows what exactly causes postpartum depression. If you think you have these symptoms, seek help immediately. Postpartum depression must be treated. Talk to your doctor or call your public health agency or CLSC (in Québec).

## If I'm depressed, will my children suffer?

Depression can be treated. However, if it isn't, your children will be affected.

Mothers who are depressed may have difficulty caring for their babies. They may be loving one moment and cold the next. They may not respond to their child at all or respond negatively. Your feelings and behaviour affect your ability to care for your child.

Depression can also affect bonding, which is important to your child's development. Bonding is a deep, emotional connection that a baby forms with the person who cares for them the most. A strong bond develops naturally. A mother responds to her baby's cries and caters to her baby's needs, whether through a feeding, a diaper change or cuddles. A strong bond protects the baby from stress and is key to the baby's long-term emotional health. It makes the baby feel safe and protected and teaches them to trust others.

If you're depressed, you may find it hard to constantly care for and nurture your baby. This can weaken the bond and cause problems later in childhood.

Maternal depression affects each child differently depending on their age:

**Babies** who don't develop a strong bond may:

- ✓ Have difficulty interacting with their mother (they may not want to be with her or may be upset when they are)
- ✓ Have trouble sleeping
- ✓ Experience developmental delays
- ✓ Have more colic
- ✓ Be quiet or become passive
- ✓ Acquire skills or reach developmental milestones later than other babies

**Toddlers** and preschoolers with depressed mothers may:

- ✓ Be less independent
- ✓ Be less social
- ✓ Be harder to discipline
- ✓ Be more aggressive and destructive
- ✓ Not do as well in school

**School-aged** children may:

- ✓ Have behavioural problems
- ✓ Have learning disabilities
- ✓ Be more likely to develop attention deficit hyperactivity disorder (ADHD)
- ✓ Not do as well in school
- ✓ Be more vulnerable to anxiety, depression and other mental health disorders

**Adolescents** with depressed mothers are at high risk for a variety of problems, including severe depression, anxiety disorders, behavioural disorders, substance abuse, ADHD and learning disabilities

## Can depression be cured?

If treated, most people recover from depression. Treatment may include at least one of the following:

- ✓ **Social support**, such as community services or parenting education
- ✓ **Family therapy involving other family members** such as a partner or children (this can be useful with older children)
- ✓ **Individual therapy** where you talk to a family doctor, psychologist, psychiatrist, social worker or other professional
- ✓ **Medication**, most commonly selective serotonin reuptake inhibitors (SSRIs)

## Can taking antidepressants during pregnancy harm my baby?

You may be wondering if you should stop taking your depression medication while you're pregnant. Keep in mind that untreated depression can have severe consequences for you and your baby. If you're taking antidepressants and you think you are or might get pregnant, talk to your doctor before stopping any medication.

Some newborns will have symptoms such as irritability, rapid breathing, tremors or difficulty feeding if their mother was on antidepressants during the pregnancy. These symptoms are almost always mild and go away quickly, usually within two weeks. Serious problems are very rare.

After birth, your baby will be kept under close observation to make sure they're healthy. Doctors and nurses will make sure you're both doing well before they let you go home. You may need to be hospitalized for an extra day or two to make sure everything is okay.

## Can I take antidepressants while breastfeeding?

Breastfeeding has many health benefits for babies. It plays an important role in the bonding process between mother and baby.

If you take antidepressants, small amounts will be passed on in your breast milk. However, studies have shown that children exposed to these drugs through breast milk haven't had any problems.

Even if you're on antidepressants, you can breastfeed your baby for as long as you want. If you stop taking antidepressants while pregnant, symptoms of depression may return.

## **Can I take herbal remedies like St. John's wort?**

We don't have enough information on St. John's wort to know if it's safe for pregnant or breastfeeding women. If you're pregnant or breastfeeding, talk to your doctor before taking herbal remedies..

## **Is there anything else I should do?**

If you have any of the symptoms described above, you should talk to someone about them. It can be very difficult to care for a newborn at first. You probably won't get much sleep because you're always looking after your baby. Find a friend, family member or someone else you trust to take care of your baby for short periods of time so you can rest. If someone offers you help, accept it.

There are many support programs for new mothers. Talk to your doctor, nurse or midwife or contact your public health agency or CLSC (in Québec) for a list of services available in your area.

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