


A woman with her hair pulled back, wearing a grey long-sleeved top and red shorts, is sitting on a wooden floor. She is leaning against a wall and looking off to the side with a thoughtful expression. Her hands are clasped near her chin.

the lowdown on depression

Everyone warns you about the baby blues but what happens when depression strikes before or during pregnancy?

Q What is antenatal depression and how do I know it's not just my "hormones" making me feel down and emotional?

The changes in your hormones during pregnancy can make you feel like you're on an emotional rollercoaster at times – we all have days when we don't feel like getting out of bed, cry at the drop of a hat or lose our cool. But, if you feel consistently depressed for most of the day for more than two weeks, can't find any enjoyment in your usual activities, feel irritable, hopeless and worthless every day and even have suicidal thoughts, these are pointers that you could be suffering from antenatal depression. "Feelings that the baby is alien or struggling to bond can be normal in pregnancy, but when these become persistent or you feel you hate the baby, you should seek help," says Dr Bavi Vythilingum, a senior psychiatrist and women's mental health expert in the department of psychiatry at the University of Cape Town.





what's the controversy? Is there a link between taking certain types of antidepressants during pregnancy and autism?

"There is no scientific evidence to prove the link. However, if a woman already has a child with autism and is worried about taking SSRIs while pregnant (see sidebar, "Is the pill I am on OK to take?") her doctor may consider treating the depression with psychotherapy alone and monitoring the situation."

Can antidepressants cause breathing problems in babies?

"It is true that several studies have shown that babies born to women taking SSRIs in their last trimester have a higher risk of suffering from a condition called persistent pulmonary hypertension (PPH). PPH is a life-threatening but relatively rare condition in which the newborn's arteries to the lungs remain constricted after delivery. Increasing the risk of PPH in your baby by taking SSRIs is so small that we'd recommend that women who need to be on the medication continue to do so."

Can they cause birth defects?

"We used to think that some SSRIs used during the first trimester were linked to heart defects, but recent studies have shown no link." Ideally, everyone suffering from depression should have access to a combination of psychotherapy and medication for treatment. If your depression is mild, psychotherapy alone can be an effective treatment.

Q I am currently on antidepressants and am planning to have a baby. Should I go off my medications before I fall pregnant? Could they affect my fertility?

Depression is a complex illness, and there is no one-size-fits-all way of treating it. Dr Vythilingum feels this decision is based entirely on each patient's medical history and how well she has been between episodes of depression. "Go to see your doctor before you go off your contraception. If it's the first time you have suffered from depression and it's mild, you can consider a trial off your medication to see if you will relapse. If you are going to relapse, it's better to do so when you are not pregnant for your sake, and the baby's," suggests Dr Vythilingum.

If you have suffered from recurrent depression, your doctor is the best person to advise you. And before you decide to trash your antidepressants along with your contraceptive pill, think about how it can affect your chances of falling pregnant. "There is no link between infertility and being on antidepressant medication, but there is a link between depression and infertility. Depression changes your hormonal axis, so women who are depressed may struggle to fall pregnant," says Dr Vythilingum.

Q If I discover I am pregnant while I am taking antidepressants, should I immediately stop taking them?

By the time a woman discovers she is pregnant, she is usually already between five and eight weeks pregnant, so the foetus will already have been exposed to any medication she is taking. "Stopping your meds is not going to change any outcomes for the baby, but you could go into withdrawal or even cause your depression to relapse. You could consider slowly weaning yourself off the medication if this is an option for your situation, but your doctor is the best person to assess this," warns Dr Vythilingum.

Q If I take antidepressants while pregnant will my baby go into withdrawal after birth?

There have been reports that babies can suffer some form of serotonin withdrawal, manifesting as lethargy and jitteriness (called neonatal abstinence syndrome), but most newborns don't and it tends not to be very severe if they do. "Make sure you alert the person delivering your baby and your paediatrician that you have been taking antidepressants and they will assess the baby at

birth and tell you the warning signs to look out for," suggests Dr Vythilingum.

Q Will being depressed while I am pregnant affect the baby?

"Absolutely. Research has shown that women who are depressed while they are pregnant are more likely to have a smaller baby, experience preterm labour and are more likely to have children with attention issues," says Dr Vythilingum. "This does not mean that it will happen to you, but it does increase your risk. Taking medication to treat it is therefore something that should be taken very seriously as it has definite benefits for the baby." Depressed women are also more likely to engage in behaviour likely to harm the foetus, such as poor nutrition and smoking. They are also more likely to struggle to bond with their baby after birth.

Q If I suffered from post-natal depression (PND) after my last baby was born, should I go on medication this time to prevent it?

Again, this is very dependant on your situation. If your PND was very severe your doctor might decide to only start you on medication once your baby is born to prevent it recurring. But if you start to show signs of depression during pregnancy, he or she may well decide to prescribe antidepressants. "You need to touch base with the doctor who has been treating your depression at least monthly during your pregnancy; every two weeks in your last trimester; see them before you leave the hospital and every two to three weeks for a further three months to ensure you are out of the woods," recommends Dr Vythilingum.

Q Can I take "natural" antidepressants such as St John's Wort?

"I would not take any kind of herbal remedy during pregnancy," warns Dr Vythilingum. "There are no standardised dosages to go by so you never know exactly how much you are taking. There are also no medical studies to show their effects on foetuses or even how they help with antenatal depression."

Q Can I breastfeed while on antidepressants?

"Yes, but if this really worries you, consider formula feeding or working with your psychiatrist on a pump-and-dump system. Your doctor will be able to work with you to assess the time period after you take your pill when it is at its highest concentra-

tion in your breast milk. This milk can then be expressed and discarded and you can continue with breastfeeding afterwards," suggests Dr Vythilingum.

Q I've heard Eglonyl there is a drug that can treat PND and increase milk supply?

"These drugs actually fall under a class of antipsychotic drugs, and are licensed to treat psychotic disorders like schizophrenia. Used in very small doses they have a side effect of increasing milk supply but they are a sedative, not a mood lifter. They make you feel calm by making you drowsy but they will do the same to your baby through your breast

milk. If you are struggling with your milk supply first see a lactation expert before you take medication," suggests Dr Vythilingum.

Q Should I take antidepressants for the baby blues?

An area of concern is how readily drugs are prescribed for baby blues, says Dr Vythilingum. "Baby blues are normal and should resolve within two weeks once your hormones settle. You don't need antidepressants to get you through this time. Get support from your partner, enlist help from your friends and family and take it easy on yourself. It's OK if your house is a mess and you don't get out of your tracksuit for a week!"

“A new study shows that pregnant women who listen to music for half an hour per day see a reduction in stress, anxiety and depression after two weeks.”



'I decided to stop taking my antidepressants'

Sylvia Hugo, 23, mom-to-be, Boksburg

"I was diagnosed with depression about eight months before I found out I was pregnant. Looking back, some of the warning signs were there and I think I might even have suffered from depression since I was very young. I've always been very sensitive and let things upset me easily but when I started to cry for no apparent reason and got irritable and snappy, I knew that I was in a very bad place. No matter how wonderful my life looked on the outside, on the inside I just couldn't bring myself to feel really happy about anything.

"Although I was in my second year of studying psychology, I didn't realise that I might be depressed. My mom suffers from bipolar disorder, so she has some insight into mental illness and eventually convinced me to get some help. I'm so glad I did. I was put onto an SSRI (see box) and started therapy and within a few weeks the world came back into focus – I felt more rational and was definitely an easier person for my family and friends to be around.

"When I discovered I was pregnant I was thrilled but also worried about how my medication could affect my baby. I heard lots of conflicting advice but I felt it was the right thing for me to stop my medication so I started to wean myself off them. I suffered from terrible morning sickness the whole day, every day for the first four months of my pregnancy. Feeling so ill and weak would be enough to make anyone feel depressed but I was also really anxious and worried being a first-time mom and I soon felt the irritability and emotional episodes creeping back. I was also initially told I was having a girl and after my baby shower my doctor revealed that I'm actually having a boy! That news threw me quite a bit. My baby is due in a couple of months, and so far I've coped without going back on my medication. The thought of having postnatal depression scares me, and if I need I will go back onto my antidepressants. I want to be a happy and attentive mother and if that's what it takes to give my baby boy a healthy mom, I'll do it in a heartbeat."

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is the medication I am on OK to take?

There are numerous classes of antidepressants, and you can check in your box insert what the brand name you are using falls into. So, what are they and which one is best to take when you are pregnant?

SSRIs (selective serotonin reuptake inhibitors) The majority of people being treated for depression are on SSRIs. They are very effective, have few side effects and because they have been around for so long there is enough data to show most are safe to use during pregnancy, although Paroxetine should be avoided.

TCAs (tricyclic antidepressants) This class of antidepressants can have side effects such as faintness, sleepiness and weight gain but have been used since the 1950s and are safe to use in pregnancy. They can, however, be fatal if overdosed.

SNRIs (serotonin-norepinephrine reuptake inhibitor) These are used to treat depression as well as treatment of anxiety disorders. They appear to be safe in pregnancy but because they are newer agents, however, there is limited information about their safety during pregnancy.

Norepinephrine and dopamine reuptake inhibitors This is a relatively new class of antidepressant. It appears to be safe to use during pregnancy but there is little data to support this yet. **MAOIs** (monoamine oxidase inhibitors) "These drugs have serious side effects, such as high blood pressure. To avoid this, a person taking these medications must be on quite a restrictive diet; and you don't want to restrict your diet during pregnancy, so these should be avoided," says Dr Vythilingum.

where to get help

South African Anxiety and Depression Group (SADAG)

This organisation will offer you free support and advice. Phone 0800-121314 or sms 31393 for advice (8am to 8pm seven days a week) or visit www.sadag.co.za.

Post Natal Depression Support Association (PNDSA)

National helpline 082-882-0072, email info@pnlsa.org.za or visit www.pnlsa.org.za.