Physician Researcher Program

Continuation of Antidepressant Use During Pregnancy Lowers Risk of Postpartum Depression

Kathryn K. Ridout, M.D., Ph.D., Chethana Eswarappa, M.D., Kelli Peterman, MS, Brooke Harris, Ph.D., Lyndsay Avalos, Dr.PH., Samuel J. Ridout, M.D., Ph.D.

|  |  |
| --- | --- |
| Challenge | **A large number of women with a history of depression take antidepressants, and many desire to stop medications during pregnancy. The impacts of continuing vs. stopping on the risk of post-partum depression (PPD) are unknown.** |
| Existing Evidence | Postpartum depression (PPD) impacts 1 in 7 women in the United States, is a large risk factor for maternal suicide, and impacts maternal-infant bonding and infant cognitive-emotional development. The American  College of Gynecologists and American Psychiatric Association recommend women with a history of poor response to psychotherapy alone, moderate to severe PPD, or recurrent depressive disorders outside of pregnancy have initiation or continuation of an antidepressant during pregnancy. |
| Target Population | Women ≥18 with a live birth delivery between 2010-2019, an antidepressant fill in the 6 month prior to last menstrual period, and a depression diagnosis in the prior year |
| Intervention or Exposure | Continuous antidepressant use during pregnancy. |
| **Outcomes/Key Findings** | Women with a history of depression who discontinued (vs. continued use) were more likely to develop postpartum depression overall, (adjusted relative risk (aRR): 1.14; 95%CI 1.06-1.22 and 1.14) and had a higher risk of  severe post-partum depression (PHQ-9≥20 within one year after delivery; aRR=1.33; 95% CI 1.09-1.62). Similarly, women who intermittently used their antidepressants during pregnancy had a higher risk of PPD overall  (aRR=1.14; 95%CI 1.05-1.24). Regardless of antidepressant status, women with at least mild (PHQ-9≥5) depressive symptoms during the first depression screening of pregnancy had higher risk of PPD overall (aRR=1.49- 1.75), and severe PPD (aRR=2.13-2.52). The number needed to treat to see the benefit of continued antidepressant use during pregnancy to prevent PPD is 15. |
| **Resulting Action/Change** | Ability to inform patients and providers regarding antidepressant treatment in patients with pre-existing depression who are pregnant or planning pregnancy. |
| Additional Recommendations | Discussions with patients based on their history of depression and depression severity regarding the relative risks and benefits could help improve patient outcomes. |
| Implementation Tools | Risk estimates, diagnostic criteria for identifying patients at risk. |
| Implementation Measurement | Percentage of patients continuing antidepressants during pregnancy, post-partum depression diagnosis. |
| Reference | Manuscript Submitted  A graph of a number of people with different colored bars  Description automatically generated with medium confidence |