Physician Researcher Program

Continuation of Antidepressant Use During Pregnancy Lowers Risk of Postpartum Depression

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| 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 AmericanCollege 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 ofsevere 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 SubmittedA graph of a number of people with different colored bars  Description automatically generated with medium confidence |