

What's best for depressed pregnant women and their infants?

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Do the benefits of treating depressed pregnant women with antidepressants outweigh the risks of the drug exposure to their babies in terms of neonatal health and long-term development?

That hotly debated question from scientific and ethical perspectives will be at the center of Northwestern Medicine's 2013 Perinatal Mental Health Meeting Nov. 6 to 8 in Chicago. National experts from various fields will present new research findings on perinatal [depression](#) as well as offer workshops in how to best treat it with psychotherapy. They also hope to launch perinatal depression as a new separate clinical discipline.

Perinatal [mental health](#) is an evolving new field of research about a huge public health problem: 10 to 14 percent of young women have depression during the [perinatal period](#) and one out of 12 pregnant women will be treated with [antidepressants](#).

A novel event at the meeting will be a demonstration by masters-level clinicians and an actress showing new evidence-based behavioral psychotherapy techniques. Women with the disorder have altered emotional responses compared to major depression and require a different therapeutic approach. The actress will portray the true story of an actual patient who suffered from perinatal depression.

"What's the optimal treatment for [pregnant women](#) with depression to improve outcomes for their infants?" asked Northwestern Medicine psychiatrist Katherine L. Wisner, M.D., the director of the conference. "Does the benefit of treating women for depression with medication outweigh the risk to the baby? That's the critical question we have not yet answered."

Wisner, a leading scientist in perinatal depression, said a goal of the meeting is to move closer to a conclusion. Clinicians also are trying to develop a

specialty of perinatal psychiatry or perinatal mental health professionals, as exists in the United Kingdom and Australia, Wisner said.

Wisner is director of Northwestern's Asher Center for the Study and Treatment of Depressive Disorders and the Norman and Helen Asher Professor of Psychiatry and Behavioral Sciences and obstetrics and gynecology at Northwestern University Feinberg School of Medicine. She's also a physician at Northwestern Memorial Hospital.

"We must remember the illnesses we see can be fatal," Wisner said. Uncontrolled depression can result in low birth weight, [preterm birth](#), suicide, loss of interpersonal relationships, divorce and loss of a job. Conversely, the risks of antidepressants on the fetus can include preterm birth, restlessness and newborn rigidity and tremor.

Wisner talked about several pregnant patients who committed suicide after they stopped taking their medications either on their own or with the knowledge of their physicians.

The meeting, funded in part by the National Institutes of Health, will include the following topics:

- New research about how the exposure and experience the fetus has during growth in utero programs its lifelong health—a new area known as fetal programming
- Psychological research about the effect of severe stress and anxiety on fetal development
- How to evaluate the risk and benefits of antidepressant treatment for each individual pregnant patient
- Brain imaging studies in maternal mental health
- New psychotherapy techniques: prevention of depression in pregnancy with mindfulness-based cognitive behavioral therapy, a web-based approach for

treatment of postpartum depression, face-to-face psychotherapy and a telephone-based approach

Provided by Northwestern University

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