

## Perinatal depression: considerations, challenges, and suggestions

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Perinatal depression involves a depressive episode, minor or major, during pregnancy or within a year of delivery. It is one of the most common complications of pregnancy: with the prevalence of depression during pregnancy, as determined by a systematic review of existing literature, being 18.4%. 12.7% pregnant woman suffered from major depression prenatally. During the first trimester postpartum, 19.2% of mothers experienced a depressive episode. During that period, 7.1% of mothers suffered from major depressive episodes.<sup>1</sup> In Pakistan, extensive data on the prevalence of perinatal depression is not available. However, a study estimated Pakistan to have the highest prevalence of postpartum depression in Asia, with a prevalence as high as 63.3%.<sup>2</sup> Perinatal depression is often overlooked and is incompletely understood. This is partly due to a lack of awareness. Additionally, pregnancy is a stressor by itself so it exacerbates the existing mental health issues.

It is difficult to isolate the impact of maternal depression on foetal and neonatal health due to the presence of various variables. However, research suggests that gestational depression can cause low birth weight, birth complications, and preterm delivery of the neonate. It increases the risk of irritability and developmental delay in the infant.<sup>3</sup> Perinatal depression can lead to a poor relationship between mother and her infant and the infant can grow up to develop feelings of insecurity.<sup>1</sup> Unfortunately, antidepressant use during pregnancy is also associated with certain risks especially during the first trimester when selective-serotonin-reuptake-inhibitors, SSRIs, use may increase the risk of miscarriage and preterm birth. Paroxetine has been implicated in

increasing the risk of cardiac malformations if used in the first trimester.<sup>4</sup>

Management of perinatal depression should, ideally, begin before gestation and should include consultation and planning.<sup>5</sup> Counseling and education should be provided to the patient. It may be advisable to delay pregnancy in the event of an acute depressive attack. In the case of mild-to-moderate depression, psychotherapy and lifestyle changes should be considered first, especially during the first trimester. Psychotherapy has been shown to be effective in mild to moderate depression. Particularly, the research on Cognitive Behavioral Therapy (CBT) and Interpersonal Psychotherapy (IP) has yielded promising results.<sup>5</sup> In cases of severe depression or of patient preference, antidepressants should be considered. Use of antidepressants should involve a careful risk-benefit assessment and should be started after consultation with the patient.<sup>4</sup> Electroconvulsive therapy (ECT) can be considered in cases of severe refractory depression.<sup>5</sup>

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### References

1. Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal Depression. *Obstet Gynecol* 2005;106(5 Pt 1): 1071-83.
2. Klainin P, Arthur DG. Postpartum depression in Asian cultures: A literature review. *Int J Nurs Stud* 2009;46:1355-73.
3. Gentile S. Untreated depression during pregnancy: Short- and long-term effects in offspring. A systematic review. *Neuroscience* 2017; 342: 154-66.
4. Angelotta C, Wisner KL. Treating Depression during Pregnancy: Are We Asking the Right Questions? *Birth Defects Res.* 2017; 109: 879-87.
5. Yonkers KA, Wisner KL, Stewart DE, Oberlander TF, Dell DL, Stotland N, et al. The Management of Depression During Pregnancy: A Report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. *Obstet Gynecol.* 2009; 114: 703-13.

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