

What Is Perinatal Depression?

Perinatal depression can occur during pregnancy and the first 12 months after childbirth.

Perinatal depression, also called postpartum depression, affects about 1 in 7 perinatal individuals. More than 75% of these individuals receive no treatment for perinatal depression. Onset of perinatal depression may occur pre-pregnancy or may develop over the course of pregnancy and the postpartum period. Untreated perinatal depression is associated with an increased risk of suicide and has additional negative effects on the perinatal individual, the fetus (preterm birth, low birth weight), and the child (impaired attachment, which may affect neurodevelopment) and may negatively affect relationships with partners and other family members.

Screening for Perinatal Depression

In 2023, the American College of Obstetricians and Gynecologists released a new recommendation that all pregnant individuals should be screened for perinatal depression at least twice during pregnancy (including during the initial prenatal visit) and at postpartum visits. Screening questionnaires ask patients about symptoms of depression and self-harm thoughts or actions. A score of 10 or more on the Patient Health Questionnaire (PHQ-9) or Edinburgh Postnatal Depression Scale (EPDS) is considered a positive screening result for perinatal depression.

How Is Perinatal Depression Diagnosed?

Diagnosis of perinatal depression requires presence of 5 or more symptoms (including depressed mood or loss of interest or pleasure) that differ from a person's usual functioning for 2 weeks or longer. When evaluating for perinatal depression, clinicians should also

- Determine the frequency, severity, and duration of perinatal depression symptoms and ask about suicidal thoughts and prior suicide attempts.
- Obtain a personal and family psychiatric history.
- Consider testing for certain medical conditions (anemia, thyroid dysfunction).
- Ask about substance use (alcohol, opioids).
- Evaluate current medications that may cause, mimic, or worsen perinatal depression.
- Screen for symptoms of bipolar disorder.

How Is Perinatal Depression Treated?

Psychotherapy is the first-line treatment for mild perinatal depression, and all patients with perinatal depression should be referred for psychotherapy. Medications are often recommended for patients with moderate or severe symptoms, those who have previously taken medication for depression, or those who have a preference for medication or do not have access to psychotherapy. Clinicians and

Perinatal depression (also called postpartum depression) is a mental health condition that affects about 1 in 7 individuals during pregnancy or the postpartum period.

Untreated perinatal depression is associated with

- Increased risk of suicide
- Preterm birth or low birth weight
- Impaired attachment of the child that may affect neurodevelopment
- Negative effects on relationships with partners and/or other family members

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Treatment options

- Psychotherapy is recommended for all patients with perinatal depression
- Patients with moderate or severe symptoms of perinatal depression may be treated with antidepressant medication



patients should discuss the risks of untreated perinatal depression and the risk and benefits of medication for the perinatal individual and fetus or infant.

- The most commonly prescribed medications for perinatal depression are selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors, antidepressants that are very effective but may take 4 to 6 weeks to improve symptoms. Side effects may include nausea, dry mouth, insomnia, diarrhea, headache, dizziness, agitation, sexual dysfunction, and drowsiness.
- Brexanolone is approved in the US for treatment of perinatal depression. It is given intravenously over 60 hours for patients with onset of moderate to severe depression in the third trimester or within 4 weeks after childbirth. Brexanolone can significantly improve depressive symptoms within 24 hours but requires hospitalization and costs more than \$34 000 per patient. Breastfeeding is not recommended during the infusion or for 4 days afterward.
- Zuranolone is approved in the US for adult postpartum depression. This oral pill is taken nightly after a fatty meal for 14 days. Depressive symptoms may begin to improve as early as 3 days after starting zuranolone. Side effects may include headache, sleepiness, and dizziness, so patients should not drive for 12 hours after taking this medication. Patients taking zuranolone should avoid pregnancy and discuss breastfeeding decisions with a clinician.

FOR MORE INFORMATION

[DHHS Office on Women's Health](#)

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