

Last Updated : September, 2023

Mental Health in Pregnancy and Lactation

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For more information and links to other resources, visit firstexposure.ca/mental-health-in-pregnancy-and-lactation/ or scan the QR code.



Clinical Scenario

I have been dealing with mental health issues for several years. I am planning a pregnancy. What should I know about mental health and its treatment in pregnancy?

Q. Are mental health problems common in pregnancy and postpartum?

A. Mental health issues may start before pregnancy, during pregnancy or in the early months after delivery (postpartum period):

- Common mental health issues such as depression, anxiety and related conditions such as post-traumatic stress disorder and obsessive-compulsive disorder are experienced by 1 out of 5 pregnant and postpartum individuals- these are some of the most common complications of pregnancy and the first year postpartum.
- More severe mental illnesses such as bipolar disorder and schizophrenia, which occur in 1-4% of the population, commonly affect people of reproductive age and may worsen in pregnancy.
- Postpartum psychosis is a serious but very rare condition that affects less than 1 in 1000 people, usually starting in the first few weeks postpartum. Postpartum psychosis often presents with severe confusion. Symptoms can also include hallucinations (seeing, hearing, smelling, touching, and/or tasting things that are not really there), cognitive changes, fixed false beliefs, and a high or irritable mood. It is considered a medical emergency.

Not every person with symptoms of depression and/or anxiety will be diagnosed with a mental health condition or disorder. A pregnancy may sometimes bring emotional changes. In the postpartum period, about 80 out of 100 (80%) people

experience what is commonly known as “**baby blues**”. Symptoms may include tearfulness, mood changes and irritability that start within the first few days postpartum. The symptoms are not severe, and generally improve over the next few weeks without treatment.

If you are experiencing emotional changes in pregnancy and/or postpartum, speak to your health care provider to determine whether these emotional changes might benefit from treatment.

Q. Who is at risk for worsening mental health in pregnancy and postpartum?

A. The risk for mental health conditions starting during pregnancy is not higher than before becoming pregnant. However, the early months after delivery are a high-risk period for new-onset mental health conditions, or relapse of existing mental health conditions.

Mental health issues during pregnancy and the postpartum period affect people of all ages and backgrounds. However, people who are racialized, Indigenous, immigrant and/or from marginalized backgrounds may have a higher risk.

There are multiple factors that may increase the risk for mental health issues during pregnancy and postpartum; for example, a history of a mental health issue, a family history of a mental health condition, especially in a biological parent or sibling, age younger than 25, limited social support and life stressors, such as, difficult relationship with a partner, interpersonal violence, or a child who is ill.

Q. What are treatment options for mental health conditions in pregnancy and postpartum?

A. For common mental health conditions such as depression, anxiety and related conditions such as obsessive-compulsive disorder or post-traumatic stress disorder, there are many different treatment options in pregnancy and postpartum. For example:

- For people with mild symptoms, treatments such as peer support, guided self-help (e.g. learning strategies independently with the help of a coach) or support from a healthcare provider such as a public health nurse, may be helpful.
- For people with moderate symptoms, a course of therapy with a healthcare provider might be needed. For example, therapies like cognitive behavioural therapy (CBT), interpersonal therapy (IPT) and behavioural activation (BA) may be effective.
- Medication might be needed in addition to these treatments, or may be a more effective treatment, for people who: (1) have more severe symptoms and need treatment quickly, (2) who do not feel better after trying the treatments

mentioned above, or (3) have a history of needing to stay on medication to feel well.

- For people with mental health conditions such as bipolar disorder or schizophrenia, medication is usually needed during pregnancy and after birth.

Some types of medications that are used to treat mental health conditions include:

- Antidepressants (e.g. selective serotonin reuptake inhibitors [SSRI] or serotonin norepinephrine reuptake inhibitors [SNRI])
- Mood stabilizers (e.g. lithium, divalproex, carbamazepine)
- Antipsychotics (e.g. [quetiapine](#), [risperidone](#), [olanzapine](#))
- Psychostimulants (e.g. [methylphenidate](#))
- Benzodiazepines (e.g. lorazepam, clonazepam)

Q. Can people taking medications for mental health issues stay on them while pregnant or nursing?

A. Many of the medications used for mental health conditions have been studied and can be continued during pregnancy. Decisions about whether to start or continue a medication while pregnant or nursing need to be made together with a healthcare provider and involve weighing the potential benefits of the medication against any potential for adverse effects or risks.

Potential benefits of a medication include not only its effect on the well-being of the pregnant/postpartum individual but also on the well-being of the developing fetus or child. This is because untreated – or undertreated – mental health conditions, in some cases, negatively affect fetal or child well-being. Benefits of a medication(s) must also be carefully weighed against what is known about the safety of the medication(s) a person is taking or considering.

In general, suddenly stopping or reducing a medication that previously helped a person to feel well can result in problematic side effects (withdrawal like symptoms) or return of symptoms – so it is important for any decisions about changes in medication to be made with your prescribing health care provider.

Q. Where to get more information?

A. Stay Tuned

The goal of the information presented in **First Exposure** is to provide people and their health care providers up-to-date, evidence based/reliable information on the safety of medications in pregnancy so they can more confidently weigh the potential benefits of taking medication alongside potential risks and be comfortable that they are making the best possible decision for their individual circumstance.

Resources for Patients

[Postpartum Support International](#)

[Postpartum Matters – Online Support Group for New Parents](#)

[Managing Depression – A Self-help Skills Resource for Parents Living With Depression During Pregnancy, After Delivery and Beyond](#)

[BounceBack® reclaim your health](#)

[Life with a Baby](#)

Resources for Health Care Providers

Links to treatment resources in Ontario for perinatal mental health conditions can be found here in the Ontario Provincial Council for Maternal and Child Health's [Care Pathway for the Management of Perinatal Mental Health](#).

About the First Exposure Medical Advisors

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Key References

For a complete list of references, please visit our website at firstexposure.ca/mental-health-in-pregnancy-and-lactation/

Disclaimer

The information provided is the expert opinion of the First Exposure Medical Advisors. It is for informational purposes only and does not replace medical care and advice from a healthcare provider. Please, contact your healthcare provider if you have any concerns or wish to discuss any questions that you believe may be relevant to you or your baby. In case of emergency, please go to the emergency room or call 911.

If you do not have a healthcare provider, please go to: firstexposure.ca/how-to