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## DEPRESSION DURING PREGNANCY HARMFUL TO MOTHER AND CHILD, BUT TREATABLE

Between 21% and 47% of South African women experience depression during pregnancy, and 31% to 50% suffer postnatal depression, compared to the global rate of approximately 12% of women experiencing depression during or after pregnancy.

Up to half of expectant mothers in South Africa experience depression during pregnancy and following childbirth that goes undiagnosed and untreated – with risks to their own and their babies' health and future development.

While postnatal depression is well known, depression during pregnancy is almost as common and carries

risks of increased complications during pregnancy and childbirth, explained Dr Bavi Vythilingum

member of the South African Society of Psychiatrists (SASOP). However, she said that treatment

is available and effectively reduces the risks. “Psychotherapy, group therapy and even antenatal support groups are all very helpful. Antidepressants are effective and, used in consultation with the mother’s healthcare provider, most are safe in pregnancy,” she said.

In National Pregnancy Awareness Week from 6 to 9 February, aimed at promoting health during pregnancy and early motherhood, Dr Vythilingum said South Africa’s high rates of poverty and intimate partner violence, together with lack of awareness of mental health, the related stigma and under-resourced mental health services, contributed to the country’s high rates of maternal depression.

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“Pregnancy-related depression is often dismissed as ‘just the baby blues’ and women are told to ‘just pull yourself together’, but it’s a serious mental health condition which not only negatively affects women’s quality of life and experience of motherhood, but the prospects of the next generation too,” Dr Vythilingum said.

Women who experience stressful life events, and especially intimate partner violence, during pregnancy are more likely to experience long-lasting severe depression that extends from pregnancy through to a year or more after giving birth.

“Antenatal depression increases the risks of hypertension (high blood pressure), which puts both mother and baby at risk of complications during the pregnancy and in childbirth, and of low birthweight and premature births”, Dr Vythilingum added.

Untreated depression during pregnancy leads to the mother being more likely to experience postnatal depression and difficulties in bonding with her baby, which affects the vital mother-child attachment relationship, and can

affect the child’s social, emotional and cognitive development and lead to mental health problems later in life.

“Depression is one of the greatest risk factors for alcohol and substance abuse during pregnancy, not only worsening the depression but putting the unborn child at risk of developmental delays, congenital abnormalities and intellectual disabilities,” Dr Vythilingum said.

“The lack of awareness and stigma around mental health conditions, along with the tendency to focus more on a woman’s physical health than her mental health during pregnancy, means that depressive symptoms are often not picked up. In addition, some of the symptoms of depression, such as changes in sleep patterns, appetite and energy levels, are sometimes simply attributed to the physical changes of pregnancy.

“Because many women in lower income groups, using under-resourced public health services, only access those services during pregnancy, this is often the first time that depressive symptoms are picked up. Antenatal care should go beyond the mother’s physical health to mental health and social needs too, in a holistic, integrated way. This would go a long way to addressing generally high levels of depression, anxiety and other mental health conditions that go undiagnosed and untreated in South Africa,” she added.

Dr Vythilingum said women experiencing moderate to severe depression should ideally be treated with both psychotherapy and medication.

“Ideally, when women have persistently high levels of depression symptoms, an integrated approach should be followed, to deal with pregnancy-related depression, domestic violence if present, and other stressful life events and substance use.

“Group therapy is very helpful, as is the support and interaction, a sense of community and of not being alone, in support groups with other expectant mothers and

mothers of newborns.”

“Many clinics, both public and private, have antenatal support groups and there are moms’ support groups active on social media that also meet in person in various centres.”

On antidepressant medication in pregnancy, Dr Vythilingum advised women who are on antidepressants when they fall pregnant to consult their healthcare provider before stopping the medication. If necessary, an alternative can be prescribed or the dosage altered.

“Antidepressants are very effective for moderate to severe depression, or where a patient has not responded to psychotherapy. In cases where the woman doesn’t have access to psychotherapy, antidepressants are a recommended and effective solution.

“Most antidepressants are very safe to use during pregnancy; they don’t cause congenital abnormalities or neurodevelopmental problems. For pregnant women presenting with depression for the first time, antidepressants are the first line and we see a significant difference to their quality of life and positive outcomes for both mother and baby.”

As with all medications during pregnancy, she said it was vital for the mother to consult with her healthcare provider before stopping existing medication or starting any new medication.

The South African Depression and Anxiety Group (SADAG) lists toll-free helplines for general depression and anxiety, and has free support groups around the country for various issues, including support for expectant and new mothers. Call **0800 21 22 23** for help and information.

In addition, mothers and mothers-to-be can join the network **mumsupport.co.za** for a caring community of women supporting women.

**References available on request. MHM**