

Women's Decisionmaking around the Use of Antidepressant Medications During Pregnancy

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Background: Between 8-20 percent of pregnant women experience clinical depression. The majority is sub-optimally treated or untreated. Women who discontinue taking antidepressants at conception are at tremendous risk of relapse (68%), and inadequate treatment of depression during pregnancy contributes to maternal suicide, reduced use of prenatal care, substance abuse, self neglect, and premature infants. The National Institute of Mental Health has identified health services research around maternal depression as a priority area for research. A major obstacle to providing optimal treatment and counseling of depressed, pregnant women is that data are lacking on the reasons why women discontinue their antidepressants.

Methods: We conducted a pilot qualitative interview study with a convenience sample of 16 women who were taking antidepressants prior to planning or initiating a pregnancy and 2 women currently taking antidepressants who are contemplating a future pregnancy (recruitment is ongoing). Women were recruited from various local parenting listservs and posters placed in coffee shops. Interviews were tape recorded, transcribed, and analyzed using NVivo 2.0 qualitative software.

Results: Women were highly educated (mostly Ph.D.); mostly white upper middle class; employed; insured; and had access to health information. The vast majority (13/16) of women chose to discontinue medication, and a majority of these women experience some level of relapse but felt they had to suffer in order to protect their fetus. Beliefs about the risks of antidepressants appear to be grounded in cultural expectations that women who are "good mothers" will keep their bodies "clean" during pregnancy. Women said any risk to fetus was too much risk. In this small study, depressive relapse was a significant risk for women who discontinue antidepressants. Women who stayed on medication reported supportive health-care providers.

Discussion: Further research needs to explore whether and how women can absorb new messages that a woman's mental health is just as important to her growing fetus as her physical health.

Woman	Rx harmful?	Stop?	Why?	Relapse?
1	No	Yes	Dr. recommendation	No; other's noticed
2	Not sure	Yes	Dr. recommendation	No
3	Not sure	Yes	Believed harmful to fetus	Post-partum
4	Not sure	Yes	Mixed messages from Dr.	Post-partum
5	Not sure	No	Couldn't function w/o meds	No
6	Not sure	Yes	Fear harm fetus	Yes
7	No	No	Dr reassured	No
8	Yes	Yes	Fear harm fetus	Yes; aborted 2 nd preg
9	Not sure	Yes	Dr. recommendation	Yes
10	Not sure	Yes	Fear harm fetus	Hospitalized
11	Not sure	Yes	Fear harm fetus	Post-partum
12	Not sure	Yes	Fear harm fetus Dr. told preg protective	Hospitalized; couldn't care for newborn
13	Not sure	Yes	Dr. recommendation	Yes: 'worst yr of life'
14	Not sure	Yes/ then no	Went off after married, pregnant and things fell apart, OB said no choice – on meds; agonized over choice; did her own research	Hated life, insomnia, "life in danger" Choice between dead mother or potentially injured baby; felt human again
15	Not sure	Yes	Ins cov lapse; unplanned preg; didn't want to take risk	Difficult circumstance
16	No	No	Dr. recommendation	No; IVF pregnancy