

Depression During Pregnancy

Frequently Asked Questions

What is depression?

Depression is a common illness that can be mild or very serious. It is more than feeling sad or upset for a short time or feeling grief after a loss. Depression changes your thoughts, feelings, behavior, and physical health. It affects how you function in your daily life. It can also affect how you relate to your family, friends, and coworkers. Depression can occur at different times of life or in different situations.

How common is depression during pregnancy?

Depression is common during pregnancy, affecting about 1 in 10 pregnant women. Some women have depression and anxiety for the first time in their lives during pregnancy or after delivery. (Read [Postpartum Depression](#) to learn about depression after pregnancy.)

What are the signs of depression during pregnancy?

The signs of depression can seem like the normal ups and downs of pregnancy. A blue mood now and then is normal. But it's important to know the signs of depression. Talk with your **obstetrician–gynecologist (ob-gyn)** if you have any of these signs for at least 2 weeks:

- Depressed mood most of the day, nearly every day
- Loss of interest in work or other activities
- Feeling guilty, hopeless, or worthless

- Sleeping more than normal or having trouble sleeping
- Loss of appetite, losing weight, or eating much more than normal and gaining weight
- Feeling very tired or without energy
- Having trouble paying attention, concentrating, or making decisions
- Being restless or slowed down in a way that others notice
- Thinking about death or suicide (see below)

What should I do if I am thinking about death or suicide?

Thinking about death or suicide is a sign of depression. If you are in crisis or feel like you want to harm yourself or others, call 988 right away. 988 is the [Suicide & Crisis Lifeline](#), which offers free support and resources. Read the Resources section for other support options, including more helplines you can text or call and online pregnancy support groups. You can also talk with a trusted friend, family member, or your ob-gyn.

How can untreated depression affect me during pregnancy?

Women who have severe depression during pregnancy may have trouble taking care of themselves. They may not eat healthfully, attend prenatal care checkups, or get enough rest. If you took antidepressants before pregnancy, you may become depressed again if you stop taking them. Having untreated depression during pregnancy also raises your risk of [postpartum depression](#). Read [Postpartum Depression](#) to learn more.

How can untreated depression affect my fetus and newborn?

Depression during pregnancy has been linked to several problems, including:

- The [fetus](#) not growing well in the [uterus](#)
- Going into labor too early
- The baby being too small at birth
- Health [complications](#) for the baby after birth

Also, when depression isn't treated during pregnancy, it can increase the risk of problems for your child:

Your newborn may cry more and be harder to comfort.

- Older children may have more emotional and behavioral problems than other children.

How can I get help for depression during pregnancy?

Talk with your ob-gyn as soon as possible. Tell them if you had depression in the past, if you take medication for depression, or if you are feeling depressed now. Also read the Resources section for more support options.

Your ob-gyn may ask questions about your mood during [prenatal care](#) or postpartum visits. Or they may ask you to write down answers to a survey that screens for mental health conditions. Your answers will help your ob-gyn understand what kind of help you need.

How is depression during pregnancy treated?

Treatment of depression may include [psychotherapy](#) (talk therapy), medication called [antidepressants](#), or a combination of both. Support from your partner, family members, and friends can also be helpful. Your loved ones may be able to see if your depression is getting worse before you notice it yourself.

Many people also find that self-care (including sleep, healthful eating, and light exercise) and social support groups can be helpful in recovering from depression. [Postpartum Support International](#) offers online support group meetings and referrals to mental health professionals who offer care during and after pregnancy. Read the Resources section for more ways to get help.

What is psychotherapy?

In psychotherapy or “talk therapy,” a therapist will work with you to:

- Identify any issues
- Develop ways to address issues
- Control troubling symptoms

Therapy can help you function better, increase your well-being, and help you heal.

There are different methods and formats of therapy. For example, some types of therapy help you change how you think and behave, while other types of therapy help you better understand underlying issues. You may have one-on-one therapy (with just you and the therapist) or group therapy where you meet with a therapist and other people with problems similar to yours. Another option is family or couples therapy, in which you and family members or your partner may work with a therapist.

What are antidepressants?

Antidepressants are medications that work to balance the chemicals in the brain that affect your moods. There are many types of antidepressants. If one type does not work for you, your ob-gyn can prescribe another. It often takes at least 3 to 4 weeks of taking the medication before you start to feel better.

What should I know about taking an antidepressant during pregnancy?

Untreated depression can be harmful to you, your fetus, and your baby after birth. The risks of untreated depression need to be weighed against the risks of the medication.

Studies suggest that most [selective serotonin reuptake inhibitors \(SSRIs\)](#) do not increase the risk of birth defects. But researchers are still learning whether other antidepressants can cause certain [birth defects](#). You and your ob-gyn can discuss which medication is best for you and your fetus.

What other mental health conditions are common during pregnancy?

[Anxiety](#) is common during pregnancy. Pregnancy also can trigger obsessive-compulsive disorder (OCD). Anxiety and OCD can occur alone or with other mental health conditions, including depression.

[\[What I Tell My Pregnant and Postpartum Patients About Depression and Anxiety\]](#)

If you have anxiety and stress, tell your ob-gyn. Also tell them about any stressful life events. These may include losing a loved one, having a loved one who is ill, living far from your friends and family, or moving. Not having support and resources for your pregnancy can also be a major source of stress. Talk with your ob-gyn so you can get the help you need.

Resources

988 Suicide & Crisis Lifeline

988

<https://988lifeline.org>

Lifeline Chat <https://988lifeline.org/chat>

Free help from trained counselors by phone or live online chat. Available 24 hours a day, 7 days a week. If you or someone you love has thoughts of suicide, call or chat for help.

Postpartum Support International (PSI) Helpline

[800-944-4773](tel:800-944-4773)

Text [800-944-4773](tel:800-944-4773) (English) or [971-203-7773](tel:971-203-7773) (Spanish)

www.postpartum.net

Contact this nonemergency helpline for support, information, or [referrals to mental health](#) professionals during or after pregnancy. The helpline is open 7 days per week.

Leave a confidential message at any time, and a volunteer will return your call or text as soon as possible.

PSI also offers [online support group meetings](#) to help you connect with other families.

You can also join PSI's weekly [Chat with an Expert](#).

National Maternal Mental Health Hotline

1-833-TLC-MAMA (1-833-852-6262)

<https://mchb.hrsa.gov/national-maternal-mental-health-hotline>

Free, confidential hotline for pregnant and new moms in English and Spanish. Available 24 hours a day, 7 days a week.

National Alliance on Mental Illness HelpLine

[1-800-950-NAMI \(6264\)](tel:1-800-950-NAMI(6264))

<https://nami.org/help>

Free, nationwide support service for anyone with questions or concerns about mental health.

Substance Abuse and Mental Health Services Administration (SAMHSA) Helpline

[800-662-HELP \(4357\)](tel:800-662-HELP(4357))

[800-487-4889](tel:800-487-4889) (TTY)

www.samhsa.gov/find-help/national-helpline

Free, confidential help in English and Spanish. Available 24 hours a day, 7 days a week.

Glossary

Antidepressants: Drugs that are used to treat depression.

Birth Defects: Physical problems that are present at birth.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Depression: Feelings of sadness for periods of at least 2 weeks.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women’s health.

Postpartum Depression: A type of depressive mood disorder that develops in the first year after the birth of a child. This type of depression can affect a woman’s ability to take care of her child.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Preterm: Less than 37 weeks of pregnancy.

Psychotherapy: Working with a therapist to identify problems and find ways to change behavior.

Selective Serotonin Reuptake Inhibitors (SSRIs): A type of medication used to treat depression.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ515

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