



Mindfulness-based yoga can ease depression and foster a connection with your baby.



Eight weeks into her pregnancy, Karen Trojanowski felt her joy over having a baby replaced by an unrelenting melancholy. “Even things like getting out of bed in the morning, taking a shower and making breakfast seemed insurmountable,” says Trojanowski, a 34-year-old mom from Boulder, Colo., who had no history of depression.

Trojanowski is among the roughly 20 percent of women who suffer from persistent depression or anxiety during pregnancy—debilitating conditions which, according to mounting research, can have lasting physical and mental consequences for a developing baby.

Studies show that 8 percent to 10 percent of pregnant women now take antidepressants, most commonly, selective serotonin reuptake inhibitors (SSRIs). And in some cases these medications are a wise choice, doctors and researchers say (see “When Antidepressants Might be the Answer,” pg. 34). But with numerous studies showing a potential link between SSRIs and fetal cardiac defects, many women with mild-to-moderate depression are looking toward drug-free alternatives—and finding success.

The dangers of doing nothing

With a baby on the way, many women think their only options are to take medication or suffer through any mental health issues for the sake of their babies’ health.

“Women often say, ‘Let me just get to the end of this pregnancy,’ and don’t try any treatments for their depression. But waiting it out comes with its own serious risks,” says Sona Dimidjian, Ph.D., an associate professor of psychology and neuroscience at the University of Colorado in Boulder.

Clinically depressed moms-to-be (those who have symptoms most of the time on most days for two weeks or longer) tend to have poorer diets and sleep habits, are less likely to take their prenatal vitamins and attend doctor visits, and are more likely to smoke or drink, studies show. They are also 30 percent more likely to deliver early, according to a July 2012 study of 14,000 women published in the *Journal of Obstetrics and Gynecology*.

Mounting research also suggests that exposure in the womb to excess stress hormones, such as cortisol, can influence the development of the baby’s “fight or flight” stress-response system and possibly impair the growth of neurons.

“There’s increasing data to suggest that when you’re depressed during pregnancy, you’re creating a different in utero environment that could affect the baby’s brain development,” explains Catherine Monk, Ph.D., an associate professor in psychology and obstetrics and gynecology at Columbia University Medical Center in New York City.

Monk’s research has found that at 4 months old, babies of moms who suffered mood disorders while pregnant show higher cortisol levels and tend to react to loud sounds or bright objects more anxiously. At 6 months, according to research from the University of Rochester in New York, they have more trouble sleeping and score lower on cognitive tests. By age 8, according to a 2011 study of 3,300 mother-child pairs, they are more likely to suffer depression, anxiety

Blue period

Don’t let depression affect your growing baby’s health. Top experts and recent research shed light on alternative therapies.

and attention deficit hyperactivity disorder (ADHD).

For some women, perinatal depression seems to arise out of nowhere, the likely result of hormonal shifts and new life stresses. For others, pregnancy may trigger a recurrence or worsening of previous problems. Yet only a fraction of pregnant women start treatment and as many as 50 percent taking antidepressants before conception stop taking them after getting pregnant.

Because many pregnant women are reluctant to take medication, Maria Muzik, M.D., M.S., a perinatal

It's not as though one particular treatment option is right for everyone and another is wrong, Dimidjian says. The most important thing is that you do something.

psychiatrist and researcher in the department of psychiatry at the University of Michigan in Ann Arbor says, "If they have mild-to-moderate depression without suicidal tendencies, I steer them toward psychosocial (talk therapy) and alternative treatment options."

If you're experiencing symptoms of depression—which include persistent sadness, hopelessness, inability to concentrate and irritability—and your doctor agrees that medication might not be your best or only option, there are several drug-free alternatives that could help.

Light therapy

One of the most intriguing emerging alternatives is bright-light therapy, in which a mom-to-be spends one hour each morning in front of a specialized artificial light.

Intense, bright light slows the onset of the evening production of the sleep-inducing hormone melatonin and is believed to help reset your circadian rhythm, which controls everything from sleep-wake cycle to hormonal fluctuations (which is why it's already a well-established treatment for seasonal depression). This type of therapy might be effective for women who get the blues in the fall or winter, says C. Neill Epperson, M.D., director of the Penn Center for Women's Behavioral Wellness at the Perelman School of Medicine of the University of Pennsylvania in Philadelphia. Thirteen out of 16 pregnant, moderately depressed women receiving light therapy for five weeks had an at least 50 percent improvement in symptoms, and four stopped being depressed altogether—

all with no side effects, according to a Swiss study published in 2011 in the *Journal of Clinical Psychiatry*.

Just stepping outside to get some sun will not decrease depression, Epperson cautions, because the intensity of the light in winter isn't strong enough.

Mindful yoga and meditation

Ongoing studies involving more than 100 women in Michigan, Georgia, Colorado and elsewhere are looking into mindfulness-based meditation as a means of alleviating prenatal depression.

The classes blend gentle yoga poses with guided meditation exercises and group discussions to help expectant moms become more in tune with and less judgmental of their thoughts and feelings at any given moment.

In August, Muzik published a pilot study showing that depressed moms who participated in a 10-week mindfulness-based yoga class not only saw their depressive symptoms subside, but also scored higher on tests looking at how connected they felt to their unborn children.

Acupuncture, omega-3s and magnetic stimulation

A Stanford University School of Medicine study of 150 pregnant, depressed women found acupuncture to be more effective than massage or placebo in alleviating symptoms. And a number of small trials suggest that supplementing with as little as 300 milligrams daily of DHA, an omega-3 fatty acid, might not only alleviate depression during pregnancy but also prevent it postpartum. Epperson's team also recently began studying a noninvasive technique called Transcranial Magnetic Stimulation, which uses a magnetic coil placed on the scalp to stimulate nerve cells in areas of the brain involved in mood control. Preliminary results show 20 15-minute sessions can relieve symptoms in 70 percent of moms-to-be with no side effects.

Settling on the most effective treatment for depression during pregnancy is a decision that should be made in conjunction with your health care provider. With her doctor's blessing, Trojanowski participated in an 8-week mindfulness meditation and yoga class and found relief for her depression, without antidepressants. Says Dimidjian, "The most important thing is that you do something."

Lisa Marshall is a writer and mother of four in Estes Park, Colo.

➔ When antidepressants might be the answer

While many pregnant women with mild depression can find relief without medication, C. Neill Epperson, M.D., says there are cases in which talk therapy alone or in combination with antidepressant medications should definitely be considered:

- When the mother is suicidal
- When her depression affects the well-being of her other children
- When she has a history of moderate-to-severe depression, she feels it coming on again and medication has worked in the past
- When her depression has made it difficult for her to take care of her own basic needs (eating, going to the doctor, etc.)
- When she experiences a significant decline in her ability to enjoy usually pleasurable activities