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**Therapeutic Dilemma for Pregnant Women With Depression?  
*Higher Premature Birth Rates for Both Untreated Depression and Antidepressant Treatment***

**ARLINGTON, Va. (March 16, 2009)** – Women who suffered from untreated major depression throughout pregnancy had increased rates of preterm birth comparable to those who took selective serotonin reuptake inhibitor (SSRI) antidepressants, according to a study released today. Both groups had higher rates of preterm birth than women without depression or SSRI treatment during pregnancy.

The large observational study of 238 pregnant women, “Major Depression and Antidepressant Treatment: Impact on Pregnancy and Neonatal Outcomes,” is reported today at [AJP in Advance](#), the online advance edition of *The American Journal of Psychiatry (AJP)*, the official journal of the American Psychiatric Association.

The study compared neonatal outcomes of women in three categories — those with neither depression nor SSRI treatment during pregnancy, those with continuous depression but no SSRI treatment, and women with continuous SSRI treatment.

Not surprisingly, women with no exposure to depression or antidepressant medication had a low rate, 6 percent, of preterm births. However, women exposed to continuous SSRI treatment had a 23 percent rate of preterm births and those with continuous depression with no SSRI treatment had comparable levels of increased risk, 21 percent, for preterm birth.

“Given the similarity in outcomes for continuous SSRI treatment and continuous depression, one possibility is that the underlying depressive disorder is a factor in preterm birth among women taking SSRIs,” said lead author Katherine Wisner, M.D.

Wisner and colleagues also report that neither depression nor SSRI treatment affected the infant’s birth weight or the mother’s weight gain during pregnancy. Infants were not more likely to be admitted to the neonatal intensive care unit, nor did exposure to either influence the number of minor physical anomalies in the infant, an indicator of structural malformations and neurodevelopmental abnormalities.

While the results add more evidence linking SSRI treatment to risk of preterm birth, the risk of untreated depression conveys no less risk and suggests that factors independently related to both the disease and its treatment are associated with preterm birth.

*The American Journal of Psychiatry* is the official journal of the American Psychiatric Association. Statements in this press release or the articles in the *Journal* are not official policy statements of the American Psychiatric Association.

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