Medication Options for Patients with Postpartum Depression

Our easy-to-read fact sheets provide clinicians with reliable information to share with patients and their caregivers.

Postpartum depression is defined as the onset of major depression associated with childbirth that negatively affects the mood and behavior of the parent. During pregnancy, an individual undergoes considerable hormonal fluctuations, including increased levels of estrogen and progesterone. After childbirth, these hormone levels drop rapidly, which can contribute to the onset of postpartum depression. Additionally, the postpartum period is often accompanied by increased stress due to the demands of caring for a newborn, sleep deprivation, and hormonal changes.

For new parents battling postpartum depression, finding the right medication to manage your condition can be a critical step towards healing and supporting your mental health. Our helpful guide aims to inform patients about the risks, benefits, and considerations associated with postpartum depression medication as they begin their recovery.

Major Depressive Disorder
Depression is a general term for a common psychiatric disorder that presents with symptoms such as sadness, irritability, loss of interest in activities, feelings of worthlessness, hopelessness, guilt or anxiety, concerns over death, and/or suicidal ideation. Individuals with depression may also experience fatigue, difficulty concentrating, and changes in their appetite weight, and sleep.

Major depressive disorder, or MDD, is characterized by a sad mood and/or lack of interest in activities. A diagnosis of MDD requires the presence of at least 5 of the key symptoms for most of the day, nearly every day, or for at least 2 weeks.

Postpartum Depression
Postpartum depression is classified as a major depressive disorder that begins during or after childbirth, typically within the first 3 months and up to 1 year after childbirth. Approximately 15% to 20% of childbearing individuals develop postpartum depression each year. Although it is one of the most common complications of the postpartum period, it is often underdiagnosed and undertreated.
Symptoms of postpartum depression may overlap with MDD, but include unstable mood, anxiety, irritability, extreme sadness, decreased pleasure, low energy, as well as obsessive worry—typically about the baby’s health, feeding, and safety. More serious symptoms that require immediate evaluation by a provider are thoughts about self-harm, suicide, or harming one’s child.\(^1\,^3\,^4\)

While the exact cause of postpartum depression is not fully understood, several key factors contribute to its development:\(^5\,^6\)

- **Hormonal Changes**: Hormonal fluctuations during and after pregnancy can impact neurotransmitter levels in the brain, which play crucial roles in regulating mood.
- **Genetic Predisposition**: Individuals who have a family history of depression or mood disorders are at higher risk for postpartum depression.
- **Psychological Factors**: Psychological factors, such as a history of depression or anxiety, can increase the risk of developing postpartum depression. Additionally, stressors related to childbirth, such as difficult labor, pregnancy complications, or concerns about parenting, can contribute to the onset of depression.
- **Social Support and Stress**: Lack of social support, relationship difficulties, financial strain, and other stressors can exacerbate the risk for postpartum depression.
- **Physical Health**: Vitamin D deficiency, gestational diabetes, obesity, chronic health conditions, sleep disturbances, or health complications during pregnancy or childbirth can also contribute to the development of PPD.

**Medication Options**

If you are experiencing symptoms of postpartum depression, speak with your provider to discuss treatment options. Currently, antidepressants in combination with psychotherapy are recommended to treat moderate-to-severe depression.\(^1\)
Commonly used postpartum depression medication options include the following:

<table>
<thead>
<tr>
<th>Drug Classes</th>
<th>How It Works</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selective Serotonin Reuptake Inhibitor (SSRI)</strong></td>
<td>SSRIs are antidepressants that inhibit reuptake of serotonin into the neurons to increase serotonin levels.</td>
<td>Nausea, Headache, Dizziness, Sedation, Insomnia, Sexual dysfunction, Nervousness</td>
</tr>
<tr>
<td>Citalopram (Celexa®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escitalopram (Lexapro®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoxetine (Prozac®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paroxetine (Paxil®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sertraline (Zoloft®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Serotonin Norepinephrine Reuptake Inhibitor (SNRI)</strong></td>
<td>SNRIs are antidepressants that inhibit reuptake of serotonin and norepinephrine into the neurons to increase serotonin and norepinephrine levels</td>
<td>Nausea, Headache, Diarrhea, Sedation, Insomnia, High blood pressure, Sexual dysfunction</td>
</tr>
<tr>
<td>Duloxetine (Cymbalta®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desvenlafaxine (Pristiq®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venlafaxine (Effexor XR®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tricyclic Antidepressant (TCA)</strong></td>
<td>Nortriptyline is a TCA that inhibits reuptake of norepinephrine and serotonin into the neurons to increase their levels, as well as inhibit the activity of other agents</td>
<td>Nausea and vomiting, Dry mouth, Dizziness</td>
</tr>
<tr>
<td>Nortriptyline (Pamelor®)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Aminoketone Antidepressant

**Bupropion**

- **Brand names:** Wellbutrin SR®, Wellbutrin XL®
- **Mechanism:** Inhibits reuptake of norepinephrine and dopamine into the neurons to increase their levels
- **Side Effects:** Agitation, Sweating, Nausea, Dry mouth, Trouble sleeping, Nervousness

### Tetracyclic Antidepressant (TeCA)

**Mirtazapine**

- **Brand name:** Remeron®
- **Mechanism:** Works as an antagonist at central presynaptic a2-adrenergic receptors to enhance noradrenergic and serotonergic activity
- **Side Effects:** Sleepiness or drowsiness, Increased appetite, Weight gain, Dizziness

### GABA<sub>A</sub> Modulators

- **Brexanolone**
  - **Brand name:** Zulresso®
- **Zuranolone**
  - **Brand name:** Zurzuvae®
- **Mechanism:** Work on the GABA<sub>A</sub> receptors to regulate mood and behavior
- **Side Effects:** Sleepiness or drowsiness, Dry mouth, Passing out, Flushing of the skin or face, Dizziness, Fatigue, Diarrhea, Common cold, Urinary tract infection

---

It's important to recognize that postpartum depression is a complex and multifaceted condition that varies from person to person. Although the transition to parenthood can be challenging for many individuals, when symptoms persist and significantly impact daily functioning, it may indicate the presence of postpartum depression. Seeking professional help is crucial for diagnosis and treatment.
Frequently Asked Questions

How can I tell if I’m experiencing postpartum depression?
If you think you may have postpartum depression, it is important to speak with your provider. Your provider can provide a clinical assessment or utilize self-report tools, such as the Edinburgh Postnatal Depression Scale (EPDS) – a widely and reliably used screening tool for postpartum depression. Physicians are encouraged to screen for postpartum depression at the first postnatal obstetrical visit. If you or a loved one are experiencing symptoms of postpartum depression, follow up with your provider to discuss diagnostic and treatment options.

Are these medications safe for me to take while breastfeeding?
It is recommended that patients who are currently breastfeeding, or planning on breastfeeding, should first speak with their provider to discuss the potential risks and benefits of different medication options. The decision to use antidepressants during postpartum while breastfeeding involves careful consideration of both the potential risks and benefits for both the parent and the baby.

Treating postpartum depression with antidepressants can improve parental mental health and reduces the risk for paternal self-harm or harm to their child. However, some medications can pass into breast milk. There is ongoing research regarding the long-term effects of antidepressant exposure during breastfeeding on infant development. While some studies have suggested potential concerns, the overall consensus is that the benefits of breastfeeding typically outweigh the potential risks for antidepressant exposure.

For example, sertraline and paroxetine have a better safety profile for infants during breastfeeding, but there is less available data for other serotonin reuptake inhibitors such as escitalopram and duloxetine. When taking fluoxetine, it is recommended to monitor infants for agitation, irritability, poor feeding, and poor weight gain. Research also indicates that zuranolone has potential risk for harm to the infant. It is recommended to use effective contraception during zuranolone treatment and for 1 week after the final dose.

In many cases, the benefits of treating postpartum depression with antidepressants outweigh the potential risks, but it’s important to carefully consider all factors and explore alternative treatments if appropriate.
When should I stop taking my medication?
It is important to consult your provider before discontinuing treatment. Discontinuation during pregnancy may increase your likelihood of a depression relapse, compared with individuals who continue antidepressants.\textsuperscript{11,12} However, if you experience new or worsening depression, anxiety, irritability, insomnia, mania, or suicidal thoughts and behavior, you should speak with your provider to determine if this is a side effect of your medication.

Newer postpartum depression medications such as Brexanolone and Zuranolone have specific durations of therapy. Zuranolone should only be taken once daily for 14 days while brexanolone is administered as a continuous infusion over 60 hours (2.5 days).\textsuperscript{13,14}

You should stop taking your medication and seek immediate medical help if you experience a seizure or an allergic reaction such as development of skin rash, hives, chest pain, edema, and shortness of breath.