PROJECT INFORMATION

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Effects of Maternal Depression and Its Treatment on Infant Health in Pregnant Women, with or without Other Mental Illness

Principal investigator

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Organization

Kaiser Foundation Research Institute

What was the research about?

In the United States, 10 to 15 percent of pregnant women have depression. Two ways of treating depression are taking medicine or going to talk therapy.

In this study, the research team looked at whether pregnant women with depression had a higher risk of having babies born at least three weeks too early, with a low birth weight, or were smaller than expected, compared with pregnant women without depression. The team also looked at the risk of these health problems for babies when pregnant women

- Had therapy for depression
- Took medicine for depression
- Took medicine and also had therapy for depression

What were the results?

Pregnant women with untreated depression had a higher risk of having babies too early than those without depression.

Compared with pregnant women whose depression wasn't treated, the risk of having a baby born too early was

- The same in pregnant women in therapy for depression
- Higher in pregnant women who took medicine for depression
- Higher in pregnant women who took medicine for depression and also had therapy

Having depression didn't affect the risk of babies having a low birth weight or being smaller than expected at birth. Neither did any of the treatments for depression.

Who was in the study?

The study looked at health records for 91,084 women who gave birth at one California health system. Of these, 37 percent were white, 25 percent were Asian, 6 percent were African American, and 5 percent were another race or the race was unknown; 26 percent were Hispanic. Also, 13 percent of women were ages 18–24, 63 percent were ages 25–34, and 24 percent were over age 35.

The research team found that 21 percent of the women had depression or reported signs of depression. Of these women

- 7 percent were taking medicine
- 39 percent were in therapy

- 15 percent were taking medicine and were in therapy
- 39 percent weren't getting treatment

What did the research team do?

The research team looked at health record data on depression treatment, timing of birth, and birth weight and size. The team looked for a link between women's depression and treatment and risk of health problems in their babies.

Providers, patient groups, and pregnant women with depression gave input during the study.

What were the limits of the study?

This study included only one California health system. Results may differ in other health systems. The research team didn't assign treatment to the women

by chance. For this reason, the team can't be sure that the risk of babies' health problems was due to women having depression, getting treatment, or something else. Also, this study didn't look at the different medicines or types of therapy that women may have been using.

Future research could look at whether specific kinds of depression or types of therapy have clear effects on babies' health. Researchers could also look at pregnant women who live in other places.

How can people use the results?

Women and their doctors can use the results when considering options for treating depression during pregnancy.

To learn more about this project, visit www.pcori.org/Li175.