Antidepressant Decision Making During Pregnancy: Insights for Physician Support

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Background

Prenatal depression affects 10% to 15% of women[1-2]. Physicians, including primary care physicians, obstetricians, and psychiatrists, play an important role in supporting women in deciding whether to take antidepressants prenatally. This study aimed to develop an understanding and provide recommendations for how physicians could better support women with their decision making (DM).

Methods

This is a secondary data analysis of a grounded theory study[3] for which semi-structured interviews were conducted with purposively-sampled women from the community or specialty clinics (N = 31). In this study, we used reflexive thematic analysis and interpretive description.

Results

The support physicians could provide was constrained by factors at the healthcare system level, in particular:

1. Awareness of mental health challenges and specific supports available during pregnancy.

"Mental health was always on the table in our conversations, in our appointments, and [prenatal doctor] was able to provide really, really good care, in that sense"
-Rebecca, third trimester, taking antidepressants

2. Timely access to these resources.

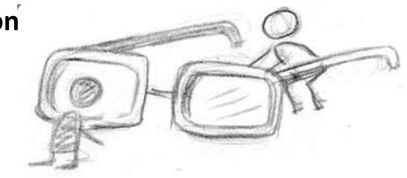
"One downside about getting into the [Reproductive Mental Health program] was I didn't get in for six months, so when I really needed the support in January when I got the referral it wasn't there."
-Sierra, second trimester, not taking antidepressants

Women navigating antidepressant decision making during pregnancy value support in making sense of information, flexibility in their care plan, and feeling empowered to make the best choices for themselves, in the setting of a trusting, non-judgmental relationship with their healthcare provider.

At the level of individual healthcare interactions, there are many ways that physicians can support women's DM process, as illustrated by the following themes and subthemes:

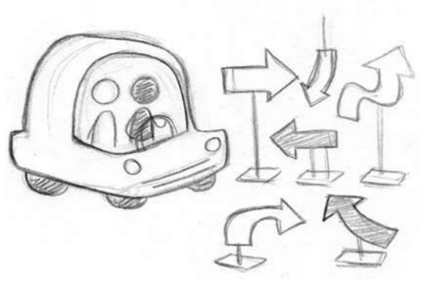
1 Sharing and making sense of information

- Providing clear and consistent information
- Supporting interpretation of data
- Discussing risks and benefits



2 Maintaining adaptability in the care plan

- Discussing all the options
- Personalizing care
- Contingency planning

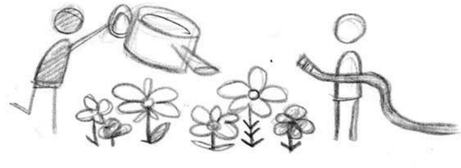


3 Empowering women in their DM

- Respecting autonomy
- Alleviating guilt in DM
- Recognizing women's mental health as a benefit

4 Developing a therapeutic alliance

- Fostering trust
- Being non-judgmental
- Providing longitudinal care



1 *"…there is a little bit of that disconnect between, I guess, statistical significance, clinical significance, what it actually means. So, it's hard to read those papers and really grasp what they mean" -Lena, preconception, undecided*

2 *"What are your options? If you do decide to go ahead with the pregnancy and taking antidepressants, what are the risks? Is there only one medication? Can you switch your medication for a different one? Can you lower the dose?" -Sofia, preconception, undecided*

3 *"…you forget that the biggest benefit of all is your own mental health and your ability to make rational decisions, your ability to carry through a health pregnancy- continuing to exercise, continuing to eat well, sleep well…"*
-Carolyn, third trimester, taking antidepressants

Conclusion

Insights from this study can enable physicians to tailor their care to best suit the needs of women facing prenatal antidepressant decision making.

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References

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