

What's New in Perinatal Depression?

Risks of using SSRIs during pregnancy and other important issues in the etiology, diagnosis, and overall approach to the treatment of perinatal depression

In 2009, several studies shed light on the genetics, differential diagnosis, and treatment of postpartum depression. Other findings added to the ongoing clinical challenge of determining whether to prescribe antidepressants during pregnancy.

Genetic underpinnings of postpartum depression were explored in a two-part study involving 1126 women with family histories of bipolar disorder or early-onset major depression ([Am J Psychiatry 166:1229](#)). In the genome-wide linkage study, self-reported postpartum mood symptoms were linked with two chromosomal regions; the follow-up association study suggested possible associations with *HMCN1*, which contains four estrogen-receptor binding sites and expression of which is altered by the postpartum drop in estrogen levels, and *METTL13*, implicated in estrogen-receptor-induced gene transcription. However, these findings require replication because of diagnostic heterogeneity, lack of rigorous diagnostic assessments, multiple tests in the association study, and linkage results that differed from those in a previous study of postpartum psychosis. Still, this study remains important because of its focus on the familial aggregation of, and potential genetic contribution to, postpartum mood disorders.

Postpartum disorders include bipolar II disorder, and the rate of postpartum episodes (mostly, depression) in women with bipolar spectrum disorders is high ([Am J Psychiatry 166:1217](#)). Misdiagnosing major depression in these bipolar patients can lead to inappropriate antidepressant monotherapy, treatment nonresponse, and an unstable clinical course.

Also in 2009, promising studies of [psychological interventions for mild postpartum depressive](#)