

What You Should Know About Depression in Women With Infertility

Many women who are unable to become pregnant within one year of trying (the definition of “infertility”) experience symptoms of depression. Although feelings of sadness are not constant most of the time, some women with infertility may have major depression. The signs of major depression are sadness or lack of interest in normal activities, along with weight changes, getting too much or not enough sleep, loss of energy, feelings of worthlessness or undue guilt, and/or thoughts of self-harm.

Am I depressed because I am infertile, or am I infertile because I am depressed?

This is a good question to ask, but the answer may not be easy. Some research has shown that women with depression have higher rates of infertility than those who do not have depression, but there is not positive proof that depression causes infertility. Other studies tried to find out if the treatment for depression affected women’s ability to become pregnant. Some infertility medications do have side effects that include anxiety, irritability, and mood swings. The experience of repeated unsuccessful fertility treatments may lead to depression.

I am trying to get pregnant. What do I need to consider when being treated for depression?

The effects of medication on a woman’s ability to conceive, her pregnancy, her fetus, and breastfeeding are important to discuss with your clinician. Women with depression need to weigh the possible risks of medications against the chance that their depression will get worse if they stop medication. Some drugs have risks of miscarriage or certain problems for the baby, but untreated depression may also cause problems with the pregnancy. The choice of drugs must be made carefully with an experienced clinician, and the effects closely monitored.

Counseling—individually, with a partner, or in a group—is a safe and effective tool against depression in women who want to get pregnant. It also can help with understanding the issues felt with infertility, such as loss, grief, guilt, anger, low self-esteem, social isolation, and sexual problems. Sometimes this kind of therapy helps in getting pregnant. Often the clinician will recommend counseling along with medication for the best outcomes.

If I become pregnant, will my depression go away?

Women who have depression and infertility often believe that if they have a baby, the depression will



just go away. However, studies have shown that women who have experienced infertility are at risk for depression in pregnancy. Women who experience infertility prior to getting pregnant may feel unworthy to be a mother or inadequate in their sexuality. Without counseling, some of these feelings may persist after becoming a parent.

Is there hope for me?

There must be a balance in treating and understanding infertility and depression at the same time. Ask your clinician about medications and adjustments you might make for each condition. Use the counsel of a mental health professional to help you understand how your outlook, self-esteem, and relationships are affected by infertility and how they can be improved. Join an infertility depression support group or online community. Discuss your experience and feelings with your partner. For better mental and physical health, maintain a healthy diet and get regular exercise.

Online resources that may be helpful:

RESOLVE: National Infertility Association

www.resolve.org/support-and-services/Managing-Infertility-Stress/when-to-see-help.html

womenshealth.gov

www.womenshealth.gov/faq/infertility.cfm

Centers for Disease Control and Prevention

www.cdc.gov/Reproductivehealth/Infertility/index.htm