

PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, AND DELIVERED WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

Presence of clinical depression, including postpartum depression, diagnosed by a physician or self reported by applicant, participant or caregiver; or as reported or documented by a physician, psychologist or someone working under physician's orders.

ASK ABOUT:

- Attitude and knowledge about the condition and treatment plan (including medications)
- Barriers to following prescribed diet and/or treatment plan (e.g., health beliefs, religious or cultural practices, finances, access to follow-up health services)
- Food-medication interactions
- Changes in appetite (Appetite changes are a distinguishing feature of depression. Severe depression is often associated with anorexia, bulimia and weight loss.)
- Unintended weight loss or gain
- Dietary supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
- Other chronic medical conditions

NUTRITION COUNSELING/EDUCATION TOPICS:

- Depressed pregnant women are more likely to smoke during pregnancy, attend prenatal care less frequently, and suffer from episodes of nausea/vomiting. They also may be at risk for preeclampsia, preterm delivery, or delivery of low birth weight infants and higher perinatal mortality rates.
- Pregnant adolescents have a higher rate of depression.
- There are three major classes of antidepressants. Tricyclic antidepressants (TCAs), which include amitriptyline (Elavil) and desipramine (Norpramin), and selective serotonin reuptake inhibitors (SSRIs), which include sertraline (Zoloft) and paroxetine (Paxil) are generally viewed as safe options for pregnant and breastfeeding women. MAOIs such as phenelzine (Nardil) and tranylcypromine (Parnate) are always contraindicated during pregnancy and breastfeeding as reproductive safety has not been established.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Encourage healthy food choices (including good sources of Omega-3 fatty acids for their anti-inflammatory properties) with regular meals and snacks.
- Educate about the increased risk of depressive symptoms during the third trimester of pregnancy.
- Provide breastfeeding education, assessment and support to women with existing depression; both prenatally and in the postpartum period. Successful breastfeeding can have a positive effect on maternal mental health, but breastfeeding problems (such as nipple pain) can increase the risk of depression.
- More information about the treatment of depression and WIC's role in providing nutrition services to women at risk of or diagnosed with depression can be found in a separate document titled *Guidance for Screening and Referring Women with or At Risk for Depression*.

POSSIBLE REFERRALS:

- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or the local public health department.
- Refer the participant to other health care and social service programs as needed.