

Treatment-Resistant Depression in the Postpartum Period

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Postpartum treatment-resistant depression is defined as MDD that fails to respond to at least two adequate, well-adhered-to antidepressant trials, after confirming diagnosis and ruling out bipolar disorder, psychosis, and medical or psychosocial contributors.

Risk Factors

- Prior mood disorders
- Low support
- Stressful pregnancy/birth
- Family history

Initial Evaluation

- Confirm DSM-5 diagnosis
- Assess safety
- Rule out psychosis
- Verify dose/duration

What Makes TRD

- Non-response to 2 meds
- Persistent impairment
- No bipolar/medical causes

Neurostimulation

- ECT: rapid, effective
- rTMS: non-invasive option

Clinical Features

- Guilt, sadness, anhedonia
- Bonding difficulty
- Intrusive thoughts, SI/HI
- Impaired infant care/ADLs

First-Line Treatment

- CBT/IPT
- SSRIs/SNRIs
- Sleep support
- Breastfeeding considerations

TRD Pharmacology

- Switch SSRI/SNRI
- Aripiprazole/lithium
- Brexanolone (approved 2019 – IV only)
- Zuranolone (approved 2023 – first oral)
- Ketamine/esketamine