

1290 Prepregnancy Body Mass Index, Gestational Weight Gain, and the Likelihood of Major Depressive Disorder During Pregnancy.

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## Perinatal Mental Health: New Data Regarding Risk Factors and Treatment Considerations

In this issue's Focus on Women's Mental Health section, 3 articles further inform the field of perinatal psychiatry. Bodnar et al present results that underscore prepregnancy body mass index (BMI) and gestational weight gain as risk factors for depression during pregnancy, and Lin et al examine the impact of prenatal care on obstetrical outcomes in women with schizophrenia. Newport et al add to the literature regarding infant antidepressant exposure in the context of breastfeeding.

In this issue, Bodnar et al address the important relationship between prepregnancy BMI, gestational weight gain, and risk of depression during pregnancy. In a prospective cohort study (N = 242), they found that high pregravid BMI was associated with an increased risk of major depressive episodes during pregnancy and additionally observed that lower-than-recommended gestational weight gain during pregnancy is also associated with increased risk of antenatal depression. This study brings further information to the field regarding risk factors for depression during pregnancy and adds to the growing literature on the topic of body weight and mood disorders.

Lin et al highlight another important aspect of perinatal psychiatry in this issue, the topic of obstetrical care among women with serious psychiatric disorders. In a nationwide study in Taiwan, they assessed engagement in prenatal care in women with and without schizophrenia and assessed obstetrical and neonatal outcomes that included prematurity, low birth weight, and small for gestational age. Their findings demonstrate that lack of prenatal care was associated with poorer outcomes, underscoring the importance of adequate prenatal in women with serious mental illness.

Newport and colleagues contribute systematic data on venlafaxine used in the context of breastfeeding. They rigorously collected samples of breast milk and maternal and infant plasma in order to characterize exposure for infants whose mothers were taking venlafaxine while nursing. From these samples, they quantified levels of exposure to venlafaxine and its metabolite desvenlafaxine and found that concentrations of drug and metabolite were highly variable in breast milk, and relatively higher levels of excretion into breast milk may be particularly due to the contribution of the metabolite desvenlafaxine. Importantly, no adverse effects were reported among the infants. The authors highlight the clinically relevant dilemmas associated with antidepressant use while breastfeeding.

We appreciate these contributions to the field of women's mental health. For more information about the Focus on Women's Mental Health section of the *Journal of Clinical Psychiatry*, please visit [psychiatrist.com](http://psychiatrist.com).

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