How do women decide whether to take antidepressants in pregnancy? A woman-centered, constructivist grounded theory of decision making

Research Objectives:
Depression during pregnancy affects upwards of 10-15% of women. Practice guidelines recommend that clinicians support women to make informed treatment decisions in light of risks of untreated depression and antidepressant use during pregnancy. However, there is minimal evidence regarding how women make these decisions or how clinicians can best support their decision making. This study aimed to develop a constructivist grounded theory, within a feminist theoretical framework, of women’s decision making regarding depression treatment during pregnancy.

Methods:
Semi-structured interviews were conducted with purposively-sampled, pregnant or preconception women from the community or specialty clinics in Vancouver, Canada. (N=31). Iterative data collection and analysis, along with theoretical sampling and member checking, were used to determine saturation in the theory.

Results:
Participants were highly conscious of societal stigma towards mental illness and medication use during pregnancy. As a result, they faced fear, anxiety, and guilt while decision making. Participants navigated, in a non-linear manner, between three clusters of decision-making activities: seeking information, making sense of information, and self-soothing. ‘Seeking information’ included internal processes (e.g., reviewing past experiences), and external processes (e.g., seeking healthcare providers’ expertise). In ‘making sense of information’, participants appraised available evidence (e.g., based on their beliefs and values). In ‘self-soothing’, participants engaged in coping strategies, such as developing mantras or normalizing, to try to alleviate the painful emotions they encountered.

Conclusions:
This grounded theory can be used by clinicians and patients to support patient-oriented decision making regarding how best to care for maternal mental health during pregnancy.