Maternal Mental Health: Impact, Identification, and Intervention

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Objectives

• *Focus: Depression and Anxiety*

• Impact

• Identification
  • Illnesses
  • Screening Tools

• Interventions
  • Biopsychosocial Model in Treatment planning
    • Pregnancy
    • Postpartum

• Challenges and Resources
Perinatal Disorders

• Prevalence of psychiatric disorders in reproductive age females
• 2 medical conditions
  • Pregnancy/Postpartum
  • Psychiatric Illness
• 2 patients
  • Mother
  • Fetus/Baby
• Family Unit
Two-thirds of perinatal depression begins before birth

- Pregnancy: 33%
- Before pregnancy: 27%
- Postpartum: 40%
Pregnancy

- Up to 20% of pregnant women have anxiety or mood symptoms during pregnancy

<table>
<thead>
<tr>
<th>Depression</th>
<th></th>
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<tbody>
<tr>
<td>First trimester</td>
<td>7 %</td>
</tr>
<tr>
<td>Second trimester</td>
<td>13 %</td>
</tr>
<tr>
<td>Third trimester</td>
<td>12 %</td>
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</tbody>
</table>
Perinatal depression is twice as common as gestational diabetes

Depression
10 – 15 in 100

Diabetes
3 -7 in 100

Perinatal Anxiety Disorders

• Less attention than depression
• Late 20’s peak time for anxiety disorders to present in women
• Perinatal Anxiety: 13-16.5%
• Perinatal Onset OCD: 18%-40 %
• OCD 60-80% comorbidity with MDD
• PTSD
  • Pregnancy: 7.7%-7.9%
Postpartum Disorders

• Baby Blues 85%
• Depression 10%
• PTSD 3.6%-6.3%
• OCD
  • 11% prevalence 2 weeks postpartum
• Postpartum Psychosis 1-2/1000
Screening in Pregnancy

• Clinical Interview
  • Similar techniques as any other chief complaint
• Information from partner or family
• DSM 5 Diagnosis/Illnesses
• Rule Out Other Illnesses or Causes
• Screening tools
  • EPD, GAD-7, PASS
Edinburgh Postnatal Depression Scale

Please circle the response that comes closest to how you have been feeling IN THE PAST 7 DAY. Please answer all questions.

Here is an example already completed.
I have felt happy:

0 Yes, all the time
1 Yes, most of the time
2 No, not very often
3 No, not at all

This would mean: “I have felt happy most of the time” during the past week. Please complete the other questions in the same way.

In the Past 7 days:

1. I have been able to laugh and see the funny side of things
   0 As much as I always could
   1 Not quite as much now
   2 Definitely not so much
   3 Not at all

2. I have looked forward with enjoyment to things
   0 As much as I ever did
   1 Rather less than I used to
   2 Definitely less than I used to
   3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   0 Yes, most of the time
   1 Yes, some of the time
   2 Not very often
   3 No, never

4. I have been anxious or worried for no good reason
   0 No, not at all
   1 Hardly ever
   2 Yes, sometimes
   3 Yes, very often

5. I have felt scared or panicky for no very good reason
   0 No, not at all
   1 Hardly ever
   2 Yes, sometimes
   3 Yes, quite often

6. Things have been getting on top of me
   0 Yes, most of the time I haven’t been able to cope at all
   1 Yes, sometimes I haven’t been coping as well as usual
   2 No, most of the time I have coped quite well
   3 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   0 Yes, most of the time
   1 Yes, sometimes
   2 Not very often
   3 No, not at all

8. I have felt sad or miserable
   0 Yes, most of the time
   1 Yes, quite often
   2 Not very often
   3 No, never

9. I have been so unhappy that I have been crying
   0 Yes, most of the time
   1 Yes, quite often
   2 Not very often
   3 No, never

10. The thought of harming myself has occurred to me
    0 Yes, quite often
    2 Sometimes
    1 Hardly ever
    0 Never

For Office Use Only

Screen Administration

Screened During

Score

Postpartum

Third Trimester

Week/ Date

Patient #: Screened During

Score: Total:

Administered/Reviewed by Self Administered Assisted

818 Score

For further information, please contact the authors at laura@psychology.dundee.ac.uk


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## GAD-7

Over the past two weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than one half of the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Having trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling afraid, as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total GAD-2 score**

_______ + _________ + _______  

**Total GAD-7 score**

_______ + _________ + _______
Overall Anxiety Severity and Impairment Scale (OASIS)

The following items ask about anxiety and fear. These symptoms may include panic attacks, situational anxiety, worries, flashbacks, hypervigilance, or startle. Include all of your anxiety symptoms when answering these questions. For each item, circle the number for the answer that best describes your experience over the past week.

1. In the past week, how often have you felt anxious?
   0 = No anxiety in the past week.
   1 = Infrequent anxiety. Felt anxious a few times.
   2 = Occasional anxiety. Felt anxious as much of the time as not. It was hard to relax.
   3 = Frequent anxiety. Felt anxious most of the time. It was very difficult to relax.
   4 = Constant anxiety. Felt anxious all of the time and never really relaxed.

2. In the past week, when you have felt anxious, how intense or severe was your anxiety?
   0 = Little or None: Anxiety was absent or barely noticeable.
   1 = Mild: Anxiety was at a low level. It was possible to relax when I tried. Physical symptoms were only slightly uncomfortable.
   2 = Moderate: Anxiety was distressing at times. It was hard to relax or concentrate, but I could do it if I tried. Physical symptoms were uncomfortable.
   3 = Severe: Anxiety was intense much of the time. It was very difficult to relax or focus on anything else. Physical symptoms were extremely uncomfortable.
   4 = Excessive: Anxiety was overwhelming. It was impossible to relax at all. Physical symptoms were unbearable.

3. In the past week, how often did you avoid situations, places, objects, or activities because of anxiety or fear?
   0 = None: I do not avoid places, situations, activities, or things because of fear.
   1 = Infrequent: I avoid something once in a while, but will usually face the situation or confront the object. My lifestyle is not affected.
   2 = Occasional: I have some fear of certain situations, places, or objects, but it is still manageable. My lifestyle has only changed in minor ways. I always or almost always avoid the things I fear when I am alone, but can handle them if someone comes with me.
   3 = Frequent: I have considerable fear and really try to avoid the things that frighten me. I have made significant changes in my life style to avoid the object, situation, activity, or place.
   4 = All the Time: Avoiding objects, situations, activities, or places has taken over my life. My lifestyle has been extensively affected and I no longer do things that I used to enjoy.

4. In the past week, how much did your anxiety interfere with your ability to do the things you needed to do at work, at school, or at home?
   0 = None: No interference at work/school from anxiety.
   1 = Mild: My anxiety has caused some interference at work/home/school. Things are more difficult, but everything that needs to be done is still getting done.
   2 = Moderate: My anxiety definitely interferes with tasks. Most things are still getting done, but few things are being done as well as in the past.
   3 = Severe: My anxiety has really changed my ability to get things done. Some tasks are still being done, but many things are not. My performance has definitely suffered.
   4 = Extreme: My anxiety has become incapacitating. I am unable to complete tasks and have had to leave school, have quit or been fired from my job, or have been unable to complete tasks at home and have faced consequences like bill collectors, evictions, etc.

5. In the past week, how much has anxiety interfered with your social life and relationships?
   0 = None: My anxiety doesn't affect my relationships.
   1 = Mild: My anxiety slightly interferes with my relationships. Some of my friendships and other relationships have suffered, but overall, my social life is still fulfilling.
   2 = Moderate: I have experienced some interference with my social life, but I still have a few close relationships. I don't spend as much time with others as in the past, but I still socialize sometimes.
   3 = Severe: My friendships and other relationships have suffered a lot because of anxiety. I do not enjoy social activities. I socialize very little.
   4 = Extreme: My anxiety has completely disrupted my social activities. All of my relationships have suffered or ended. My family life is extremely strained.

Total Score: _____
PASS

- Perinatal Anxiety Screening Scale (PASS)
- 31 item
- Broad range of disorders
- Includes questions specific to perinatal period
- Identifies:
  1. Acute Anxiety & Adjustment
  2. General Worry & Specific Fears
  3. Trauma, Control, & Perfectionism
  4. Social Anxiety
Positive Screen – What Next?

- Assess severity
- Assess for suicide
  - Diagnostic clarity-rule out other possible disorders
    - Full medical work up
- Consider all biopsychosocial support & treatment options
  - What does the patient prefer?
- Consider risks vs benefits of treatment options AND risks vs benefits of no treatment.
  - Schedule close follow up visits
- Don’t forget to keep administering the scales
  - Watch for Response, Remission
Medications in Pregnancy: Depression and Anxiety

• NO medication for depression or anxiety is FDA approved for use in pregnancy
• All medication discussion is off label
Risks and Benefits

• Risks
  • Medications to mom
  • Medications to fetus/baby
  • Untreated depression or anxiety to mom
  • Untreated depression or anxiety to fetus/baby

• Benefits
  • Medications to mom
  • Treated depression or anxiety to fetus/baby
Pregnancy and Antidepressants

• Teratogenesis/Congenital Malformations
• Miscarriage and Stillbirths
• Preterm delivery
• Gestational weight
• Neonatal Adaptation Syndrome
• PPHN
• Long term effects
Congenital Malformations:

• Meta-Analysis 2013
  • No increased risk of congenital malformations
  • Statistically significant risk of CV but not clinically significant
• Population Based Study 2014
  • No increased risk of CV malformations
• Concern about paroxetine – category D

Congenital Malformations: Small absolute risk
Data mixed for certain medications, particularly paroxetine
Recent Data Reassuring

• SNRI (2015 Meta-analysis)
  • Venlafaxine
    • 5 Studies
      – 3 cohort prospective studies found no significant association
      – 1 case control hypospadias
      – 1 case control anencephaly, ASD, COA, cleft palate, gastroschisis
  • Duloxetine
    • 4 studies
      – 3 no CM (case reports)
      – 1 clubfoot, kidney agenesis, hydronephrosis (1.8%) was within baseline of general population (prospective)
Miscarriage/Stillbirth

SSRI
• 2013 Meta Analysis
  • No increased risk when comparing untreated illness with SSRI exposure
  • But did compared to control
• 2013 Meta Analysis
  • No increased risk
• 2014 Database study raised issue of illness as possible risk
• Possibly higher with bupropion

Venlafaxine:
• 1-Assocated with risk of SA, dose association with more than 150mg/day
• 2-small increased risk of SA
• 3-No higher risk of SA

Stillbirths/Neonatal Deaths
• 2013 study in JAMA
• Initially showed increase risk with stillbirth and postneonatal death, no increased risk with neonatal death

****BUT****
• Showed no increased risk after controlling for:
  • maternal psychiatric illness
  • cigarette smoking
  • advanced maternal age
  • country

Miscarriage/Stillbirth Summary:
Recent data reassuring. Emphasizes possible association with maternal illness and other factors. Possible small MC risk with bupropion and dose-dependent with venlafaxine.
Preterm Delivery, Birth Weight, APGAR

- 2013 meta-analysis of 23 studies
- Significant associations between prenatal antidepressant exposure and
  - gestational age
  - preterm delivery
  - lower birth weight
  - lower APGAR scores
- 2015 study with SNRI’s suggests risk

Small increase risk of preterm labor & low birth weight

Depression can also increase risk of preterm labor
and low birth weight
Neonatal Distress/Adaptation Syndrome

• ~ 25%-30% of babies exposed in late pregnancy
• Most common: tremor, restlessness, increased muscle tone, increased crying
• Relatively benign and short-lived (1-4 days)
• Do not use term withdrawal
• Tapering before delivery (3rd trimester)?
  • No
Persistent Pulmonary Hypertension of the Newborn (PPHN)

1. 1 report: SSRI after 20 wks increased risk of PPHN by six fold
   - Still relatively small
   - Less than 1% in infants exposed to SSRI in utero

2. 3 studies: no association between antidepressant use during pregnancy and PPHN

3. 1 study showed less than 1% risk

Absolute risk of persistent pulmonary hypertension (PPHN) appears small

Baseline rate of 1-2 per 1000 births, may increase to 3-4 in 1000 births
Long Term: Development, Behavior, ASD, ADHD

Development and Behavior
- no significant differences in IQ, temperament, behavior, cognition, language reactivity, mood, distractibility, or activity level
- 1 study showed lower psychomotor scores with SSRI exposure
- Untreated illness after delivery – negative effects on language
- Depression duration associated with negative effects on IQ
- Depression associated with behavioral problems

ASD and ADHD
- Conflicting data regarding association of ASD and SSRI exposure
  - 2016 Systematic Review and Meta-Analysis
  - 2, 2017 Retrospective Cohorts
- No statistical association between SSRI exposure and ASD.
- 1 study showed significant association between SSRI exposure and healthy controls, but NO significant association when compared to untreated maternal illness.
Untreated Depression/Anxiety

Potential Maternal outcomes/associations
• Operative delivery
• Obstetrical Complications
• Substance use
• Pre-eclampsia
• Poor prenatal care and nutrition
• Suicidal behaviors
• Quality of life
• Relationship with Partner

Potential Neonatal outcomes
• Low birth weight
• NICU admission
• Decreased breastfeeding initiation
• Behavioral changes in offspring
  • Suboptimal neurobehavioral scores
• Cortisol
  • Elevated urinary cortisol/catecholamines after delivery
  • Enhanced stress cortisol response at 12 months
• Bonding in Postpartum period
• Impaired immune/stress response
• Microstructure brain changes
Treatments:
Non-Pharmacological

• Psychotherapy
  • Cognitive Behavioral Therapy
  • Relaxation Techniques
  • Couples Therapy
  • Interpersonal Therapy

• Mindfulness
• Yoga
Treatments:
Non-Pharmacological

• Increase support system
• Limit substances, caffeine, nicotine
• Education on pregnancy, parenting, mental illness
• Referrals
  • Social Work, Counseling, Psychotherapy, Vocational Rehabilitation
• ECT (severe depression and psychosis)
# Postpartum Psychiatric Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>% of women experience</th>
<th>Time Course</th>
<th>Symptoms</th>
</tr>
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</table>
| Postpartum Blues       | 50-85%                | During first 2 weeks, peak day 4-5 | • Tearfulness  
• Anxiety  
• Irritability  
• Mood Lability |
| Postpartum Depression  | 10 %                  | Within 1-3 months typically       | • Depression  
• Guilt  
• Anxiety  
• Fear of harm to baby  
• Obsessions |
| Postpartum Psychosis   | 1-2/1000 women        | 2 days to 2 weeks (can be later)   | • Restless, Irritable  
• Disorientation  
• Insomnia  
• Delusions  
• Hallucinations  
• Rapid Mood Cycling |
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Postpartum Depression

• 7-13% prevalence rate *

• Consequences
  • Child:
    • Less facial expression
    • More fussiness
    • Slowed motor development
    • Ineffective emotional regulation
    • Fear, anxiety, lower self-esteem
    • Insecure attachment behaviors
    • Bonding
    • Behavioral problems
    • Physical (short stature)

• Family
  • Stress
  • Relationship problems

• Personal
  • Quality of life
  • Suicide
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</table>

**Emergency Risk of infantcide & Suicide**

Hospitalize !!
Other Postpartum Disorders

• **PTSD**
  • Exacerbation
  • New Onset

• **OCD**
  • peak onset 2 weeks
  • 73% of women already with OCD report worsening postpartum
  • Intrusive Thoughts
Intrusive Thoughts

Risk of harm to baby

**OCD/anxiety**
- Good insight
- Thoughts are intrusive and scary
- No psychotic symptoms
- Thoughts cause anxiety

**Postpartum Psychosis**
- Poor insight
- Psychotic symptoms
- Delusional beliefs or distorted reality present

Low risk

High risk
# PBQ

**Postpartum Bonding Questionnaire**

25 Question

1. Impaired Bonding
2. Rejection and Pathological Anger
3. Infant-Focused Anxiety
4. Incipient Abuse

---

**Post Partum Bonding Questionnaire**

Please indicate how often the following are true for you.

There are no ‘right’ or ‘wrong’ answers. Choose the answer which seems right in your recent experience.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Scoring</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 → 5</td>
<td>I feel close to my baby</td>
</tr>
<tr>
<td>1</td>
<td>5 → 0</td>
<td>I wish the old days when I had no baby would come back</td>
</tr>
<tr>
<td>2</td>
<td>5 → 0</td>
<td>I feel distant from my baby</td>
</tr>
<tr>
<td>2</td>
<td>0 → 5</td>
<td>I love to cuddle my baby</td>
</tr>
<tr>
<td>2</td>
<td>5 → 0</td>
<td>I regret having this baby</td>
</tr>
<tr>
<td>1</td>
<td>5 → 0</td>
<td>The baby does not seem to be mine</td>
</tr>
<tr>
<td>1</td>
<td>5 → 0</td>
<td>My baby needs me up</td>
</tr>
<tr>
<td>1</td>
<td>0 → 5</td>
<td>I love my baby to bits</td>
</tr>
<tr>
<td>1</td>
<td>0 → 5</td>
<td>I feel happy when my baby smiles or laughs</td>
</tr>
<tr>
<td>1</td>
<td>5 → 0</td>
<td>My baby irritates me</td>
</tr>
<tr>
<td>2</td>
<td>0 → 5</td>
<td>I enjoy playing with my baby</td>
</tr>
<tr>
<td>1</td>
<td>5 → 0</td>
<td>My baby cries too much</td>
</tr>
<tr>
<td>1</td>
<td>5 → 0</td>
<td>I feel trapped as a mother</td>
</tr>
<tr>
<td>2</td>
<td>5 → 0</td>
<td>I feel angry with my baby</td>
</tr>
<tr>
<td>1</td>
<td>5 → 0</td>
<td>I resent my baby</td>
</tr>
<tr>
<td>1</td>
<td>0 → 5</td>
<td>My baby is the most beautiful baby in the world</td>
</tr>
<tr>
<td>1</td>
<td>5 → 0</td>
<td>I wish my baby would somehow go away</td>
</tr>
<tr>
<td>4</td>
<td>5 → 0</td>
<td>I have done harmful things to my baby</td>
</tr>
<tr>
<td>3</td>
<td>5 → 0</td>
<td>My baby makes me feel anxious</td>
</tr>
<tr>
<td>3</td>
<td>5 → 0</td>
<td>I am afraid of my baby</td>
</tr>
<tr>
<td>2</td>
<td>5 → 0</td>
<td>My baby annoys me</td>
</tr>
<tr>
<td>3</td>
<td>0 → 5</td>
<td>I feel confident when caring for my baby</td>
</tr>
<tr>
<td>2</td>
<td>5 → 0</td>
<td>I feel the only solution is for someone else to look after my baby</td>
</tr>
<tr>
<td>4</td>
<td>5 → 0</td>
<td>I feel like hurting my baby</td>
</tr>
<tr>
<td>3</td>
<td>0 → 5</td>
<td>My baby is easily comforted</td>
</tr>
</tbody>
</table>
Medications in Breastfeeding

• Ask your patient if they are breastfeeding
• Be non-judgmental and have open discussion with patient
• All medications are secreted in breastmilk
• There are antidepressants that have been found to be in lower concentration in breastmilk
  • Sertraline, paroxetine
• Small number of case reports
  • Jitteriness, irritability, excessive crying, sleep disturbance, trouble feeding
Recommendations

• Clinicians:
  • Threshold for treating mild depression or anxiety with medications is higher.
  • Attempt to limit exposures:
    • Illness (by not treating)
      • Do not taper before delivery
    • Medications (number, switching, dose)
      • Utilize the lowest most effective dose in pregnancy and breastfeeding. Start low if clinically possible (treat patient, not dose)
      • Attempt monotherapy and minimize switching
  • Think through the continuation of treatment (breastfeeding, postpartum)
  • SSRI’s have the most reassuring data for depression and anxiety, though would not utilize paroxetine as first line
Recommendations

• Regularly screen patients for mental wellbeing during pregnancy and postpartum.
  • Always screen for suicide and homicide

• Individualized Treatment Plans:
  • Biological
  • Psychological
  • Social/Spiritual/Cultural
  • Informed decision made in collaboration with patient (and sometimes family)
Recommendations

• Evaluate family unit stability and resources
• Assess and provide information about illness, treatments, co-sleeping, sedation
• Examine your own thoughts, affect, opinions around breastfeeding before advising your patient
• Know local and national resources
Challenges

• Access
  • Payer System
  • Referral Sources
  • Reproductive Psychiatry Expertise

• Stigma and myths about treatment in pregnancy

• Risk perception

• Standard accepted guidelines

• What to do after screening?
Barriers to Treatment

Patient
- Lack of detection
- Fear/stigma
- Limited access

Provider
- Lack of training
- Discomfort
- Few resources

Systems
- Lack of integrated care
- Screening not routine
- Isolated providers

Women do not disclose symptoms or seek care

Underutilization of Treatment

Unprepared providers, With limited resources

Poor Outcomes
Possible Solutions

• Advocacy
  • Patient Access
  • Provider support
• Integrated or Collaborative Care
• Teaching and Training Models
• Develop Programs: MCPAP for Moms
Perinatal Mental Health Resources

Online/Telephone:

- Reproductive Psychiatry Resource and Information Center -Massachusetts General Hospital Center for Women’s Health
  - www.womensmentalhealth.org
- Postpartum Progress: Blog dedicated to maternal mental illness
  - www.postpartumprogress.com
- Postpartum Support International: support, education and resources
  - www.postpartum.net
  - 800.944.4PPD (4773) (toll free helpline)
- Infant Risk Center at Texas Tech University
  - www.infantrisk.com
  - 806-352-2519
- Motherisk
  - www.motherisk.org
  - 877-439-2744

Palmetto Health:

- Palmetto Healthy Start
  - Phone: 803-296-3780 or 888-788-4367
  - https://www.palmettohealth.org/classes-events/community-outreach/community-health-initiatives/palmetto-healthy-start
- Palmetto Health Behavioral Care Day Treatment Program
  - (803) 296-3765
  - Day Treatment Program in Columbia (with Psychiatrist Specializing in Perinatal Mental Health) https://www.palmettohealth.org/medical-services/behavioral-care/day-treatment-adult-outpatient-psychiatry

Inpatient/Hospital with Specialized Perinatal Unit

- UNC Chapel Hill Perinatal Psychiatry Inpatient Unit
  - (984) 974-3834

Additional Resources Specifically For Providers:

- Phone Apps
  - Lactune
  - Reprotox
- Massachusetts Child Psychiatry Access Project for Moms
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