Confronting Maternal Mental Health: Impact, Identification, and Intervention

Ashley Blackmon Jones, MD
Associate Clinical Professor
Department of Psychiatry
Adjunct Associate Clinical Professor
Department of Obstetrics and Gynecology

SCBOI November 16, 2017
Disclosures

• Industry supported studies
  – Alpha Genomix
Objectives

• Impact

• Identification
  – Illnesses
  – Screening Tools

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

• Challenges and Resources
Impact

Why is this important?
Perinatal Disorders

- Prevalence of psychiatric disorders in reproductive age females
- 2 medical conditions
  - Pregnancy/Postpartum
  - Psychiatric Illness
- 2 patients
  - Mother
  - Fetus/Baby
- Family Unit
Pregnancy

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

<table>
<thead>
<tr>
<th>Depression</th>
<th>First trimester</th>
<th>7 %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Second trimester</td>
<td>13 %</td>
</tr>
<tr>
<td></td>
<td>Third trimester</td>
<td>12 %</td>
</tr>
</tbody>
</table>
Two – thirds of perinatal depression begins before birth

- Pregnancy: 33%
- Before pregnancy: 27%
- Postpartum: 40%
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%
- 18%-40 % of women with OCD have perinatal onset
- 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
    • peak onset 2 weeks
  – 73% of women already with OCD report worsening postpartum
• Postpartum Psychosis 1-2/1000
Identification
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
Depression

- **Depressed Mood and/or Anhedonia**
- Sleep disturbance
- Interest decrease
- Guilt
- Energy decline
- Concentration problems
- Appetite changes
- Psychomotor retardation
- Suicidal thoughts
Anxiety

- Generalized Anxiety
- Social Anxiety
- Panic

- Obsessive Compulsive Disorder
- Posttraumatic Stress Disorder
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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Yes, all the time</td>
</tr>
<tr>
<td>1</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td>2</td>
<td>No, not very often</td>
</tr>
<tr>
<td>3</td>
<td>No, not at all</td>
</tr>
</tbody>
</table>

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:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>I have been able to laugh and see the funny side of things</td>
</tr>
<tr>
<td></td>
<td>(Circle one)</td>
</tr>
<tr>
<td>0</td>
<td>As much as I always could</td>
</tr>
<tr>
<td>1</td>
<td>Not quite as much now</td>
</tr>
<tr>
<td>2</td>
<td>Definitely not so much</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

| 2 | I have looked forward with enjoyment to things |
|   | (Circle one) |
| 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 |
|   | (Circle one) |
| 0 | Yes, most of the time |
| 1 | Not very often |
| 2 | No, never |

| 4 | I have been anxious or worried for no good reason |
|   | (Circle one) |
| 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 |
|   | (Circle one) |
| 0 | No, not at all |
| 1 | Not much |
| 2 | Quite a lot |

<p>| | |</p>
<table>
<thead>
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<th></th>
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<tr>
<td>6</td>
<td>Things have been getting on top of me</td>
</tr>
<tr>
<td></td>
<td>(Circle one)</td>
</tr>
<tr>
<td>0</td>
<td>I have been coping as well as usual</td>
</tr>
<tr>
<td>1</td>
<td>Not very often</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes</td>
</tr>
<tr>
<td>3</td>
<td>Hardly ever</td>
</tr>
</tbody>
</table>

| 7 | I have been so unhappy that I have had difficulty sleeping |
|   | (Circle one) |
| 0 | No, not at all |
| 1 | Not very often |
| 2 | Sometimes |
| 3 | Hardly ever |

| 8 | I have felt sad or miserable |
|   | (Circle one) |
| 1 | Not very often |
| 2 | Sometimes |
| 3 | Hardly ever |

| 9 | I have been so unhappy that I have been crying |
|   | (Circle one) |
| 0 | No, never |
| 1 | Not very often |

| 10 | The thought of harming myself has occurred to me |
|    | (Circle one) |
| 0 | Never |
| 1 | Sometimes |
| 2 | Quite often |

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For Office Use Only

<table>
<thead>
<tr>
<th>Patient #</th>
<th>Screen Administration</th>
<th>Screened During</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self Administered</td>
<td>Third Trimester: Week/Date</td>
<td>Total Score</td>
</tr>
<tr>
<td></td>
<td>Assisted</td>
<td>Postpartum: Week/Date</td>
<td>10</td>
</tr>
</tbody>
</table>


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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>Worried 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>
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**Total GAD-2 score**

Add up the scores:

**Total GAD-7 score**

Add up the scores: + 3 + 8
Edinburgh Postnatal Depression Scale

Please circle the response that comes closest to your experience across all questions:

Here is an example already completed:
I have been able to laugh and enjoy things:
0. As much as always could
1. Not quite as much now
2. Definitely not so much
3. Not at all

In the past 7 days:

1. I have been able to laugh and enjoy things:
   0. As much as always could
   1. Not quite as much now
   2. Definitely not so much
   3. Not at all

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

3. I have blamed myself unnecessarily when things went wrong:
   0. Yes, all the time
   1. Yes, most of the time
   2. Yes, some of the time
   3. No, not very often
   4. No, not at all

4. I have been anxious or worried about no good reason:
   0. Yes, all the time
   1. Yes, most of the time
   2. Yes, some of the time
   3. No, not very often
   4. No, not at all

5. I have felt scared or panicky for no very good reason:
   0. Yes, all the time
   1. Yes, most of the time
   2. Yes, some of the time
   3. No, not very often
   4. No, not at all

For Office Use Only:

Patient ID: ____________________________
Administered/Revised by: ____________________________
Administered: Self Administered
Screened During: ___________ Week/Date
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 or causes
  – Full medical work up
• Consider all biopsychosocial support and treatment options
• What does the patient prefer?
• Consider risks vs benefits of treatment options AND risks vs benefits of no treatment.
• Don’t forget to keep administering the scales
  – Response, Remission
Medications in Pregnancy
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
• SSRI
  – Selective Serotonin Reuptake Inhibitors
• SNRI
  – Serotonin Norepinephrine Reuptake Inhibitors
• “Antidepressants”
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
Teratogenesis: Pregnancy Categories

- **Category A**
  - Adequate and well-controlled studies have failed to demonstrate a risk to the fetus in the first trimester of pregnancy (and there is no evidence of risk in later trimesters).

- **Category B**
  - Animal reproduction studies have failed to demonstrate a risk to the fetus and there are no adequate and well-controlled studies in pregnant women.

- **Category C**
  - Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.

- **Category D**
  - There is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.

- **Category X**
  - Studies in animals or humans have demonstrated fetal abnormalities and/or there is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience, and the risks involved in use of the drug in pregnant women clearly outweigh potential benefits.
Causes?

Psychiatric Medication vs Untreated Psychiatric Illness
Pregnancy and Antidepressants

- Teratogenesis/Congenital Malformations
- Miscarriage and Stillbirths
- Preterm delivery
- Gestational weight
- Neonatal Distress 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**

- **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)

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

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

• 1 study showed less than 1% risk
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 very negative effects on language
- Depression was associated with decreased IQ
- Untreated illness after delivery

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 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

• Preterm delivery
• Low birth weight
• NICU admission
• Decreased breastfeeding initiation
• Behavioral changes in offspring
• Elevated urinary cortisol/catecholamines after delivery
  – Mother: 3rd trimester depression with elevated serum levels
• Bonding in Postpartum period
The Conversation

- Teratogenesis/Congenital Malformations
- Miscarriage and Stillbirths
- Preterm delivery
- Gestational weight
- Neonatal Distress Syndrome
- PPHN
- Long term effects

Perinatal depression effects mom, child & family

- Poor health care
- Substance abuse
- Preeclampsia
- Maternal suicide

- Low birth weight
- Preterm delivery
- Cognitive delays
- Behavioral problems
Are We Really Just Exchanging the Risks?

Psychiatric Medication vs Untreated Psychiatric Illness
Balancing

Clinical Remission to eliminate exposure to maternal illness

Minimize Exposure to medication
*Lowest Effective Dose
*Monotherapy if possible
Treatments:
Non-Pharmacological
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 Disorders
## Postpartum Psychiatric Disorders

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

• Crying for no reason
• Mood changes
• Irritability
• Fatigue
• Anxiety
• Insomnia
• Impatience

• Typically gone within 2 weeks.
• Support
• Psychoeducation on postpartum depression
  – Patient, partner, family
• Continued Postpartum Depression screening
## Postpartum Psychiatric Disorders

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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
Postpartum Bonding Questionnaire

25 Question

1. Impaired Bonding
2. Rejection and Pathological Anger
3. Infant-Focused Anxiety
4. Incipient Abuse
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<td>• Disorientation</td>
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<td>• Insomnia</td>
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<td>• Delusions</td>
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<td>• Hallucinations</td>
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<td>• Rapid Mood Cycling</td>
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**Emergency Risk of infanticide & Suicide Hospitalize !!**
Other Postpartum Disorders

- PTSD
- OCD
Intrusive Thoughts

Risk of harm to baby

<table>
<thead>
<tr>
<th>OCD/anxiety</th>
<th>Postpartum Psychosis</th>
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<tbody>
<tr>
<td>• Good insight</td>
<td>• Poor insight</td>
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<tr>
<td>• Thoughts are intrusive and scary</td>
<td>• Psychotic symptoms</td>
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<tr>
<td>• No psychotic symptoms</td>
<td>• Delusional beliefs or distorted reality present</td>
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<tr>
<td>• Thoughts cause anxiety</td>
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Low risk

High risk
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, fluvoxamine
• 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
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) 296-8765
  - 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
  - Lactued
  - Reprotox
- Massachusetts Child Psychiatry Access Project for Moms
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?
Possible Solutions

• Advocacy
  – Patient Access
  – Provider support
• Integrated Care
• Teaching and Training Models
• Develop Programs: MCPAP for Moms
References

• www.womensmentalhealth.org
• Newport, D.J., Fernandez, S.V., Juric, S., Stowe, Z.N. Chapter 64. Psychopharmacology During Pregnancy and Lactation. APA Textbook of Psychopharmacology:
• Massachusetts Child Psychiatry Access Program www.mcpapformoms.org
References

  — Overview by Dr. Meltzer-Brody
- Presentation given by Erin Murphy-Barzilay, MD and Lee Cohen, MD at 2017 Perinatal Mental Health Conference in Chicago, Il.
- American Pregnancy.org
- NIMH
- Psychiatric News February 2013
- Other presentations given with Dr. Stephanie Berg