PERINATAL MENTAL HEALTH

Week 57

Prepared by: Hemangi P Shukla, DO, MS
With SDH and .phrase slides by Chloé Altchek, MS4

Viewing Assignment:
Webinar: Addressing Perinatal Mood and Anxiety Disorders - Strategies for Women's Health Care Providers – July 2019 (Focus on first 30 minutes)
https://www.acog.org/Womens-Health/Depression-and-Postpartum-Depression
LEARNING OBJECTIVES

• To gain understanding of the significance of perinatal mental health and its impact on the mother and her family

• To be able to identify the different steps on the pathway to optimize perinatal mental health

• To review the tools and strategies for screening and initiating treatment of mental health disorders in the perinatal period

• To be comfortable counseling the patient regarding the impact of perinatal mental health and risks/benefits of treatment
CASE VIGNETTE

• Ms. D.D. is a 26 y.o. G1 P0 woman at 12 weeks 3 days EGA by 1st trimester ultrasound who presents for a follow up prenatal visit

• She denies any pain or vaginal bleeding. This pregnancy was planned and she’s very excited

• She reports that even though she’s excited about the pregnancy, she constantly feels inexplicably worried and it sometimes gives her chest tightness
FOCUSED HISTORY

What will be pertinent in her history?

• POB: G1P0
• PGYN: Regular menses; No STI/Cysts/Fibroids; No abnormal paps
• PMH: Hx generalized anxiety disorder, no episodes for 1 year until she became pregnant
  Denies depressive symptoms, no HI/SI
  Took Sertraline for almost 1 year, discontinued after taper
  Sees a therapist every 2 weeks
  Denies history of cardiac or neurologic abnormalities
• PSH: Denies
• Meds: PNV
• All: NKDA
• FHx: Brother diagnosed with major depressive disorder in his teens
What will be pertinent in her physical exam?

- **VS:** P 76  
- **BP:** 117/74 mmHg  
- **Wgt:** 82kg  
- **Cardiac:** Regular rate and rhythm, no m/r/g  
- **Pulmonary:** CTAB  
- **Abdominal:** Soft, NT/ND, +BS x 4Q  
- **FHR:** 144 bpm  
- **Ext:** No calf tenderness b/l; 5/5 strength b/l
IMPACT ON PERINATAL PERIOD

How many women suffer from perinatal mental health complications?
• 1:5
• 1:7 women suffer from postpartum depression

What percentage of preventable perinatal deaths are related to mental health conditions?
• 9%

In what ways does mental health impact the perinatal period for the mother and child?

<table>
<thead>
<tr>
<th>Mother</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal care and timing of delivery</td>
<td>Cognitive delays</td>
</tr>
<tr>
<td>Childbirth experience</td>
<td>Growth issues</td>
</tr>
<tr>
<td>Early postpartum complications</td>
<td>Behavioral challenges in adolescence</td>
</tr>
<tr>
<td>• Lactation and bonding</td>
<td></td>
</tr>
<tr>
<td>• Relationship with partner</td>
<td></td>
</tr>
</tbody>
</table>
What proportion of perinatal depression begins before birth?
• 2/3

What are the recommended screening schedules for perinatal mental illness?

<table>
<thead>
<tr>
<th>Prenatal period</th>
<th>Postpartum period</th>
</tr>
</thead>
<tbody>
<tr>
<td>• &gt;1 screen</td>
<td>• &gt;1 screen</td>
</tr>
<tr>
<td>• 1st PNC visit</td>
<td>• 2-3 weeks pp (high risk patients)</td>
</tr>
<tr>
<td>• Late 2nd trimester visit</td>
<td>• 6 weeks pp</td>
</tr>
<tr>
<td>• Birth</td>
<td></td>
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</tbody>
</table>

Screen at least once in the perinatal period. If that screen is done during PNC, screen again postpartum.
### SCREENING TOOLS

What are some validated screening tools for diagnosing depression?

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Positive Screen Score</th>
<th>Mental Illness</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-9</td>
<td>≥5</td>
<td>Depression</td>
<td>General, Perinatal</td>
</tr>
<tr>
<td>(Patient Health Questionnaire)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPDS</td>
<td>≥10 (#’s 4 &amp; 5)</td>
<td>Depression, Anxiety Subscale</td>
<td>Perinatal</td>
</tr>
<tr>
<td>(Edinburgh Postnatal Depression Scale)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAD-7</td>
<td>≥5</td>
<td>Anxiety</td>
<td>General, Perinatal</td>
</tr>
<tr>
<td>(Generalized Anxiety Disorder)</td>
<td></td>
<td></td>
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</tbody>
</table>
ADDITIONAL ASSESSMENTS – MEDICAL DISORDERS

In addition to a physical exam, what tests can be ordered to rule out underlying medical disorders that may cause anxiety/depression?

• TSH
• CBC
• Vitamin B12
• Vitamin D
• Folate
What are the main mental health disorders to consider in a differential diagnosis?

- Depression
- Anxiety
- Obsessive-Compulsive Disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)
- Bipolar Disorder
- Psychosis

Similar resources and treatment
What are key points to remember when screening for perinatal bipolar disorder after a positive depression screen?

- Bipolar disorder must be ruled out before initiating pharmacotherapy for depression
- Increased risk of precipitating negative outcomes
- Elevated risk of psychosis
- 4% risk of infanticide

MDQ
- Self-administered

CIDI 3
- Provider-administered
- Algorithmic


What factors classify a patient as being at high risk for suicide?

- History of attempt
  - High level of lethality in previous attempt
  - Recent attempt
- Current plan and intent
- Substance abuse
- Poor social support
What factors classify a patient as being at high risk for postpartum psychosis?

• Poor insight
• Psychotic symptoms
• Delusional belief
• Distorted reality
PRINCIPLES OF MEDICATING

What are key principles to keep in mind when employing pharmacotherapy for perinatal mental illness?

• Use what has worked (accounting for reproductive safety)
• Start at the lowest effective dose
• Monotherapy
• Minimize switching medications to decrease exposures
• Discourage pre-delivery discontinuation of SSRIs
How well is the use of SSRIs in pregnancy studied?

What is the risk of birth defects after using antidepressants in the 1st trimester?

What do you think about tapering my antidepressant in the 3rd trimester?

Should I consider discontinuing my antidepressant while breastfeeding?

Are there any SSRIs with particularly low levels in breastmilk?

SSRIs are among the best studied classes of medications in pregnancy.

Absolute risk of birth defects after antidepressant use in the 1st trimester is small.

There is little data to support a taper in the 3rd trimester.

Discussion of benefits and risks of continuation of medicine.

Sertraline, paroxetine, and fluvoxamine have the lowest rate of passage into breastmilk.
PATIENT/PROVIDER RESOURCES

• Postpartum Support International
  • 1-800-944-4773
    • Ext 1 Patient Helpline (English)
    • Ext 2 Patient Helpline (Spanish)
    • Ext 4 Provider Line – Perinatal Psychiatric Consultation

• Lifeline4moms App

• MCPAP for Moms Toolkit at https://www.mcpapformoms.org/Toolkits/Toolkit.aspx

• Maternal Mental Health: Perinatal Depression and Anxiety Patient Safety Bundle
Social Determinants of Health

Black and Hispanic depressed mothers are more likely to experience multiple adversities and less likely to receive services than white depressed mothers.

- Low socioeconomic status contributes the greatest risk to perinatal depression.
- Lack of social support and perceived racial discrimination are associated with increased perinatal depression.
- Genetics confer an inherent level of risk that is exacerbated by environmental factors including previous psychiatric history, adverse life events, decreased socioeconomic status, and negative obstetrical outcomes.

Stress and untreated depression linked to adverse obstetric outcomes including preterm birth.

Monitoring mood symptoms in mothers at multiple time points through pregnancy in addition to assessing psychiatric history and adverse life events, especially for Black and Hispanic women is crucial.
BBonPerinatDepressionMildMod

Description: perinatal mild to moderate depression counseling

Pt score ≥5 and <20 points PHQ-9 suggests or ≥10 on EPDS to moderate episode of unipolar major depression. Pt denies suicidal ideation or severe impairment of functioning. Specifically, the differences between pregnancy-related changes in appetite/food aversions and changes in energy versus depression-related loss of appetite and anergia/lack of energy were delineated with the patient. Education on perinatal depression was provided. Pt was asked about previous successful modes of treatment. Current treatment options including structured psychotherapy and pharmacotherapy were discussed. Alternative support resources were also provided and follow-up schedule was discussed.
CODING AND BILLING

• ICD-10
  • Z13.32 Encounter for screening for maternal depression
  • F05 Delirium due to known physiological condition
  • F30.-- Manic episode
  • F34.1 Dysthymic disorder
  • F32.9 Major depressive disorder, single episode, unspecified
  • F53.0 Postpartum depression

• CPT
  • 99401-99404 Preventive medicine, individual counseling
  • 99411-99412 Preventive medicine, group counseling
EVIDENCE


What are the components of the care pathway for perinatal mental health referenced in the webinar?
**ADDITIONAL ASSESSMENTS – ILLNESS SEVERITY**

How do the scores on these tools correlate with the severity of mental illness?

<table>
<thead>
<tr>
<th>Severity</th>
<th>EPDS</th>
<th>PHQ-9</th>
<th>GAD-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>10-14</td>
<td>5-9</td>
<td>5-9</td>
</tr>
<tr>
<td>Moderate</td>
<td>15-19</td>
<td>10-14</td>
<td>10-14</td>
</tr>
<tr>
<td>Severe</td>
<td>&gt;19</td>
<td>&gt;15</td>
<td>&gt;15</td>
</tr>
</tbody>
</table>
How does severity of illness impact treatment plans?

- **Mild**
  - Therapy
  - Support
  - Consider medication

- **Moderate**
  - MDQ (-)
  - Therapy
  - Support
  - Likely use of medication
  - Consult MH provider

- **Severe**
  - +/- MDQ (+)
  - Therapy
  - Support
  - Medication
  - Refer to MH provider