

Safety Action Series

Reproductive Psychiatry:

Navigating Treatment Options
in Maternal Mental Health



Speakers



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Disclosures

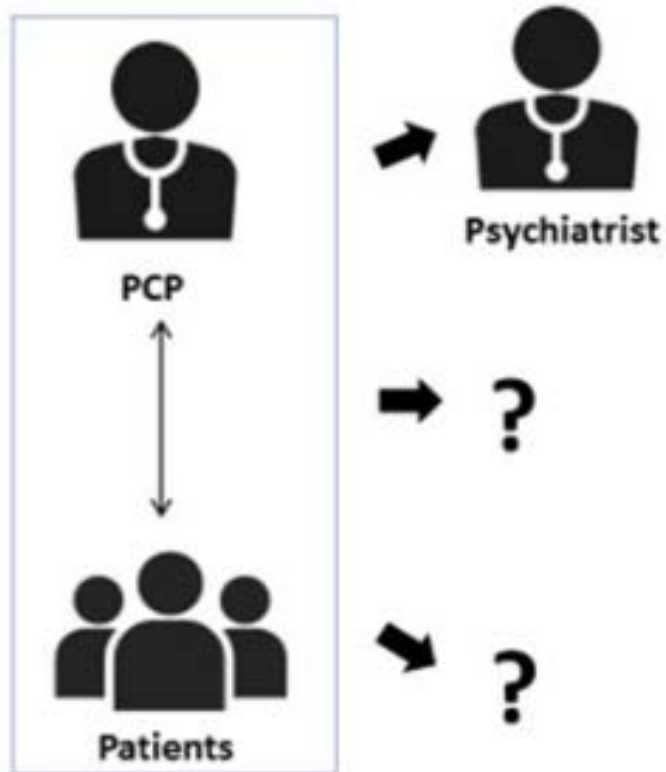
- Claire Brandon, MD has no real or perceived conflicts of interest.
- Randi Delirod, MA, LMSW has no real or perceived conflicts of interest.

Objectives

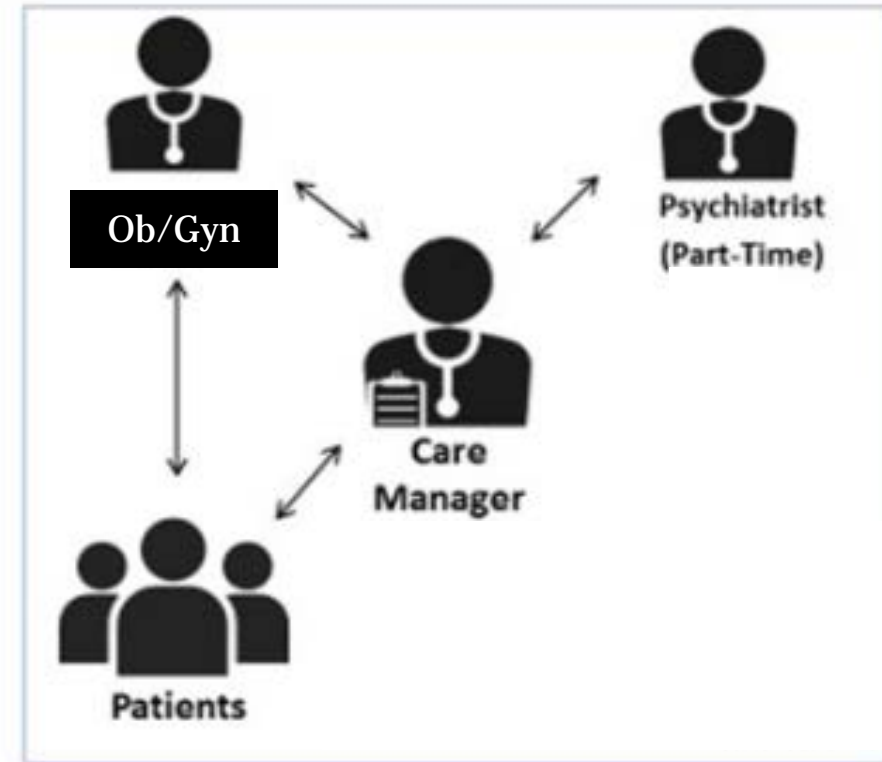
- Review the importance of collaborative care in maternal mental health, i.e. among obstetric providers, psychiatrists, and social workers
- Discuss approaches to maternal mental health screening and medications
- Consider important next steps when test results come back positive for perinatal/postpartum depression and anxiety
- Explore strategies for providing personalized care to every woman, including in cases of trauma

Collaborative Care in the Ob/Gyn Setting

Usual Care/Traditional Model



Collaborative Care Model



Modified from APA Collaborative Care

Collaborative Care in the Ob/Gyn Setting

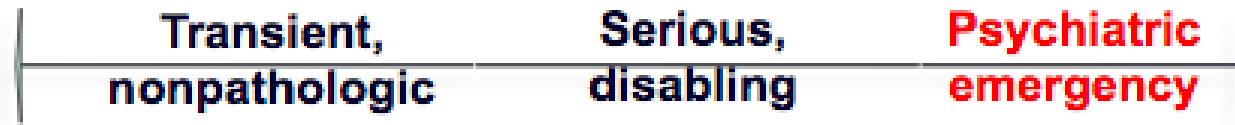
Types of patients seen:

- PTSD
- Post-partum Depression
- MDD and PDD
- GAD
- Personality disorders

Rationale behind Collaborative Care:

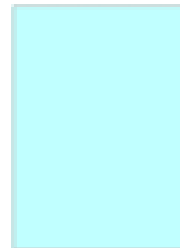
- In studies done by UW AIMS center 50% or greater improvement.
- 50% of patients were already on antidepressants and not improved.
- Likely secondary to the team approach, offering of medication and psychotherapy, and collective responsibility for the patient's care.

Spectrum of Postpartum Mood Changes



Postpartum blues

50% to 70%



Postpartum depression

10%



Postpartum psychosis

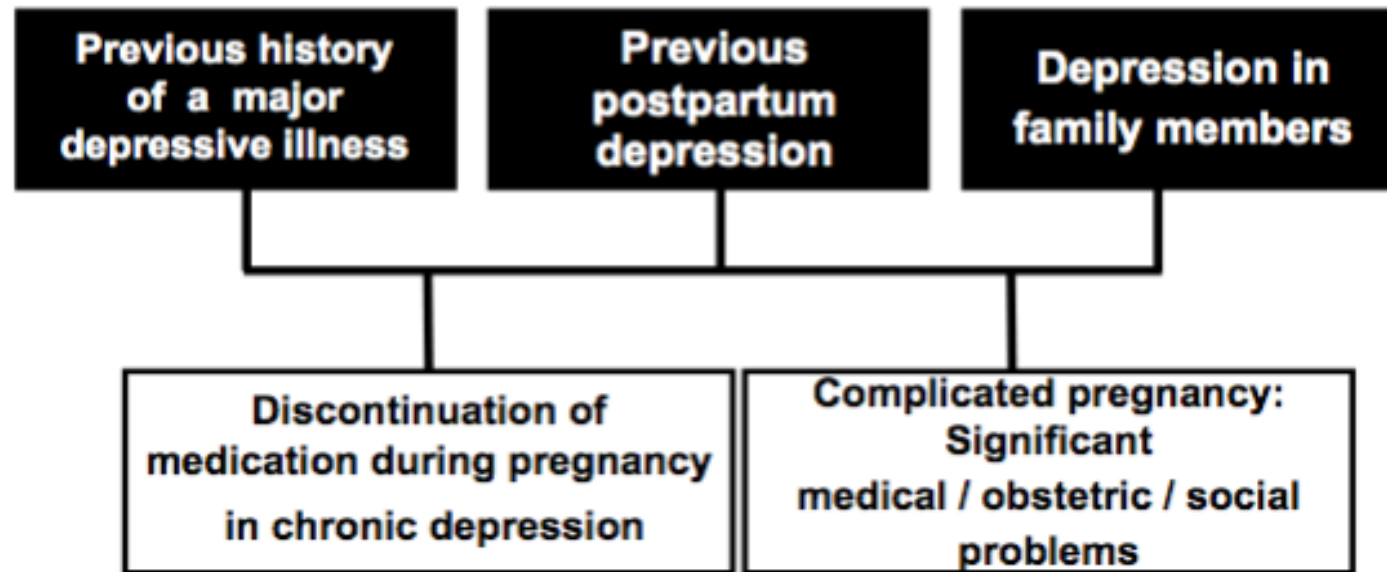
≈0.1%



Depression in the Ob/Gyn Setting



Risk Factors for Depression in Pregnancy



Screening for Depression in Pregnancy/Postpartum/Gynecology

- PHQ9/GAD7
- Edinburgh Scale

Checking in on patients with:

- Abnormal Pap +/- Cervical cancer
- PCOS
- Reproductive Issues (IVF Screening)
- STDs

Free Screening Tools

Edinburgh Screening

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I always could <input type="checkbox"/> Not quite so much now <input type="checkbox"/> Definitely not so much now <input type="checkbox"/> Not at all <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I ever did <input type="checkbox"/> Rather less than I used to <input type="checkbox"/> Definitely less than I used to <input type="checkbox"/> Hardly at all <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> Not very often <input type="checkbox"/> No, never <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> No, not at all <input type="checkbox"/> Hardly ever <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, very often <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, quite a lot <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No, not much <input type="checkbox"/> No, not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual <input type="checkbox"/> No, most of the time I have coped quite well <input type="checkbox"/> No, I have been coping as well as ever <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Only occasionally <input type="checkbox"/> No, never <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never |
|---|---|

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>		+	+	+
Total Score (add your column scores) =				

GAD-7

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(use "*" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

PHQ-9

Management: What to do Next

- **Mild to Moderate: Psychosocial intervention including psychotherapy (PHQ-9 <10)**
- **Moderate to Severe: Psychopharmacological (PHQ-9 >10)**
 - General issues- Ideal nutrition, mother-infant bonding, sleep deprivation
 - Major issue for moms: Breastfeeding
 - SSRIs

Management: What to do Next

- Prevention is important!
- Speak with patient/have a reproductive psychiatry consult and plan in place prior to pregnancy
- Ideally maintain patient on medication that worked for them before, with the exception of Depakote.
- Mono-therapy if possible
- Utilizing medications we have more information about to be safe in both pregnancy and breast-feeding

Quick Take - SSRIs in Pregnancy

Zoloft - Long term safest in pregnancy and breastfeeding

Prozac - Safe in pregnancy

Lexapro - Not expected to have issues

Celexa - Not expected to have issues

Paxil - Not safe: Switch to another SSRI (of note, this would be a good consult or call to me)

Quick Take - Other Antidepressants

SNRIs (Cymbalta/Effexor) - Data is mixed, likely better to use an SSRI unless patient has only ever benefited from this

Mirtazapine - Not expected to have congenital issues in pregnancy, but limited data in breastfeeding. Can be helpful in hyperemesis patients with low appetite and insomnia.

TCA/MAOI - Data suggests malformations in animal studies

Postpartum Psychosis: Brief Take

- Postpartum psychosis is a medical emergency.
- The woman should be managed in conjunction with a psychiatrist, usually inpatient.
- While she is psychotic:
 - The woman will not be able to care adequately for herself or her baby
 - She should be hospitalized until stable.
 - Most women with postpartum psychosis will not be able to continue breastfeeding their infants.

Postpartum Psychosis: Brief Take

- Antipsychotic medication
- Mood stabilizers and antidepressants as needed
- Electroconvulsive therapy — If the patient cannot tolerate or does not respond to antipsychotic medication and/or mood stabilizers, ECT therapy may be indicated. ECT is particularly useful:
 - For severe depression where psychotic symptoms are present.
 - In acute mania where agitation poses serious risks.
 - In mothers who are at a risk for suicide or infanticide.
- Up to 79.7% of postpartum psychosis patients remain in sustained remission

Postpartum Psychosis: Brief Take

- **Second Generation Antipsychotics**
 - Less information than we have about SSRIs
 - Risk of elevated BMI in women
 - Gestational Diabetes

Management Pearls

- Limited data on pharmacotherapy to prevent relapse of PPD
- Randomized clinical trials looking at antidepressants for preventing PPD in nondepressed mothers with h/o PPD → discordant results
- When relapse risk high, may be prudent to resume pharmacotherapy immediately after delivery with agent to which the woman previously responded
- Consider resuming meds in 3rd trimester to reduce risk of postpartum relapse
- Higher medication dose often needed in 3rd trimester due to increased plasma volume and change in hormone levels
- In women at higher risk, initiate treatment upon identifying even mild postpartum mood changes

Trauma History Safety

- Triggers in Delivery
- Triggers in Breast Feeding
- Pearls in Breast Feeding Psychopharmacology
 - Breastfeeding while on lithium is not recommended.
 - Valproate, carbamazepine, SSRIs considered compatible with breastfeeding
 - Data on other medications including antipsychotics is limited.
 - Some women will only take their medications if they are allowed to breastfeed. In these cases, the benefits may outweigh the risks of untreated illness.

Depression in the Ob/Gyn Setting

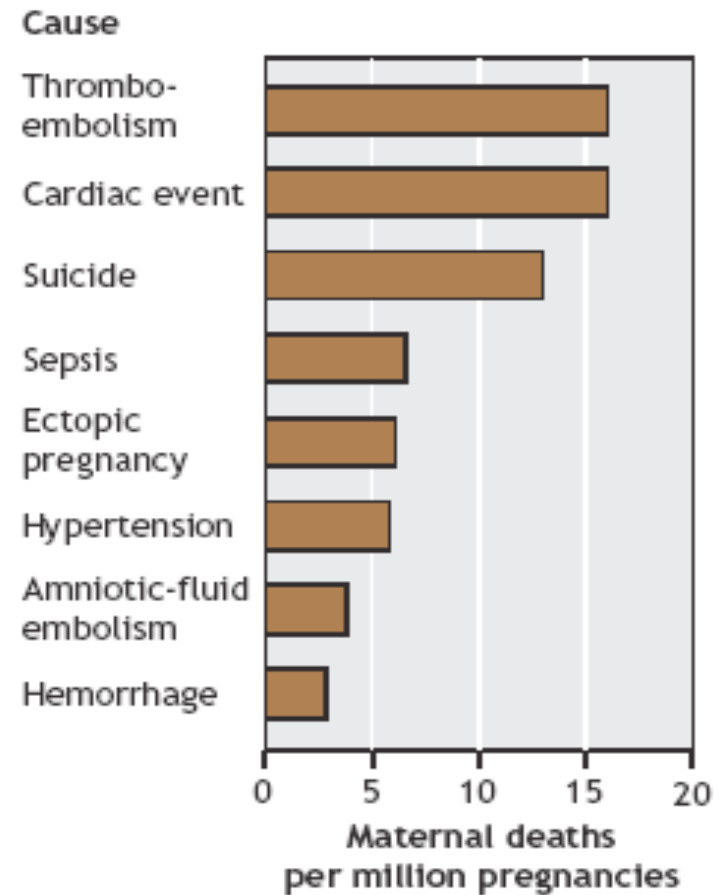


Fig. 1: Main causes of maternal death per million pregnancies in the United Kingdom, 1997–1999. Source: *Why Mothers Die 1997–1999: The Fifth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom*. London: Royal College of Obstetrics and Gynaecologists Press; 2001.

Postpartum Recommendations

- More frequent check ups postpartum if there were screening concerns:
 - Loss of the OB contact
 - Elevated PHQ9/EPDS
 - History of Postpartum Depression
 - Difficulty bonding to the baby (Randi)
 - Complications in pregnancy
 - Sleeping Screening

Creating a Secure Setting in an Insecure Environment

- Calling 911 (Keeping the patient calm)
- Suicide risk assessment/Safety planning
- Support network
- Weapons
- Developing a List of Resources

Q&A Session

Press *1 to ask a question



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Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:

www.safehealthcareforeverywoman.org

Next Safety Action Series

When Childbirth is Deadly: Institutional Programming to Address Racial Disparities

July 9

2 pm Eastern



Debi Bucci, DNP, MSN, RN
Manager
OB Safety Program at
Sentara Healthcare



Lea A. Porche, MD
Assistant Professor
Obstetrics & Gynecology
Eastern Virginia Medical School

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