Strategies to Promote Maternal Mental Health During and After Pregnancy for Obstetric, Pediatric & Primary Care Providers and Clinical Teams

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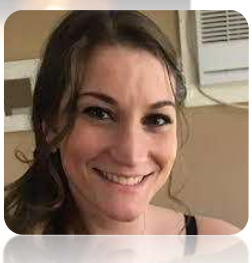
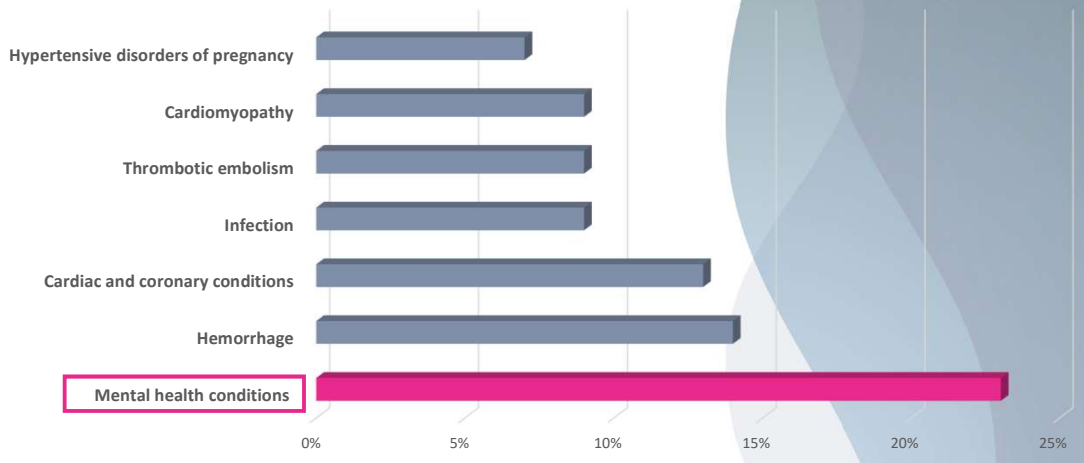


OBJECTIVES

1. Identify support resources and interventions for prevention and early intervention of perinatal mental health conditions.
2. Describe key factors of shared decision-making when counseling on risks of pharmacotherapy vs. untreated illness in individuals who are planning to conceive, currently pregnant, or breastfeeding.
3. Explain how perinatal psychiatry access models can build capacity and optimize utilization of resources within the mental healthcare system.

2

Over 700 women die each year in the United States as a result of pregnancy or delivery complications

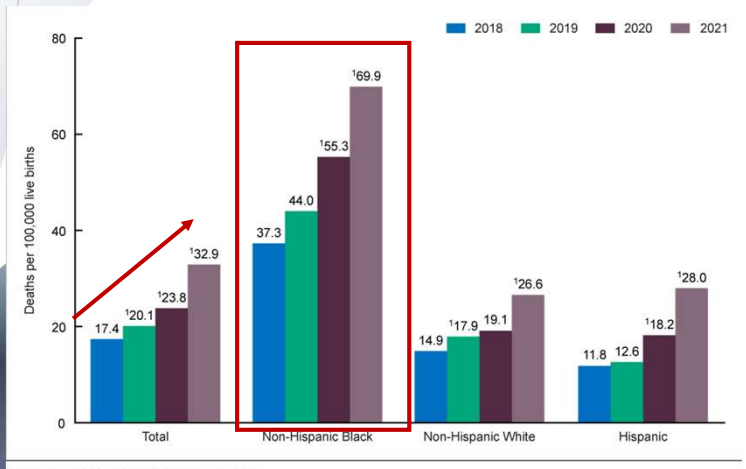


Centers For Disease Control And Prevention. (2022). State Strategies For Preventing Pregnancy-related Deaths: A Guide For Moving Maternal Mortality Review Committee Data To Action. Atlanta, GA: National Center For Chronic Disease Prevention And Health Promotion, Centers For Disease Control And Prevention.

3

Maternal Mortality Rates Are Climbing

CDC data: 2018 - 2021

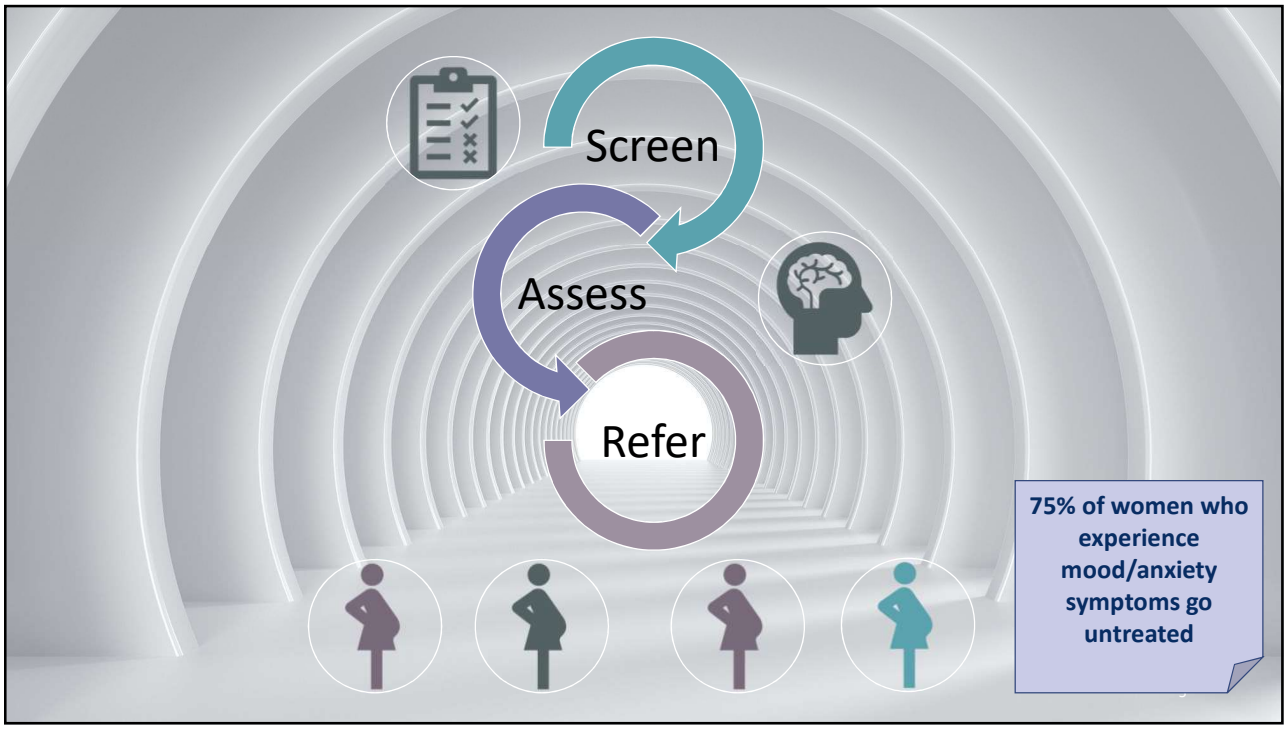


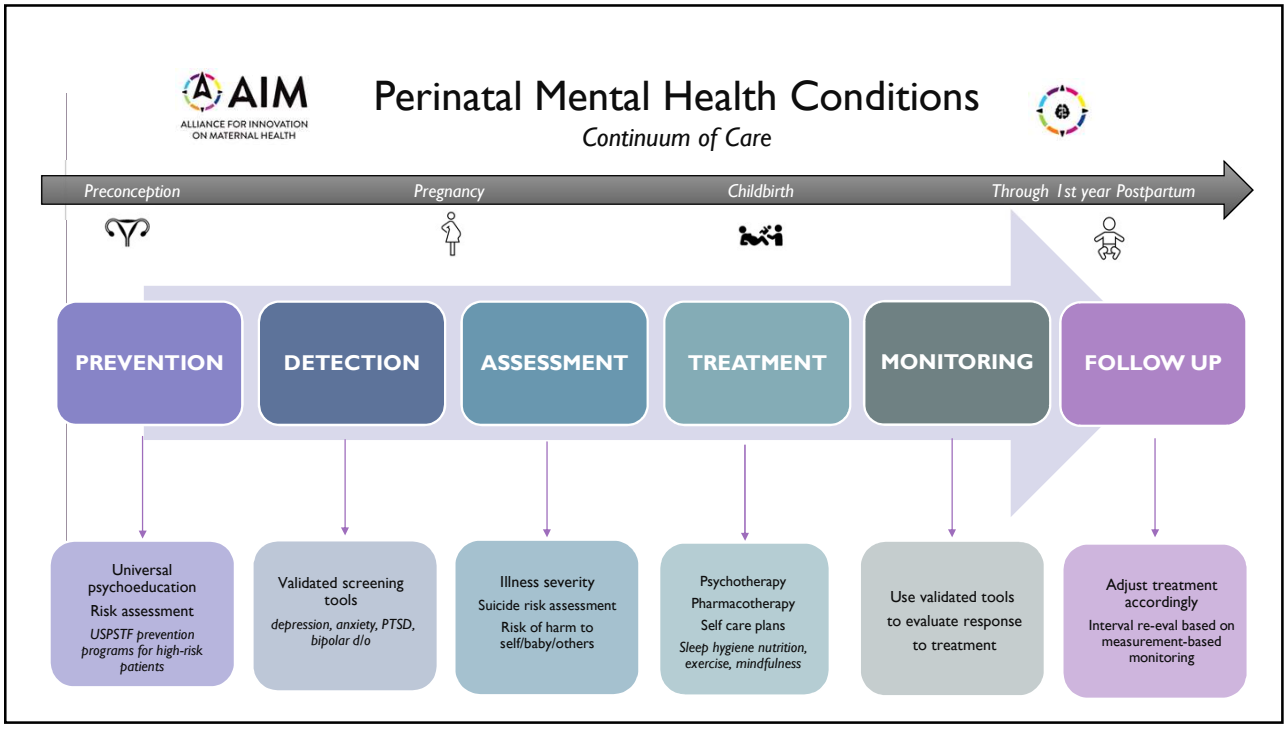
[1]Statistically significant increase from previous year ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

A disproportionate number of Black mothers are dying.

In 2021 the maternal mortality rate for non-Hispanic Black women was **SIGNIFICANTLY** higher than rates for White and Hispanic women.

Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023.
DOI: https://dx.doi.org/10.15620/cdc:124678


Screen
Assess
Refer
75% of women who experience mood/anxiety symptoms go untreated


AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Perinatal Mental Health Conditions
Continuum of Care
Preconception
Pregnancy
Childbirth
Through 1st year Postpartum
PREVENTION
DETECTION
ASSESSMENT
TREATMENT
MONITORING
FOLLOW UP
Universal psychoeducation
Risk assessment
USPSTF prevention programs for high-risk patients
Validated screening tools
depression, anxiety, PTSD, bipolar d/o
Illness severity
Suicide risk assessment
Risk of harm to self/baby/others
Psychotherapy
Pharmacotherapy
Self care plans
Sleep hygiene nutrition, exercise, mindfulness
Use validated tools to evaluate response to treatment
Adjust treatment accordingly
Interval re-eval based on measurement-based monitoring

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

PERINATAL MENTAL HEALTH CONDITIONS

HEALTHCARE PROVIDER EDUCATION	CLINICAL WORKFLOWS	PATIENT EDUCATION	COMMUNICATION PATHWAYS	RESOURCES & REFERRALS
PCP, OB, Pedi Family Practice L&D, M/B, NICU, Pedi, ER, Psych CBE, VNA, home visitors, doulas Ambulatory behavioral health Mobile Crisis	Screening tools *[including bipolar disorder and suicide risk assessments]* Response protocols Pharmacotherapy guidance Treatment options ---------- MCPAP for MOMS	Perinatal mental health psychoeducation for ALL Innovative Evidence-Based Prevention Programs *ROSES* *Mothers & Babies*	OB Pedi Family Practice Psych	* Implement Resource Mapping Community based organizations State/public health agencies Local support groups Postpartum Support International

National Maternal Mental Health Hotline
HRSA

For Emotional Support & Resources
CALL OR TEXT 1-833-TLC-MAMA
(1-833-852-6262)

7

Perinatal Mental Health Conditions

CLINICAL TOOLKIT

ACOG
Lifeline for moms

Perinatal Mental Health Conditions
Discussion
Tools/Talking Points

→ **Screening Tools**
How to
Administer + Score

→ **Assess Risk of Suicide**

→ **Assess Risk of Harm to Baby/Others**

→ **Assessment of Bipolar Disorder/Psychosis**

→ **Discuss Treatment Options**
Risk/Benefit

→ **Pharmacotherapy**
How to
Initiate + Manage

→ **Training**
Psychotropic Meds
Pregnancy/Lactation

→ **Who Are the People in Your Neighborhood??**

8

Integrated care models *address barriers related to*

Stigma

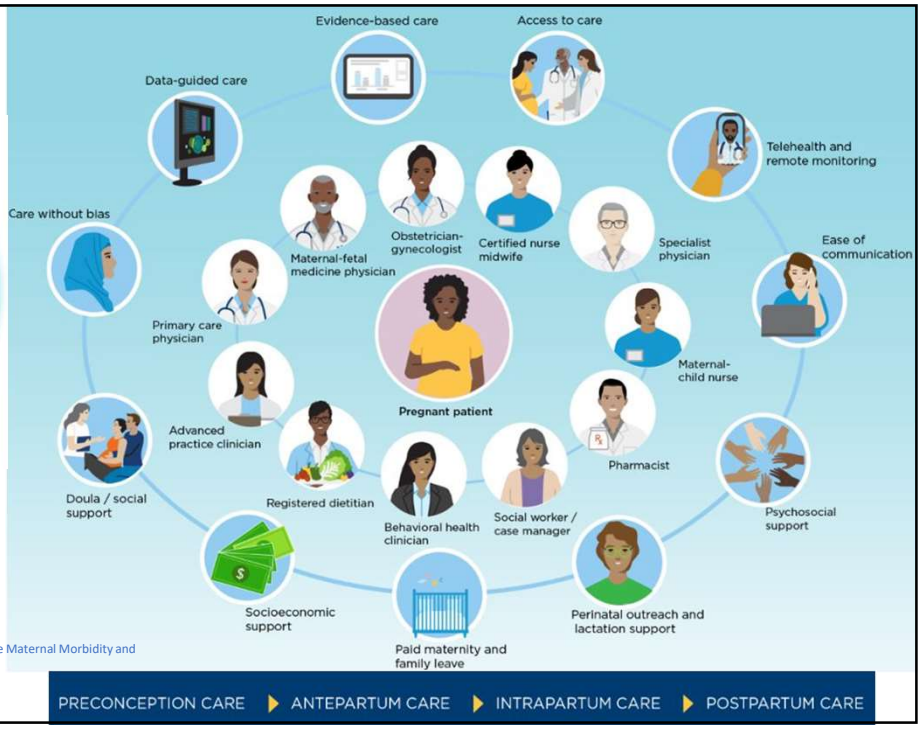
Fear of losing parental rights

Lack of:

- obstetric provider training in clinical aspects of behavioral health
- standardized processes for mental health care
- specialized reproductive psych providers and referral networks

Inadequate capacity for follow-up and care coordination

The Cocoon Pregnancy Care Model



Forna, et.al. (2023). A Cocoon Pregnancy Care Model to Reduce Maternal Morbidity and Mortality. NEJM Catalyst. 4. 10.1056/CAT.22.0342.

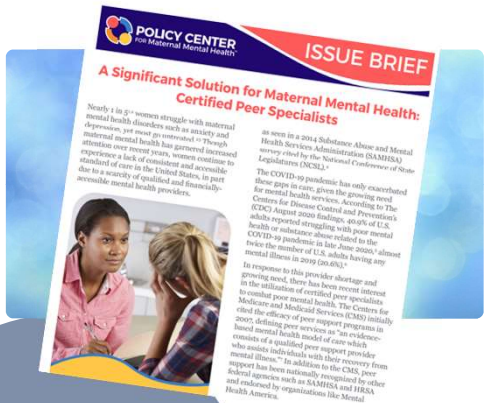
Peer Support involves…

"offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations."

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA's National Model Standards for Peer Support Certification – DRAFT 4/24/2023
SAMHSA's Core Competencies for Peer Workers in Behavioral Health Services

Certified Peer Specialists in Maternal Mental Health


POLICY CENTER for Maternal Mental Health
ISSUE BRIEF
A Significant Solution for Maternal Mental Health: Certified Peer Specialists

State sanctioned, Certified peer support specialist training

Maternal Mental Health Component *(PSI/2020 MOM)*

Eligible for reimbursement by Medicaid

2020 MOM Issue Brief (Feb 2020). A Significant Solution for Maternal Mental Health: Certified Peer Specialists

What Does Certified Peer Support Offer?

EMOTIONAL
Empathy
Camaraderie

INFORMATIONAL
Therapy
Community
Resources

INSTRUMENTAL
Address social determinants of health:
Housing
Employment
Food

AFFILIATION
Connect to community supports + activities
Cultural
Religious

Decreases stigma + meets women where they are → Increases access to services → Cost effective → Augments workforce to bridge gaps of mental health providers

Evidence-Based Prevention

U.S. Preventive Services TASK FORCE

ROSE
Reach Out, Stay Strong Essentials
for mothers of newborns

*Reduced cases of postpartum depression by **50%** among low-income women (RCTs)*

PSYCHOEDUCATION	COMMUNICATION	STRESS MANAGEMENT SKILLS
• PP depression • Managing stress in transition to motherhood • Social support as a buffer against PPD	• Reframe negative beliefs about relationships • Highlight mismatched, unrealistic expectations	• Teach anxiety management • Ways to build social support network • Reduce isolation

https://www.womenandinfants.org/rose-program-postpartum-depression

MOTHERS & BABIES

Reduced onset of PP depression
1.3% control vs. 31.8% w/ intervention

THOUGHTS	ACTIVITIES	CONTACTS
• Fighting harmful thoughts • Increasing helpful thoughts	• Engaging in pleasant activities • Alone, w/others, including baby	• Obtaining support needed for self and baby • How to communicate needs

https://www.mothersandbabiesprogram.org/

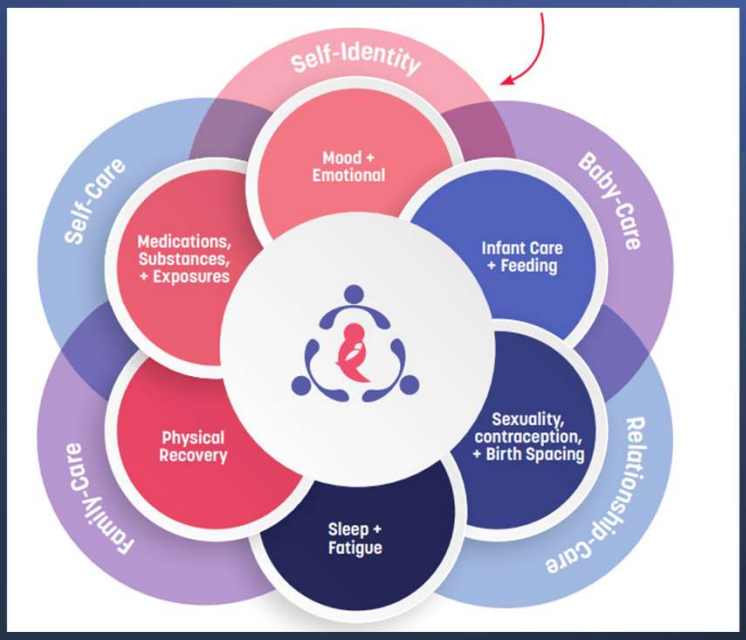
14

When your patient is feeling blue, here are some basic things you can do

And…

you don't need to be a psychiatrist or Dr. Julia Frew

15



The Fourth Trimester Project

www.newmomhealth.com

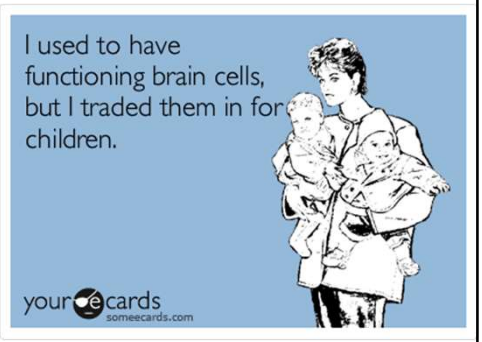
Start by listening
What is SHE prioritizing?

16

VALIDATE ….the changes, the experiences, the fears.

"Mommy Brain" *aka*----Neuroplasticity

- **Amygdala enlarges**
- **Oxytocin --→----→ Connection/Contentment**
- **Brain derived neurotrophic factor (BDNF)**
  - Triggers massive neuronal reorganization
  - Tons of brain cells need to be obliterated and replaced with new ones
  - Allows for erasing learned behavior and replacing it with new patterns



Perinatal Mood Assessment Questions

PROBLEM	QUESTIONS
Anxiety and/or Panic Attacks	Do you feel like you have had a higher level of anxiety? Any panic attacks? Have you developed any specific fears since the baby was born?
Challenges with the Baby	How is the baby doing? Do you feel comfortable in caring for the baby? Do you have an interest in the baby? Do you feel like you are bonding with the baby?
Lack of Support Network	Who is helping you at home? Do you have any other friends/family members that have babies of the same age? Are you getting out of the house with and without the baby? Is there anyone that can watch the baby while you take some time for yourself?

PROBLEM	QUESTIONS
Worsening of Sleep Disturbances Despite Extreme Fatigue	Are you able to sleep when you are given the opportunity to do so? Any difficulty sleeping? Do you have nightmares? Does your mind race when you want to relax?
Continued Eating Problems	Have you had any changes in your appetite? What did you eat today? Have you had any weight loss or weight gain?
Increased Intensity or Duration of Depressed Feelings or Irritability	Have you been experiencing any sadness or changing emotions? Do you cry frequently, or for no apparent reason? Are you having difficulty concentrating? Any physical problems? (Headaches, chest pain, shortness of breath, etc.) Are you experiencing more irritability or anger? Are you having a hard time continuing your daily activities?

18

POSTPARTUM SUPPORT INTERNATIONAL

Perinatal Mental Health Discussion Tool

As many as 1 in 7 moms (1 in 10 dads) experience symptoms of depression and anxiety during the postpartum period. People of every age, income level, race and culture can develop Perinatal Mood Disorders (PMDs) during pregnancy and within the first year after delivery. This tool can help track your symptoms and discuss them with your medical provider. Being your own advocate is okay and you deserve to be well.

I have been experiencing the following symptoms: (please mark all that apply)

- ○ Feeling depressed or void of feeling
- ○ Feelings of hopelessness
- ○ Lack of interest in the baby
- ○ Trouble concentrating
- ○ Brain feels foggy
- ○ Feeling anxious or panicky
- ○ Feeling angry or irritable
- ○ Dizziness or heart palpitations
- ○ Not able to sleep when baby sleeps
- ○ Extreme worries or fears (including the health and safety of the baby)
- ○ Flashbacks regarding the pregnancy or delivery
- ○ Avoiding things related to the delivery
- ○ Scary and unwanted thoughts
- ○ Feeling an urge to repeat certain behaviors to reduce anxiety
- ○ Needing very little sleep while still functioning
- ○ Feeling more energetic than usual
- ○ Seeing images or hearing sounds that others cannot see/hear
- ○ Thoughts of harming yourself or the baby

"Scary Thoughts" vs Psychosis

OBSESSIONS

persistent thoughts or mental images

COMPULSIONS

doing things repeatedly to reduce fears

- Sense of horror about obsessions
- Intrusive, repetitive, usually ego-dystonic thoughts
- Escapist fantasies - "I could just run away"
- Tremendous guilt and shame
- Knows thoughts are bizarre
- Very unlikely to act on them
- 3 – 5% of childbearing women

70 and 100% of new mothers report unwanted, intrusive thoughts of infant-related harm

Photo credit: Postpartum Stress Center , Karen Klieiman

"The thought of harming the infant in some way WITHOUT THE INTENT TO DO SO"

Lawrence PJ, Craske MG, Kempton C, Stewart A, Stein A. Intrusive thoughts and images of intentional harm to infants in the context of maternal postnatal depression, anxiety, and OCD. Br J Gen Pract. 2017 Aug;67(661):376-377. doi: 10.3399/bjgp17X692105. PMID: 28751351; PMCID: PMC5519121

Assessing Risk of Harming the Baby

LOW RISK
(symptoms more consistent with depression, anxiety, and/or OCD)

Thoughts of harming baby are scary

Thoughts of harming baby cause anxiety or are upsetting (ego dystonic)

Mother does not want to harm her baby and feels it would be a bad thing to do

Mother very clear she would not harm her baby

MODERATE RISK

Thoughts of harming baby are somewhat scary

Thoughts of harming baby cause less anxiety

Mother is not sure whether the thoughts are based on reality or whether harming her baby would be a bad thing to do

Mother is less clear she would not harm her baby

HIGH RISK
(symptoms more consistent with psychosis)

Thoughts of harming the baby are comforting (ego syntonic)

Feels as if acting on thoughts will help infant or society (e.g., thinks baby is evil and world is better off without baby)

Lack of insight (inability to determine whether thoughts are based on reality)

Auditory and/or visual hallucinations are present

Bizarre beliefs that are not reality based

Perception that untrue thoughts or feelings are real

Source: Lifeline for Moms

The Postpartum Stress Center

POSTPARTUM PSYCHOSIS EMERGENCY ROOM GUIDELINES

You cannot afford to miss this diagnosis

Postpartum psychosis occurs in approximately 1-2 out of every 1,000 deliveries. The clinical onset is rapid, with symptoms occurring as early as the first 48 to 72 hours postpartum, although the majority of episodes develop **within the first 2 weeks after delivery.** Postpartum psychosis is always a psychiatric emergency.

Women with postpartum psychosis may not present with typical psychotic symptoms since despite the psychosis, many women retain a preoccupation with and concern for returning to care of their babies. In fact, some convincingly try to refute any diagnosis that will keep them from their baby.

If they are in the emergency room, it is likely that they are experiencing either 1) acute/severe anxiety symptoms and/or 2) psychotic symptoms. Differentiating between the two is crucial.

THEREFORE

The following questions should be asked of **every single postpartum woman** who comes to the emergency room. The assessment should include information from family members who may be in a better position to be objective. In addition, family members who accompany a mother to the ER should be asked directly and **specifically** about behaviors they find concerning.

Ask her and those who are with her, the following questions:

- ✓ Does she or anyone in her family have a history of **bipolar** illness or previous psychosis?
- ✓ Is she talking or acting in a **strange manner** that is not characteristic for her?
- ✓ Is she unusually quiet and **withdrawn**, or speaking **rapidly** with difficulty focusing or concentrating?
- ✓ Does she claim to **hear things** or see things that others do not?
- ✓ Is she **suspicious** of others or expressing concern that others are out to get her or trying to disturb things in some way?
- ✓ Does she have a **decreased need for sleep** or food or exhibit a high degree of confidence or an exaggerated sense of her capabilities or self-worth?
- ✓ Does she feel/appear abnormally hyperactive with **racing thoughts** and/or behaviors?

IMPORTANT POINTS TO KEEP IN MIND

Lifeline

Action Plan for Mood Changes during Pregnancy or After Giving Birth

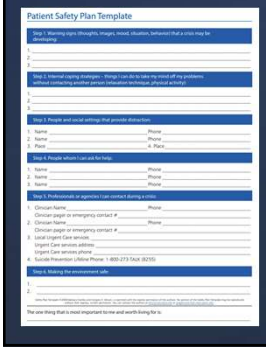
Feeling down, mood swings, feeling anxious, overwhelmed, and scared are very common for women during and after pregnancy. If your feelings are impacting your life or your ability to care for you or your baby, we want to make sure you have the resources and support you need. If a few of these feelings sound like you, see below for what you can do.

If you...	You may be experiencing emotional changes that happen to many pregnant individuals and new parents. You should...
Feel like you just aren't yourself Have trouble managing your emotions (ups and/or downs) Feel overwhelmed, but are still able to care for yourself and your baby Feel mild irritability Have slight difficulty falling asleep Have occasional difficulty focusing on a task Are less hungry than usual	Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another person to share childcare so that you can rest and exercise. Continue to watch for the signs of emotional mood changes in the yellow and red sections below. Find someone to talk to if things get worse. Talk to a health care provider if you feel unsure.
If you...	**You may be experiencing emotional changes during or after your pregnancy for which you should get help. You should...**
Feel intense uneasiness that hits with no warning Feel foggy and have more difficulty completing tasks than usual Notice that you have stopped doing things that you used to enjoy Have scary or upsetting thoughts that don't go away Feel guilty, or are having thoughts that you are failing at motherhood Are having difficulty falling or staying asleep (that doesn't have to do with getting up with your baby) Are falling behind with your job or schoolwork, or struggling in your relationships with family and/or friends Have family/friends mention that your mood seems off, or you're not acting like your usual self Are being overwhelmed by feelings of worry Have periods of feeling really "up," and overly happy where you are doing more activities than usual, then feel very sad, "down," or hopeless Are taking risks you usually wouldn't Are on edge or always looking out for possible danger/threats Feel numb or detached, like you are just going through the motions Have no interest in eating – food tastes like nothing Have thoughts of hurting yourself	Contact us. Your mental health is important to us. We are here to help. Talk to your partner, family, and friends about these feelings so they can help you. Contact your insurance company to find mental health providers. Visit the Anxiety and Depression Association of America's telehealth providers: https://adaa.org/finding-help/telemental-health/provider_listing Call Postpartum Support International (PSI) 1-800-944-4773 (voice in English or Spanish), 800-944-4773 (text in English), 971-203-7773 (text in Spanish), to contact a volunteer who can provide support and resources in your area, or search online for a mental health provider at https://psidirectory.com/ Search the National Center for Posttraumatic Stress Disorder (PTSD) at https://www.ptsd.va.gov/ Read or complete workbook materials: *Pregnancy & Postpartum Anxiety Workbook* by Pamela S. Wiegartz and Kevin Gyoerkoe
If you...	**Get help now!**
Feel hopeless and in total despair Feel out of touch with reality (you may see or hear things that other people don't) Feel that you may hurt yourself or your baby Have family/friends that are worried about your or other's safety due to your mood swings and/or changes in activity levels	Go to the local emergency room or call 9-1-1 for immediate help. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support Text the Crisis Line at 741741 (US) or 686868 (Canada) Still not sure what to do? Call us and we'll figure it out together

22

Small Steps: *Safety & Supports*

Patient Safety Plan


Patient Safety Plan Template

Crisis Support Plan

Crisis Support Plan

CALM: Counseling on Access to Lethal Means

- Free online course
- Patients at risk who might benefit:
- those who currently have suicidal thoughts
- Patients in distress who have attempted suicide in the past
- Struggling w/mental health / substance use, especially if also coping w/painful life crises *(relationship breakups, legal problems, financial crises, housing dislocation, job loss)*

24

"NURSE© Plan"

N: Nourishment

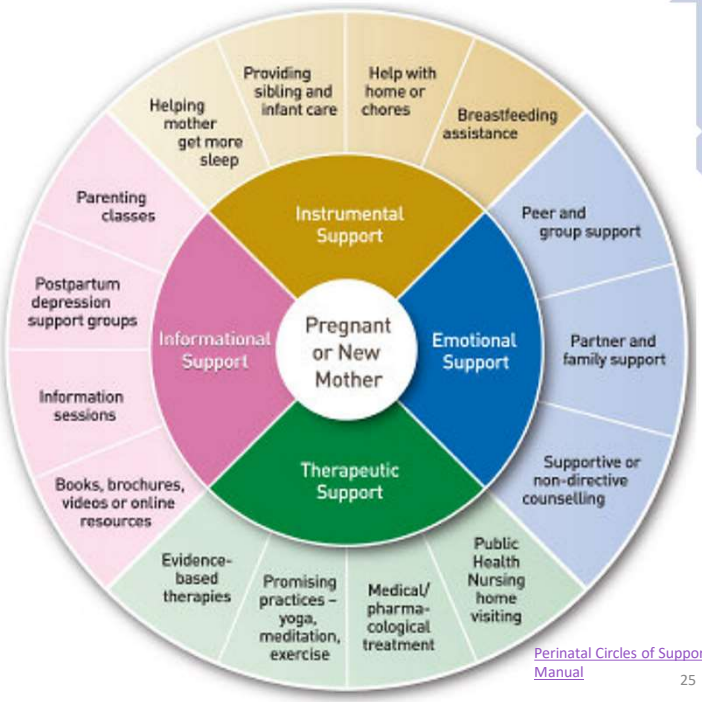
U: Understanding

R: Rest/Relaxation

S: Spirituality

E: Exercise

(1999) Sichel & Driscoll



Perinatal Circles of Support Manual

25

POSTPARTUM SUPPORT INTERNATIONAL

- *Peer-to-Peer support model*
- *NOT intended for those experiencing a mental health crisis*

90 MINUTES

30 min

- *info, education, group guidelines*

60 min

- *"Talk Time"*

PSI ONLINE SUPPORT GROUPS SCHEDULE

WEEKLY GROUPS:

Perinatal Mood Support for Moms
Postpartum Psychosis Support for Moms
Perinatal Mood Support for Parents

erinatal Mood Support for Moms
erinatal Mood Support for Parents
erinatal OCD Support for Moms
oyo Perinatal
ck Moms Connect
gnancy Mood Support
ly Pregnancy Lost Support for Moms

inatal Mood Support for Moms
er & Trans Parents
dfulness for Parents

THU:
- Perinatal Mood Support for Moms
- Perinatal Mood Support for Parents
- Black Moms Connect
- NICU Parents
- Fertility Challenges
- Termination for Medical Reasons
- Pregnancy & Infant Loss for Parents

FRI:
- Pregnancy & Infant Loss for Moms
- Dads Support
- Support for Parents of 1-4 Year Old Children

SUN:
- Perinatal Mood Support for Parents

BI-MONTHLY GROUPS:

ay: Pregnancy & Infant Loss for Parents
*ay - Perinatal Bipolar Support **
*ay - Pregnancy Mood Support **
rsday - Desi Chaat (South Asian Moms)
rsday - Pregnancy & Infant Loss for Parents
riday - Stillbirth and Infant Loss Support for Parents
nday - Post-Abortion Support

pport Group and Pregnancy Mood Support do different days (Tue & Wed)

- 2nd & 4th Monday - Pregnancy After Loss
- 2nd & 4th Tuesday - Post-Abortion Support
- 2nd & 4th Tuesday - Pregnancy & Infant Loss for Parents
- *2nd & 4th Wednesday - Perinatal Bipolar Support **
- *2nd & 4th Wednesday - Pregnancy Mood Support **
- 2nd & 4th Wednesday - Pregnancy Mood Support
- 2nd & 4th Wednesday - Special Needs & Medically Fragile Parenting
- 2nd & 4th Wednesday - Military Moms (Pregnancy & Postpartum)
- 2nd & 4th Thursday - Black Moms in Loss
- 2nd and 4th Thursdays - Perinatal Support for Latinx Moms and Birthing People
- 2nd & 4th Sunday - Pregnant and Postpartum Parents of Multiples

MONTHLY GROUPS:

ST:
- 1st Wednesday - Support for Families Impacted by Postpartum Psychosis
- 1st Wednesday - Birth Moms

2ND:
- 2nd Monday / Lunes - Spanish Solo Mama: Madres Independientes

SCAN HERE FOR UP-TO-DATE SCHEDULE

Postpartum Support International | www.postpartum.net | 800.944.4773

Current as of 8/10/22

Just a phone call away…

POSTPARTUM SUPPORT INTERNATIONAL

For Consumers

PSI Volunteer Warmline

Resources for pregnancy, postpartum, post-loss support, support groups

- Call: 1-800-944-4773
- Text: **"Help"** to 800-944-4773 *(English)*
- **Text en Español:** 971-203-7773

For Clinical Providers

Perinatal Psychiatric Consult Line

- No cost/free
- for medical professionals who are prescribers
- Staffed by experts in the field
- Submit request via online form or call 1-877-499-4773

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255) suicidepreventionlifeline.org → 988 SUICIDE & CRISIS LIFELINE

ONLINE PROVIDER DIRECTORY

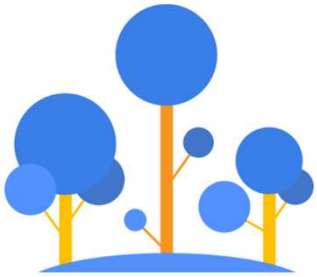
Find a Provider near you with the PSI Directory

Do you want to list your practice in the Directory? Learn More

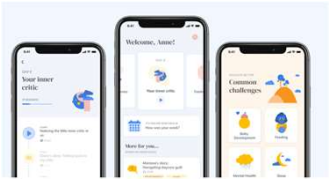
Find a Provider

Cognitive behavioral therapy app

- Digital guided self-help for maternal health
- Core structure: Cognitive-based therapy (CBT)
- FREE - either as an app or the online "course"



canopie



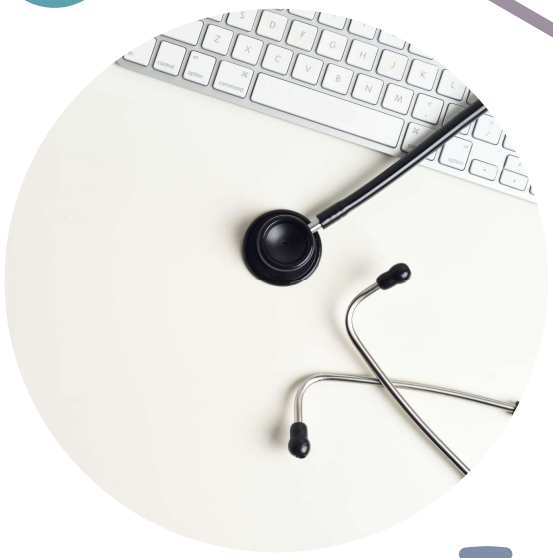
TOPICS

Our mental health during motherhood
Our inner critic
Accessing our soothing systems
Managing our relationships
Bringing balance to our thoughts
Feeling like yourself
Using our bodies to soothe
Dealing with scary thoughts
Building positivity & pleasure
Our anxious minds

29

SOCIAL WORK 101

	MAINE	NEW HAMPSHIRE	VERMONT
Postpartum Support International	PSI - Maine Chapter	PSI - New Hampshire Chapter	PSI - Vermont Chapter
Home Visiting Programs Public Health Nursing	CradleME CradleME Request Form - Instructions (PDF) CradleME Request Form (PDF) Public Health Nursing webpage www.mainefamilies.org	Healthy Families – Home Visiting	Strong Families - Vermont Vermont Health - Family and Child Resources for Educators and Providers
Early Intervention	Child Developmental Services webpage.	NH Birth to 3 - Family Centered Early Supports & Services	Help Me Grow - VT Help Me Grow - VT: Universal Referral Form
Family Resource Centers **Center for Parent Information & Resources**	Resource Guide for Maine Families-Schools-Communities Maine Kinship Resources Maine Parent Federation	Family Support New Hampshire (FSNH) New Hampshire Children's Trust Kinship Caregiver Guide NH Parent Information Center	Vermont Family Network VT Parent Child Center Network
Perinatal Substance Use	MaineMOM.org Maine Access Points Maine Plan of Safe Care - Resources Know Your Options - Maine	NH Perinatal Substance Exposure Collaborative NH Supports for Pregnant and Parenting Women - Regional NH SBIRT Implementation Playbook for Perinatal Providers	Substance Use in Pregnancy - Provider Tips VT Helplink 802-566-LINK Pregnant & Parenting Resources – Substance Use
WIC	Maine WIC	NH WIC NH - Local WIC Offices Online WIC NH: Pre-application tool	Vermont WIC VT WIC: Online Application



Pearls for Prescribing:

Pregnancy, Parenting, Lactation

31

50 % of pregnancies are unplanned

"Are you sexually active?"

"What are using for birth control?"

"Are you considering a pregnancy in the upcoming year?"

Effects of Untreated Maternal Depression

Risks to pregnancy and fetus

- Poor adherence to routine prenatal care
- Poor nutrition/self care
- Substance use
- Increased fetal cortisol
- Preeclampsia
- Preterm labor
- Low birth weight

Risks to Mom, infant, child, family

- Increased irritability/inconsolability of newborn
- Disturbed maternal-infant attachment
- Damaged stress responses
- Failure to thrive
- Behavior issues/cognitive delays
- Stress on couples' relationship –
  - (PPD risks to partners, as well)
- Suicide/infanticide

Latendresse, G. et.al. 2015. Duration of Maternal Stress and Depression: Predictors of newborn admission to neonatal intensive care unit and postpartum depression. Nursing Research, 65 (5): 331-41.

"But…. will it hurt my baby?"

"The safest medication in pregnancy is the one that allows for full remission of symptoms of anxiety/depression."

- No decision during pregnancy is risk free
- Consider both pharm and non-pharm tx options
- Psychotherapy in addition to pharmacotherapy and/or as an alternative when clinically appropriate

Include discussion on the medication's potential effect on:

- OB outcomes
- Congenital malformations
- PPHN
- Poor neonatal adaptation
- Long term neurocognitive development

ACOG 2008; Koren, et.al., 2012

Balancing the risks

UNTREATED DEPRESSION IN PREGNANCY

Postpartum depression

50-62% risk after birth

- Pre-eclampsia
- 50% increased risk of developmental delay at 18 months
- Poor self care
- Impaired bonding with baby

ANTIDEPRESSANT USE IN PREGNANCY

Persistent Pulmonary Hypertension of the Newborn (PPHN) – low absolute risk

- Preterm labor
- Transient neonatal adaptation
- Long term developmental delays – data mostly reassuring
- Majority of evidence does not suggest association of increased risk of birth defects above the baseline

Pregnancy and Bipolar Disorder Med Management Guidelines

Comprehensive prenatal counseling should begin at least 3 months before pregnancy.

- Folate supplementation is advised

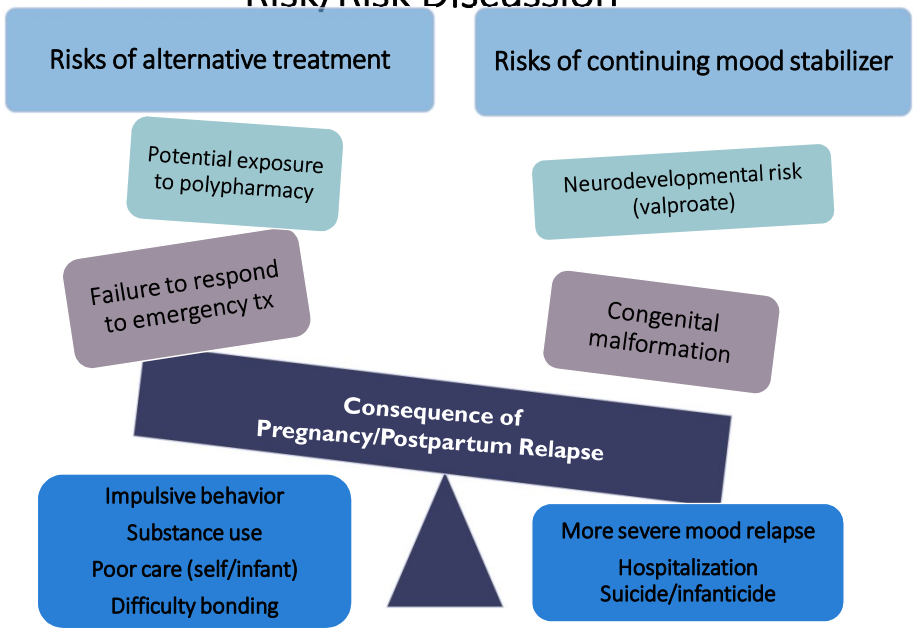
Pharmacotherapy options require an individualized risk-risk discussion of each medication in the context of the patient's history and symptom profile.

- Avoid abrupt discontinuation of treatment
- Engage appropriate psychosocial and clinical supports
- Use minimum effective dose to treat to euthymia
- Monotherapy is preferable, if clinically achievable/appropriate
- Avoid changing effective medications unless there is significant safety or clinical advantage
- Increase frequency of clinical monitoring as indicated

Comprehensive postpartum counseling should begin before and be reinforced throughout pregnancy, emphasizing:

- Importance of **SLEEP**
- Postpartum prophylaxis
- Risks/benefits of breast-feeding
- Importance of social support
  - *identify support people*
  - *educate family/supports on signs and symptoms to look for*

Shared Decision Making: Risk/Risk Discussion



Key Points: Pharmacological Treatment Of Perinatal Women

- Avoid discontinuing meds that provide psychiatric stability
- Previously effective meds
  - Minimal effective dose
  - Symptom remission is the goal
- Carefully substitute less teratogenic agents if necessary
- Dose requirements may be higher in the second half of pregnancy
  - Adjust accordingly

Perinatal Psychiatric Consult Line

1-877-499-4773

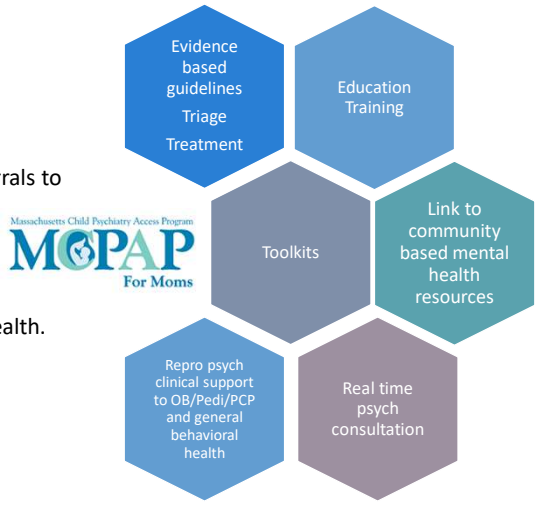
PRESCRIBING RESOURCES FOR HEALTHCARE PROVIDERS

When PARENTS are well….

the FAMILY is well

Perinatal Psychiatry Access Programs

Provide education, consultation, resources and referrals to increase the capacity of frontline healthcare providers to address perinatal mental health.

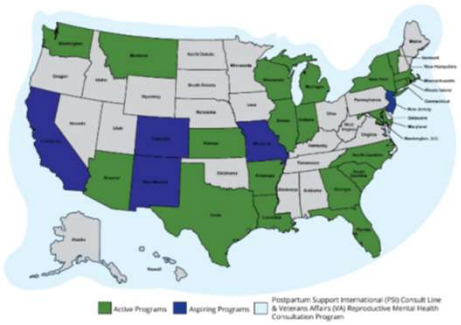


MCPAP for MOMS 2014. www.mcpapformoms.org

40

Perinatal Psychiatry Access Programs

National Network of Perinatal Psychiatry Access Programs



Our National Network of Perinatal Psychiatry Access Programs:

- Facilitates peer learning and resource sharing among aspiring, emerging, and established Perinatal Psychiatry Access Programs and relevant partners across the U.S.
- Nurtures relationships to promote continued support for, and innovation and expansion of, existing and future programs.
- Facilitates quality improvement, program evaluation, and equity advancement within and across programs.

Learn more about our commitment to equity across our Network of Perinatal Psychiatry Access Programs.

If your state doesn't have a Perinatal Psychiatry Access Program yet and you are interested in consulting with a perinatal psychiatrist, you can contact the **Postpartum Support International (PSI) Perinatal Psychiatric Consult Line** online or by calling **877-499-4773**.

Case Example

Kendra presents for prenatal care at 23 weeks, having recently moved to the area.

She is not currently connected with any mental health care locally and screens positive for depression and anxiety.

She reports that SSRI medications "do not work" for her as they make her suicidal.

She denies current suicidal ideation.

Provider Response #1

Recommends she find a therapist

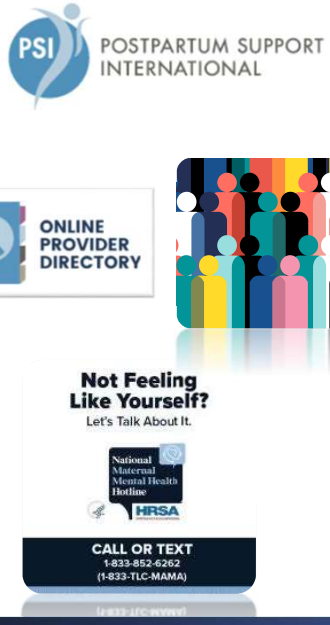
Tells her to call her insurance company for a list of therapists or call her local community mental health center

- *She cannot find a therapist who accepts Medicaid and is accepting new patients*
- *She is placed on a waiting list at her community mental health center*

Refers her to a psychiatrist for medication consultation since she reports that SSRIs do not work for her

- *She is placed on a waiting list for a psychiatrist*

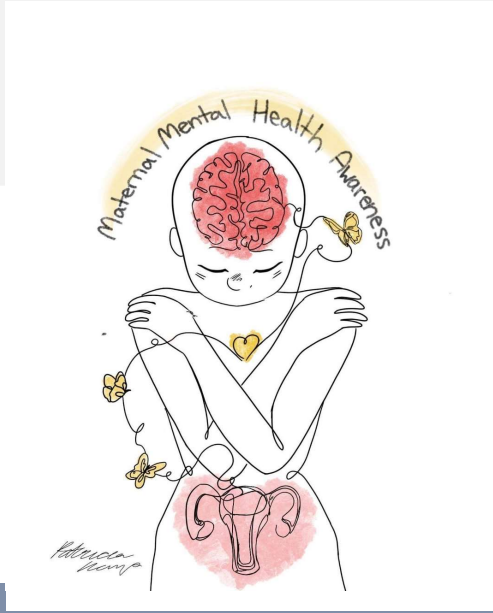
Provider Response #2



Provider team…

- Calls **PSI Perinatal Psychiatry Consult line** to discuss her case with an expert and identify medication options
- Uses **PSI directory** to locate psychotherapy options
- **Prescribes medication** and schedules follow up
- Refers her to her local **Family Resource Center/Parent Child Center/home visiting program**
- Recommends **PSI online support group** for individuals coping with depression during pregnancy
- Shares **maternal mental health hotline** information

Thank you! Questions??



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45