



Issues in Perinatal Psychiatric Care

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VALUES | EDUCATION | SERVICE

Disclosures

- I have no conflicts of interest, financial relationships, or organizational affiliations which impact the content of this presentation

Objectives

- Recognize and discuss the risk of untreated, or under-treated, common mental health conditions in pregnancy
- Recognize and discuss the risks, benefits, and alternatives to common medications used to treat mental health conditions in pregnancy and the postpartum period
- Evaluate and recognize the need for referral to specialists

About Me

- 2015 Graduate of LMU-DCOM
- Residency in Obstetrics & Gynecology at Oklahoma State University, Tulsa, OK
- Board Certified in Obstetrics & Gynecology
- Fellow ACOOG
- Currently an OB Hospitalist in Oklahoma City, OK

Mental Health Conditions in Pregnancy

Think Horses...

- Depression
- Anxiety
- Bipolar Disorder
- Postpartum Depression
- Postpartum Psychosis, rarely

Why Does it Matter?

- Affects at least 1 in 5
- Impacts all stages of care
- Likely long term effects for the child
- It can be preventable

MOST COMMON CAUSES of Pregnancy related maternal mortality?

Suicide & Overdose/Poisoning

Diagnosis

- Depression
 - Edinburgh
 - PHQ-9
- Anxiety
 - GAD-7
- Bipolar Disorder
 - MDQ

- Utilize Screening tools already available
 - ACOG recommends screening throughout pregnancy and postpartum

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE: _____

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 around 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 + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

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Edinburgh Postnatal Depression Scale (EPDS)

Date: _____ Clinic Name/Number: _____

Your Age: _____ Weeks of Pregnancy/Age of Baby: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—not just how you feel today. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, call your health care provider regardless of your score.

Below is an example already completed.

I have felt happy:
Yes, all of the time _____ (0)
Yes, most of the time (1)
No, not very often _____ (2)
No, not at all _____ (3)

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

- I have been able to laugh and see the funny side of things:
As much as I always could _____ (0)
Not quite so much now _____ (1)
Definitely not so much now _____ (2)
Not at all _____ (3)
- I have looked forward with enjoyment to things:
As much as I ever did _____ (0)
Rather less than I used to _____ (1)
Definitely less than I used to _____ (2)
Hardly at all _____ (3)
- I have blamed myself unnecessarily when things went wrong:
Yes, most of the time _____ (3)
Yes, some of the time _____ (2)
Not very often _____ (1)
No, never _____ (0)
- I have been anxious or worried for no good reason:
No, not at all _____ (0)
Hardly ever _____ (1)
Yes, sometimes _____ (2)
Yes, very often _____ (3)
- I have felt scared or panicky for no good reason:
Yes, quite a lot _____ (3)
Yes, sometimes _____ (2)
No, not much _____ (1)
No, not at all _____ (0)
- Things have been getting to me:
Yes, most of the time I haven't been able to cope at all _____ (3)
Yes, sometimes I haven't been coping as well as usual _____ (2)
No, most of the time I have coped quite well _____ (1)
No, I have been coping as well as ever _____ (0)

- I have been so unhappy that I have had difficulty sleeping:
Yes, most of the time _____ (3)
Yes, sometimes _____ (2)
No, not very often _____ (1)
No, not at all _____ (0)
- I have felt sad or miserable:
Yes, most of the time _____ (3)
Yes, quite often _____ (2)
Not very often _____ (1)
No, not at all _____ (0)
- I have been so unhappy that I have been crying:
Yes, most of the time _____ (3)
Yes, quite often _____ (2)
Only occasionally _____ (1)
No, never _____ (0)
- The thought of harming myself has occurred to me: *
Yes, quite often _____ (3)
Sometimes _____ (2)
Hardly ever _____ (1)
Never _____ (0)

TOTAL YOUR SCORE HERE

* If you scored a 1, 2 or 3 on question 10, PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) OR GO TO THE EMERGENCY ROOM NOW to ensure your own safety and that of your baby.
If your total score is 11 or more, you could be experiencing postpartum depression (PPD) or anxiety. PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) now to keep you and your baby safe.
If your total score is 9-10, we suggest you repeat this test in one week or call your health care provider (OB/Gyn, family doctor or nurse-midwife).
If your total score is 1-8, new mothers often have mood swings that make them cry or get angry easily. Your feelings may be normal. However, if they worsen or continue for more than a week or two, call your health care provider (OB/Gyn, family doctor or nurse-midwife). Being a mother can be a new and stressful experience. Take care of yourself by:
▶ Getting sleep—nap when the baby naps.
▶ Asking friends and family for help.
▶ Drinking plenty of fluids.
▶ Eating a good diet.
▶ Getting exercise, even if it's just walking outside.
Regardless of your score, if you have concerns about depression or anxiety, please contact your health care provider.
Please note: The Edinburgh Postnatal Depression Scale (EPDS) is a screening tool that does not diagnose postpartum depression (PPD) or anxiety.

See more information on reverse. ▶

Edinburgh Postnatal Depression Scale (EPDS). Adapted from the British Journal of Psychiatry, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Segovsky.

PHQ-9

Edinburgh Postnatal Depression Scale

Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

Instructions: Check (✓) the answer that best applies to you.
Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family in trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>		
<input type="radio"/> No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input type="radio"/> Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry*. 2000;157:1873-1875.

MDQ

• Depression/Anxiety

- What has worked in the past?
- If the patient is stable, and not a known teratogen - DO NOT stop or change the medication
- Continue re-evaluation of therapeutic effect
- Incorporate nonpharmacologic treatments as well

Pharmacological Treatment Options for Depression, Anxiety, and PTSD						
<ul style="list-style-type: none"> – Choose antidepressant that has worked before. If antidepressant naïve, choose antidepressant based on table below with patient preference in consideration. Antidepressants are similar in efficacy and side effect profile. – In late pregnancy, you may need to increase the dose above usual therapeutic range (e.g., sertraline 250mg rather than 50-200mg). – If a patient presents with pre-existing mood and/or anxiety disorder and is doing well on an antidepressant, do not switch it during pregnancy or lactation. If patient is not doing well, see Figure 2: <i>Follow-Up Treatment of Perinatal Mental Health Conditions</i>. – Evidence does not support tapering antidepressants in the third trimester. – Minimize exposure to both illness and medication. <ul style="list-style-type: none"> • Untreated/inadequately treated illness is an exposure • Use lowest effective doses • Minimize switching of medications • Monotherapy preferred, when possible 						
First-line Treatment Options for Mild, Moderate, or Severe Depression, Anxiety Disorder, and PTSD						
Medication	sertraline*	fluoxetine	citalopram**	escitalopram**		
Starting dose and timing	25 mg qAM (if sedating, change to qHS)	10 mg qAM	10 mg qAM	5 mg qAM		
Initial increase after 4 days	↑ to 50 mg	↑ to 20 mg	↑ to 20 mg	↑ to 10 mg		
Second increase after 7 more days	↑ to 100 mg					
Reassess Monthly (increase as needed until symptoms remit)	↑ by 50 mg	↑ by 20 mg	↑ by 10 mg	↑ by 10 mg		
Therapeutic range***	50-200 mg	20-80 mg	20-40 mg	10-20 mg		
Individualized approach to titration	Slower titration (e.g., every 10-14-days) is often needed for patients who are antidepressant naïve or with anxiety symptoms					
*Lowest degree of passage into breast milk compared to other first-line antidepressants; **Side effects include QTc prolongation (see below); ***May need higher dose in 3 rd trimester and when treating an anxiety disorder						
In general, if an antidepressant has helped during pregnancy, it is best to continue it during lactation. Prescribe a maximum of two (2) antidepressants at the same time.						
Second-line Treatment Options for Mild, Moderate, or Severe Depression, Anxiety Disorder, and PTSD						
Medication	duloxetine	venlafaxine	fluvoxamine	paroxetine	mirtazapine	bupropion HCL
Starting dose and timing	30 mg *** qAM	37.5 mg qAM	25 mg qHS	10 mg*** qAM (if sedating, change to qHS)	7.5 mg qHS	150 mg qAM
Initial increase after 4 days		↑ to 75 mg	↑ to 50 mg	↑ to 20 mg	↑ to 15 mg	
Second increase after 7 more days	↑ to 60 mg	↑ to 100 mg	↑ to 100 mg			
Reassess Monthly (increase as needed until symptoms remit)	↑ by 30 mg	↑ by 75 mg	↑ by 50 mg	↑ by 10 mg	↑ by 15 mg	↑ by 150 mg
Therapeutic range ***	30-120 mg	75-300 mg	50-200 mg	20-60 mg	15-45 mg	300-450 mg
Individualized approach to titration	Slower titration (e.g., every 10-14-days) is often needed for patients who are antidepressant naïve or with anxiety symptoms					
***May need higher dose in 3 rd trimester and when treating an anxiety disorder						
<u>Temporary (days to weeks)</u>			<u>Long-term (weeks to months)</u>			
Nausea (most common)			Increased appetite/weight gain			
Constipation/diarrhea			Sexual side effects			
Lightheadedness			Vivid dreams/insomnia			
Headaches			**QTc prolongation (citalopram & escitalopram)			
- Tell women to take medication with food and only increase dose if tolerating; otherwise wait until side effects dissipate before increasing.						
- Start medication in morning; if patient finds it sedating recommend that she takes it at bedtime						
Medication Treatment for Moderate/Severe Depression with Onset in Late Pregnancy or Within 4 weeks postpartum – Brexanolone						
Brexanolone is an FDA-approved medication that can be considered for treatment of moderate to severe postpartum depression.						
Brexanolone:			When is Brexanolone indicated?			
– is a formulation of intravenous allopregnanolone (a neurosteroid) that acts on GABA-A receptors			If onset of depression occurs in 3 rd trimester through 4 weeks postpartum and if patient is <6 months postpartum at screening, consider Brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting).			
– requires an IV infusion over 60 hours						
– has a faster onset of action (symptom reduction in 1-2 days) compared to available oral antidepressants, which generally take 4-8 weeks to work						
– has been shown to maintain the reduction in depression symptoms at 30 days post-infusion						
More information can be found at Reprotox and LactMed on all pharmacological treatments						

Fig. 1. Starting treatment for perinatal mental health conditions. FDA, U.S. Food and Drug Administration; GABA-A, gamma aminobutyric acid type A; IV, intravenous; mg, milligrams; PTSD, posttraumatic stress disorder; qAM, every morning; qHS, every bedtime.
Modified from Byatt N, Mittal LP, Brenckle L, Logan DG, Masters GA, Bergman A, et al. Lifeline for Moms Perinatal Mental Health Toolkit. University of Massachusetts Medical School; 2019. Accessed March 20, 2023. <https://www.umassmed.edu/lifeline4moms/products-resources/toolkits-and-apps/2019/11/lifeline4moms-perinatal-mental-health-toolkit/>

Treatment

- Can be complex
- Phone a friend
 - Not medications I would routinely begin
 - Often found myself having to Rx after pregnancy diagnosis
- MFM Referral

- Bipolar Disorder

- Increased Risk for Postpartum Psychosis, Suicidality
- Unless Valproate, ACOG recommends NOT stopping mood stabilizers

Diagnosis

- Utilize EPDS
 - screening usually done during postpartum stay
- Close 4th Trimester follow-up
 - Postpartum visit(s)
 - Support team (spouse, postpartum doula, etc)

- Postpartum Blues
- Postpartum Depression
- Postpartum Psychosis
 - PP Psychosis is a **MEDICAL EMERGENCY**

New Medications for Postpartum Depression

- Zuranolone
 - allosteric modulator of synaptic and extra synaptic GABA(A)
 - Oral, 14 days
 - \$\$\$\$
- Brexanolone
 - mimics Allopregnanolone (Progestin metabolite)
 - increases GABA(A) receptor activity
 - IV administration, inpatient setting
 - \$\$\$\$

When to Refer

It takes a Village!

- Psychiatry
- OB/Gyn
- Maternal Fetal
Medicine

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