THE JOURNEY OF THE MATERNAL MENTAL HEALTH PATIENT AND FAMILY

ADDRESSING MENTAL HEALTH CARE IN THIS POPULATION AND IMPROVING PERINATAL MENTAL HEALTH OUTCOMES THROUGH COMMUNITY PARTNERSHIPS

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DISCLOSURES

- I have no conflicts of interest for this presentation to disclose
- I do not own the rights to any included images

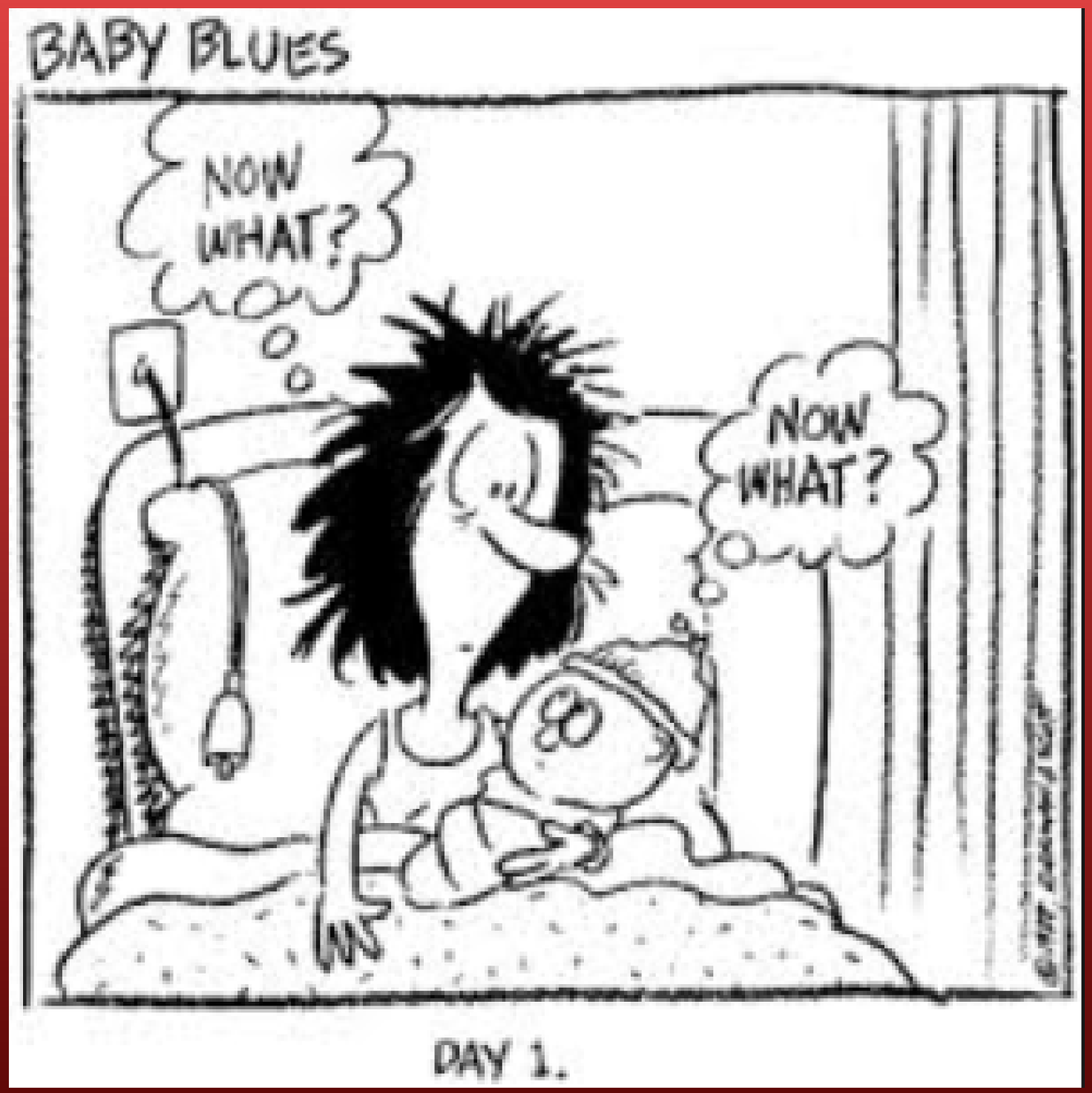
OBJECTIVES

- Identify maternal patients at risk for mental health disorders
- Identify approaches to treating depression and anxiety in woman of reproductive age
- Gain awareness of effective screening tools for mental health disorders in this population
- Describe options for collaboration between the physician office and community mental health resources

THE JOURNEY

Diagnosis during:

- Preconception/ Prenatal
- Intrapartum
- Postpartum



WHO'S AT RISK?

- Previous depression
- Antepartum depression
- High levels of postnatal stress
- Stressful life events
- Poor social and financial support in the puerperium
- Young, single, multiparous, family history of depression, intimate partner violence or abuse, unintended pregnancy, negative attitude towards pregnancy, body image dissatisfaction, breastfeeding difficulty, childcare stress (challenging infant)

PATHOGENESIS

- Unknown
- Genetics?
- Hormonal changes?

COURSE OF POSTPARTUM DEPRESSION

- Untreated postpartum depression may resolve spontaneously or require treatment
- One review of treated vs untreated patients showed 30-50% concluded that episode of postpartum major depression within one year
- However those that recover are at high risk for recurrence

DIAGNOSIS

- Pre-existing mental health disorders
- Baby Blues
- Postpartum Depression

BABY BLUES		PPD
~50-80%	Prevalence	~11.5 in the US
Symptoms typically peak at 5 days post delivery	Timing	During pregnancy and up to 1 year after delivery
Typically resolves within 10 days	Duration	Up to a year
Frequent crying, anxiety, worrying, and mood swings	Symptoms	Trouble bonding with and doubt in ability to care for baby; thoughts of self harm or harm to baby in addition to feelings like baby blues; anger or rage; lack of sleep; appetite changes; difficulties concentrating; withdrawing from friends and family

IMPACT ON FAMILY UNIT

- "Maternal psychiatric illness, if inadequately treated or untreated, may result in poor compliance with prenatal care, inadequate nutrition, exposure to additional medication or herbal remedies, increased alcohol and tobacco use, deficits in mother–infant bonding, and disruptions within the family environment."

IMPACT OF PSYCHIATRIC MEDICATIONS PREGNANCY AND LACTATION IN THE US

- It is estimated that more than 500,000 pregnancies in the United States each year involve women who have psychiatric illnesses
- An estimated one third of all pregnant women are exposed to a psychotropic medication at some point during pregnancy

WHAT HAPPENS IF I AM TREATED…

- Potential teratogenic effects
- Perinatal syndromes and immediate postpartum period
- Future behavior or developmental effects

MEDICAL THERAPY

- Individualize and carefully consider the evidence regarding safety and efficacy of pharmacological treatment for anxiety, depression, and other psychiatric disorders during the perinatal period

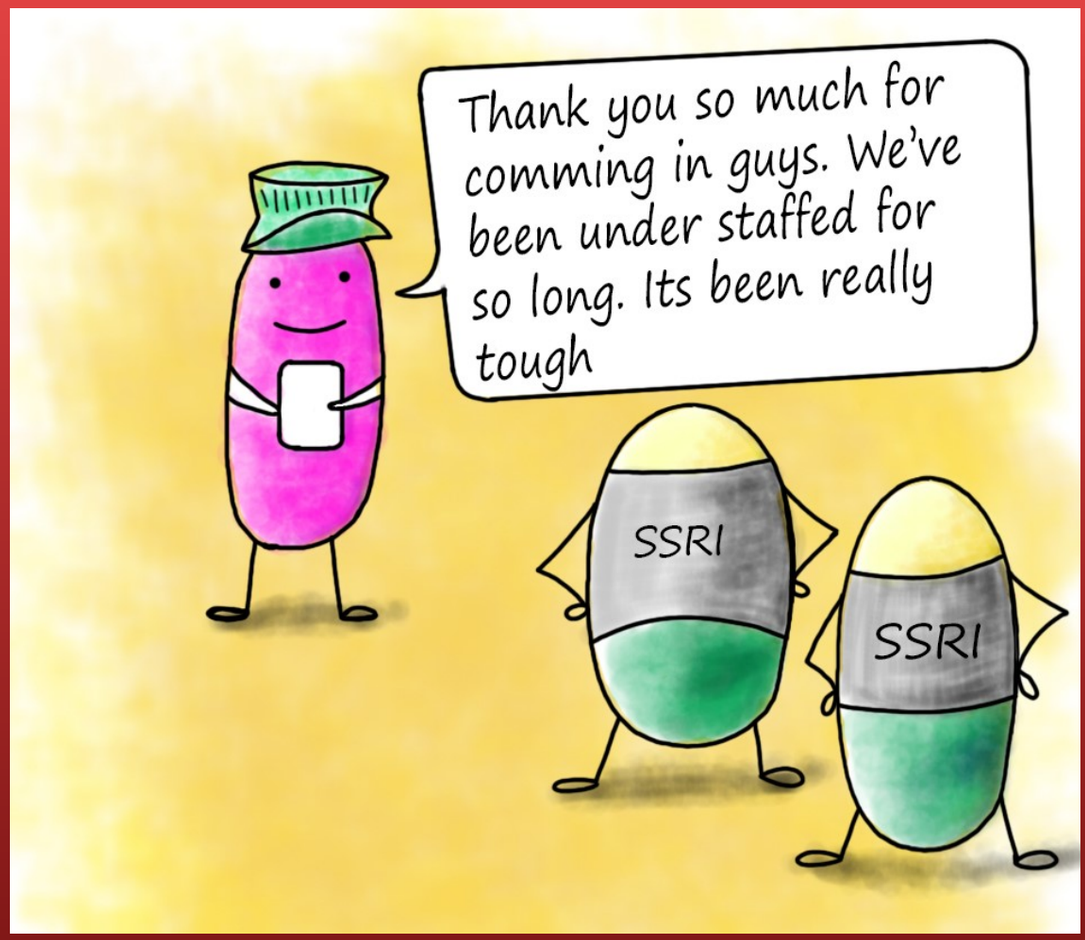
COLLABORATIVE APPROACH

- Role of the health care provider in the education of the patient

- They all want to know…
  - Do I have to stop taking this medication?
  - Will it harm my baby?
  - Can I safely breastfeed?

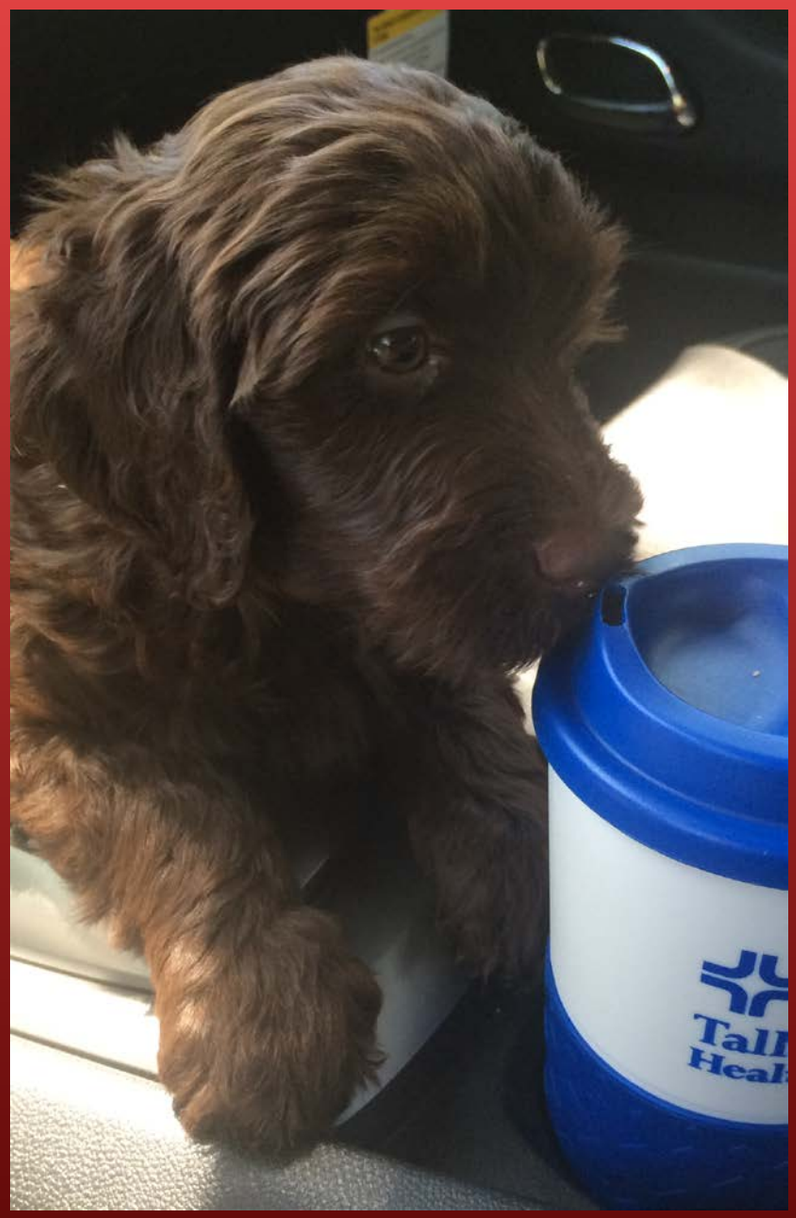
MEET PATIENT #1

- 28 y/o patient who presents for preconception counseling while taking and SSRI prescribed by her family physician



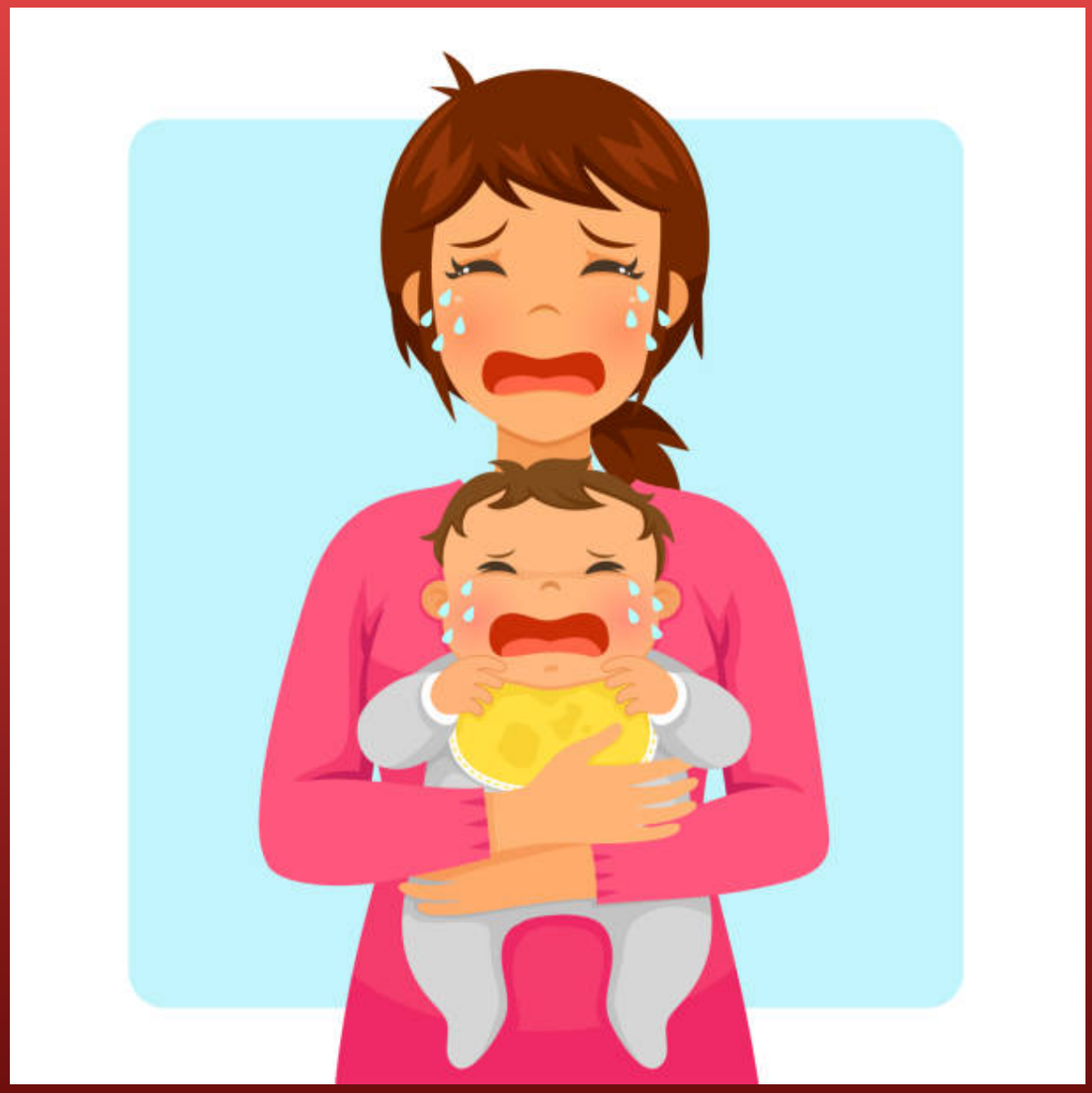
MEET PATIENT #2

- 34 year old patient who presents for her initial obstetrical visit at 8 weeks who discloses that since her last pregnancy she was hospitalized for depression and currently takes 3 antidepressant medications which she can not stop.



MEET PATIENT #3

- 30 y/o patient calls the office 3 days postpartum with complaints of anxiety, depressive thoughts and crying all the time.



SCREENING TOOLS

Edinburgh Postnatal Depression Scale

Postpartum Depression Screening Scale

Patient Health Questionnaire 9

Beck Depression Inventory

Beck Depression Inventory-II

Center for Epidemiologic Studies Depression Scale

Zung Self-rating Depression Scale

SCREENING TOOLS

Table 1. Depression Screening Tools ⇦

Screening Tool	Number of Items	Time to Complete (Minutes)	Sensitivity and Specificity	Spanish Available
Edinburgh Postnatal Depression Scale	10	Less than 5	Sensitivity 59–100% Specificity 49–100%	Yes
Postpartum Depression Screening Scale	35	5–10	Sensitivity 91–94% Specificity 72–98%	Yes
Patient Health Questionnaire 9	9	Less than 5	Sensitivity 75% Specificity 90%	Yes
Beck Depression Inventory	21	5–10	Sensitivity 47.6–82% Specificity 85.9–89%	Yes
Beck Depression Inventory-II	21	5–10	Sensitivity 56–57% Specificity 97–100%	Yes
Center for Epidemiologic Studies Depression Scale	20	5–10	Sensitivity 60% Specificity 92%	Yes
Zung Self-rating Depression Scale	20	5–10	Sensitivity 45–89% Specificity 77–88%	No

SUMMARY

- Clinicians should screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool

- ACOG Committee Opinion #630

CONCLUSIONS

- Management of current depression or anxiety patients or women with a history of perinatal mood disorders warrant close monitoring, evaluation, and assessment

- ACOG Committee Opinion #630

CONCLUSIONS

- Although screening is important...by itself it is insufficient to improve clinical outcomes
- Systems should be in place to ensure follow-up for diagnosis and treatment
- ...This is where I hand it over to my community partners

Resources

Also found at http://www.acog.org/Womens-Health/Depression-and-Postpartum-Depression:
The following resources are for information purposes only. Referral to these sources and web sites does not imply the endorsement of the American College of Obstetricians and Gynecologists. These resources are not meant to be comprehensive. The exclusion of a source or web site does not reflect the quality of that source or web site. Please note that web sites are subject to change without notice.

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