

# PERINATAL MENTAL HEALTH

Week 57

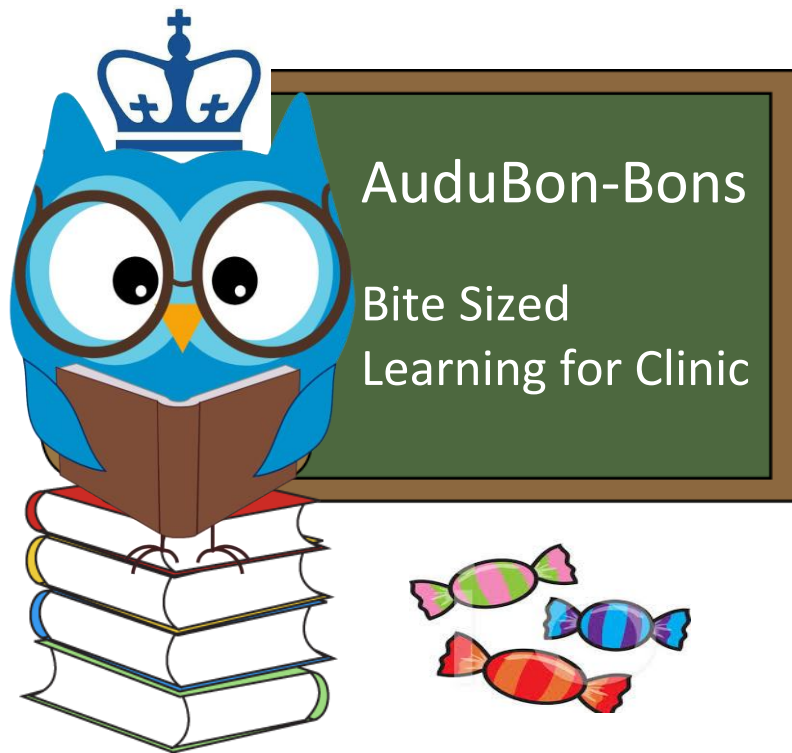
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Viewing Assignment:

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 1<sup>st</sup> 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



# PERTINENT PHYSICAL EXAM FINDINGS

**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?**

Mother	Child
Prenatal care and timing of delivery Childbirth experience Early postpartum complications <ul style="list-style-type: none"><li>• Lactation and bonding</li><li>• Relationship with partner</li></ul>	Cognitive delays Growth issues Behavioral challenges in adolescence



# SCREENING

**What proportion of perinatal depression begins before birth?**

- 2/3

**What are the recommended screening schedules for perinatal mental illness?**

## Prenatal period

- $\geq 1$  screen
  - 1<sup>st</sup> PNC visit
  - Late 2<sup>nd</sup> trimester visit
  - Birth

## Postpartum period

- $\geq 1$  screen
  - 2-3 weeks pp (high risk patients)
  - 6 weeks pp



**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?

Screening Tool	Positive Screen Score	Mental Illness	Population
<b>PHQ-9</b> (Patient Health Questionnaire)	$\geq 5$	<ul style="list-style-type: none"><li>• Depression</li></ul>	<ul style="list-style-type: none"><li>• General</li><li>• Perinatal</li></ul>
<b>EPDS</b> (Edinburgh Postnatal Depression Scale)	$\geq 10$ (#'s 4 & 5)	<ul style="list-style-type: none"><li>• Depression</li><li>• Anxiety Subscale</li></ul>	<ul style="list-style-type: none"><li>• Perinatal</li></ul>
<b>GAD-7</b> (Generalized Anxiety Disorder)	$\geq 5$	<ul style="list-style-type: none"><li>• Anxiety</li></ul>	<ul style="list-style-type: none"><li>• General</li><li>• Perinatal</li></ul>





# 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



# ADDITIONAL ASSESSMENTS – DIFFERENTIAL DIAGNOSIS

**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



# ADDITIONAL ASSESSMENTS – BIPOLAR DISORDER

## 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

**Mood Disorder Questionnaire**

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Please answer each question to the best of your ability

1. Has there ever been a period of time when you were not your usual self and...	YES	NO
...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="checkbox"/>	<input type="checkbox"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>
...you felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you got much less sleep than usual and found that you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
...you were more talkative or spoke much faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>
...you had more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/>	<input type="checkbox"/>
...spending money got you or your family in trouble?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?</b>		
	<input type="checkbox"/> No problems	<input type="checkbox"/> Minor problem
	<input type="checkbox"/> Moderate problem	<input type="checkbox"/> Serious problem

Hirschfeld, Robert MA. "The Mood Disorder Questionnaire: a simple, patient-rated screening instrument for bipolar disorder." *Primary care companion to the Journal of Clinical Psychiatry* 4.1 (2002): 9.

### CIDI-based Bipolar Disorder Screening Scale

#### Stem Questions

##### Euphoria Stem Question

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money.

Have you ever had a period like this lasting several days or longer?

*If this question is endorsed, the next question (the irritability stem question) is skipped and the respondent goes directly to the Criterion B screening question.*

##### Irritability Stem Question

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people or hit people?

##### Criterion B Screening Question

3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in many ways they would normally think inappropriate.

Did you ever have any of these changes during your episodes of being excited and full of energy or very irritable or grouchy?

##### Criterion B Symptom Questions

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were you so irritable that you either started arguments, shouted at people, or hit people?  
*This first symptom question is asked only if the euphoria stem question (1) above is endorsed.*
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you—like talking about things you would normally keep private, or acting in ways that you would usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?

Kessler, Ronald C., et al. "The World Health Organization composite international diagnostic interview short-form (CIDI-SF)." *International journal of methods in psychiatric research* 7.4 (1998): 171-185.

# ADDITIONAL ASSESSMENTS – SUICIDE RISK

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



# ADDITIONAL ASSESSMENTS – POSTPARTUM PSYCHOSIS

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 ☐ decrease exposures
- Discourage pre-delivery discontinuation of SSRIs



# COUNSELING

## PATIENT

How well is the use of SSRIs in pregnancy studied?

What is the risk of birth defects after using antidepressants in the 1<sup>st</sup> trimester?

What do you think about tapering my antidepressant in the 3<sup>rd</sup> trimester?

Should I consider discontinuing my antidepressant while breastfeeding?

Are there any SSRIs with particularly low levels in breastmilk?

## PROVIDER

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

Absolute risk of birth defects after antidepressant use in the 1<sup>st</sup> trimester is **small**.

There is **little data** to support a taper in the 3<sup>rd</sup> 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

**STRESS AND UNTREATED DEPRESSION LINKED TO ADVERSE OBSTETRIC OUTCOMES INCLUDING PRETERM BIRTH**

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

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.



# Epic .phrase

## **BBonPerinatDepressionMildMod**

### Description: perinatal mild to moderate depression counseling

Pt score  $\geq 5$  and  $< 20$  points PHQ-9 suggests or  $\geq 10$  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



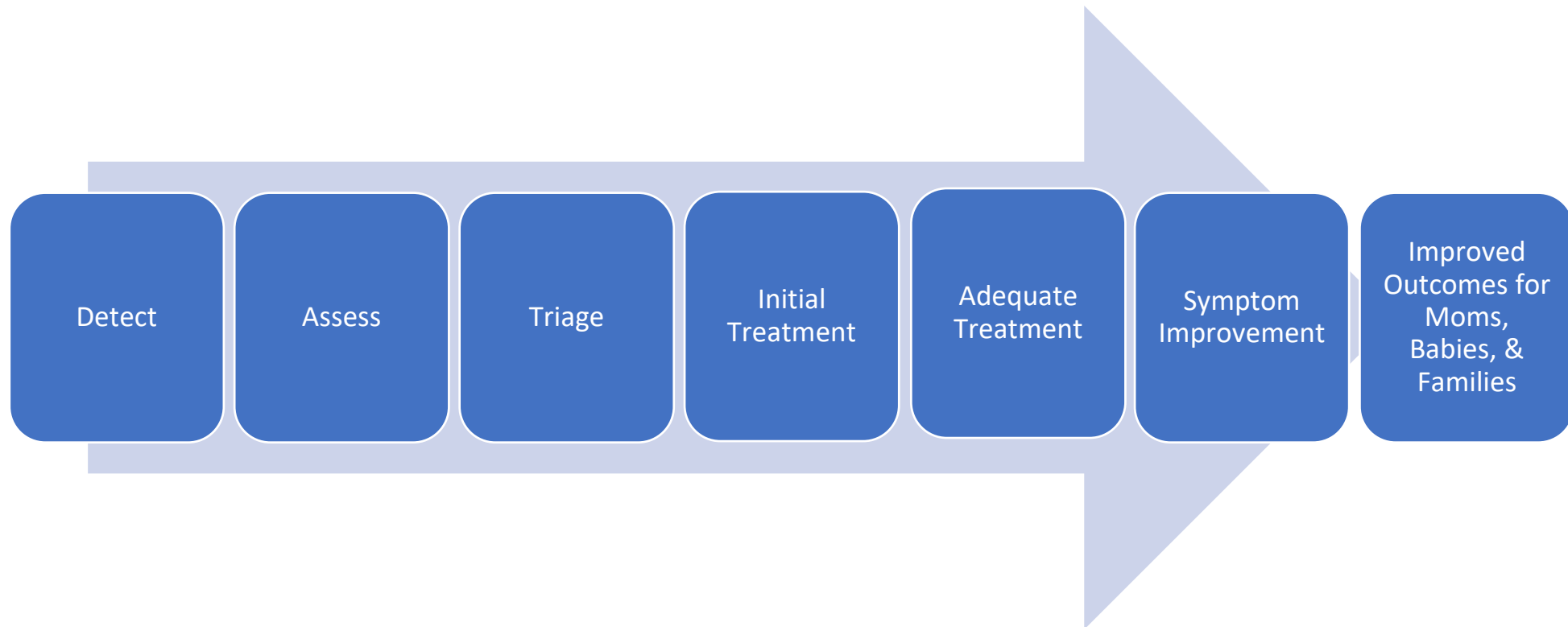
# EVIDENCE

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# CARE PATHWAY

**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?

Severity	EPDS	PHQ-9	GAD-7
Mild	10-14	5-9	5-9
Moderate	15-19	10-14	10-14
Severe	>19	>15	>15



# TREATMENT

**How does severity of illness impact treatment plans?**

