



ECHO Idaho: Behavioral Health in Primary Care

Perinatal Mood Disorders:

Introduction and Risks

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The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives

- Introduction of perinatal mood and anxiety disorders
- Discussion of the effects of untreated mood and anxiety disorders in pregnancy and postpartum
- Introduce screening tools used in practice
- Discuss resources

Introduction

- The perinatal period
 - From pregnancy through the first year after giving birth
 - Highest incidence of mental health intervention across a women's lifespan
- Prenatal Depression and Anxiety
 - 20% prevalence rate of moderate to severe depression and/or anxiety in pregnancy (O'Hara MW & Wisner KL, Best Pract Res Clin Obstet Gynaecol. 2014 Jan; 28(1):3-12.)

PMADs

- Not just PPD (postpartum depression)
- Perinal Mood and Anxiety Disorders
 - Depression
 - Perinatal Bipolar Disorders
 - Anxiety or Panic Disorder
 - Obsessive-Compulsive Disorder (OCD)
 - Post Traumatic Stress Disorder (PTSD)
 - Psychosis
- #1 most common medical complication related to childbearing
 - Postpartum Depression- 21% prevalence rate (Wisner, KL. Et al.

JAMA psychiatry. 2013.87; Earles, M. Pediatrics 2010; 126:1032-1039)

Untreated Effects

- PMADs in pregnancy

- **Depression** (Altshuler et al. *AM J Psychiatry*. 1996;153:592; Cohen and Rosenbaum. *J Clin Psychiatry*. 1998;59(suppl 2):18; Meany et al. *Dev Neurosci*. 1996; 18:49; Orr and Miller. *Epidemiol Rev*. 1995;17:165; Steer et al. *J Clin Epidemiol*. 1992;45:1093)
 - Poor self-care, Nutrition, Sleep
 - Increased risk of suicide
 - Negative effects on bonding
 - Noncompliance with prenatal care
 - Preterm birth, low birth weight, Pre-eclampsia, Gestational diabetes
- **Anxiety** (Hosseini SM et al. *Pediatric and Perinatal Epidemiology* 2009; 23:557-566)
 - Increased cortisol levels in the fetus
 - Disruption of developing brain circuitry and hormone systems in fetus
 - Risk preterm birth, shortened gestational age, and low birth weight

Untreated Effects

- PMADs in pregnancy
 - **Bipolar (Mania)** (Viguera A. et al. *Am J Psychiatry* 2007; 164:1817-1824. Boden, R. et al. *BMJ* 2012; 345:7085)
 - Consequences of unprotected sex
 - Increased risk of substance use
 - Decrease self/prenatal care
 - Difficulty with realistic preparation for baby

Untreated Effects

- PMADs postpartum

- Depression

- Difficulty breastfeeding
 - Increase in sleep disturbance in mothers
 - Poor self-care and infant care
 - Difficulty with bonding/attachment
 - Decrease in adherence to follow-up appointments for baby

- **Risks for baby** (Field T. Infant Behave Dev. 2010;33(4):409-418. Field T, et al. Infant Behave Dev. 2006;29:445-455. Allotter L, et al. Dev Neuropsychol. 2001;20(3):639-651

- decreased levels of dopamine and serotonin in newborn
 - Increased crying, harder to soothe
 - Delayed fetal heart rate responsivity
 - Brain activity mimics that of depressed adults

Untreated Effects

- PMADs postpartum

- Anxiety

- Increase in sleep disturbance in mothers
 - Increased risk of developing OCD
 - Risks for baby (Earls M, Committee on Psychosocial Aspects of Child and Family Health. Pediatrics. 201;126(5):1032-39)
 - Increased fight or flight activation in babies- increased startle response
 - Increased difficulty learning new tasks
 - Increased anxiety and fear in infants/children
 - Babies harder to soothe
 - Persistent elevation of cortisol could disrupt developing brain
 - Affects hippocampus, amygdala, and prefrontal cortex
 - Ultimately can impact learning, memory, emotional and behavioral adaptation (Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. Elk Grove Village, IL: American Academy of Pediatrics 2008)

Screening

- Prevalence of perinatal complications
 - Gestational Hypertension- 6-8%
 - Pre-eclampsia- 6-8%
 - Gestational Diabetes- 6%
 - PMADs- 21% Wisner, KL. Et al. JAMA psychiatry. 2013.87
- Who can screen?
 - ALL providers who interface with pregnant or postpartum women (OB/GYN, Primary Care/Internal Medicine docs, Pediatricians, hospitals, Childbirth educators, lactation consultants, NPs, PAs, CNMs, counselors/therapists, OTs, etc.)

Screening

- Edinburgh Postnatal Depression Scale (EPDS)
 - Can be used in pregnancy and postpartum
 - Ten item self-report assessment
 - Free to download and use
 - Meant for screening purposes, not diagnostic
 - Score higher than 10 warrants more investigation/referral
- 2000 study (Evins, Theofrastous JP, Galvin SL, Am J Obstet Gynecol 2000 May; 182(5):1080-2)

Key Points

- The perinatal period includes all of pregnancy through the first year after the birth of the baby
- Untreated effects/risks of perinatal mood and anxiety disorders often outweigh effects/risks of treatment
- Thorough screening is key

Resources

- Postpartum Support International
 - Toll-free helpline for women and families 1-800-944-4773 (ext. 1 for English, ext. 2 for Spanish)
 - Perinatal Psychiatric Consult Line 1-800-944-4773 (Ext. 4)
*Medical providers only
 - www.postpartum.net