ECHO Idaho: Perinatal Substance Use Disorder

Perinatal Anxiety Disorders

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Learning Objectives

• Overview perinatal anxiety disorders
• Discuss the effects of untreated perinatal anxiety disorders
• Introduce helpful screening tools
• Discuss treatment options
Introduction

• The perinatal period
  • From pregnancy through the first year after giving birth
  • Highest incidence of mental health intervention across a women’s lifespan

• **Perinatal Mood and Anxiety Disorders (PMADs)**
  • 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
  • Gestational Hypertension- 6-8%
  • Pre-eclampsia- 6-8%
  • Gestational Diabetes- 6%
  • PMADs- 21%  

Wisner, KL. Et al. JAMA psychiatry. 2013.87
Perinatal Anxiety

• Generalized Anxiety
  • Agitation/irritability
  • Difficulty/inability to sit still
  • Excessive and persistent worry
  • Appetite changes (rapid weight loss)
  • Sleep disturbance ("I can’t turn my brain off")
  • Physical hyperarousal

• Panic
  • Episodes of extreme anxiety
  • Severe physical hyperarousal
  • Can be confused with heart attack/stroke
Perinatal OCD

• Perinatal women are at a 1.5 to 2 times greater risk than general population (Oguz, F. Journal of Mood Disorders 2011; 1(4):178-86)

• Symptoms
  • Intrusive, repetitive thoughts- usually of harm coming to the baby (Abramowitz J. et al. Arch Women’s Mental Health 2010; 13(6):523-530)
  • Severe guilt and shame
  • Feeling horrified by one’s own thoughts (ego-dystonic)
  • Hypervigilance
  • Compensatory behaviors to avoid discomfort/harm, or minimize triggers

• Differential Diagnosis
  • Postpartum Psychosis
  • Bipolar
PTSD in the Perinatal Period

• Symptoms
  • Re-experiencing the traumatic event (flashbacks/flooding)
  • Distressing thoughts, feelings, or memories of the event
  • Recurrent dreams/nightmares related to the event
  • Social isolation
  • Avoidance of triggers (people, places, things)
  • Hyperarousal/Hypervigilance
  • Persistent and distorted blame of self or others
  • Significantly diminished interest in activities
  • Difficulty recalling key aspects of the event

• Potentially trauma-inducing aspects of childbearing
  • Emergency Caesarean delivery
  • Premature birth
  • Postpartum Hemorrhage
  • Infant in NICU
  • Forceps/Vacuum extraction
  • 3rd or 4th degree laceration
  • Severe pre-eclampsia
  • Hyperemesis Gravidarum
  • Traumatic vaginal birth
  • Infant loss
PTSD in the Perinatal Period

• Birth trauma
  • An event occurring during the labor and delivery process that involves actual or threatened serious injury or death to the mother or her infant
  • The birthing woman experiences intense fear, helplessness, loss of control, and/or loss of dignity
  • Common themes
    • Feelings of powerlessness
      • Moms felt unheard and invisible
      • Betrayals of trust
      • Not feeling protected by staff/providers
    • Perceived lack of care and compassion
      • Lack of support and reassurance
      • Feelings of abandonment
      • Stripped of dignity

• Residual effects
  • Impaired mother-infant bonding
  • Avoidance of aftercare
  • PTSD emerges in partner who witnessed birth trauma
  • Sexual dysfunction
  • Hesitance or avoidance of future pregnancies
  • Recurrence/exacerbation in future pregnancies
  • More likely to have elective C-sections in subsequent pregnancies
Effects of Untreated Anxiety

• **Pregnancy**  
  (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

• **Postpartum**  
  - Increase in sleep disturbance in mothers  
  - Increased risk of developing OCD  
  - Fertility issues  
  - **Risks for baby**  
    - 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.)

• 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

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: ___________________________  Address: ___________________________

Your Date of Birth: ___________________________  Phone: ___________________________

Baby’s Date of Birth: ___________________________  Phone: ___________________________

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

☐ Yes, all the time
☐ Yes, most of the time  This would mean: “I have felt happy most of the time” during the past week.
☐ No, not very often
☐ No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   • As much as I always could
   • Not quite so much now
   • Definitely not so much now
   • Not at all

2. I have looked forward with enjoyment to things:
   • As much as I ever did
   • Rather less than I used to
   • Definitely less than I used to
   • Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   • Yes, most of the time
   • Yes, some of the time
   • Not very often
   • No, never

4. I have been anxious or worried for no good reason
   • No, not at all
   • Hardly ever
   • Yes, sometimes
   • Yes, very often

*5. I have felt scared or panicèd for no very good reason
   • Yes, quite a lot
   • Yes, sometimes
   • No, not much
   • No, not at all

*6. Things have been getting on top of me
   • Yes, most of the time I haven’t been able to cope at all
   • Yes, sometimes I haven’t been coping as well as usual
   • No, most of the time I have coped quite well
   • No, I have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping
   • Yes, most of the time
   • Yes, sometimes
   • Not very often
   • No, not at all

*8. I have felt sad or miserable
   • Yes, most of the time
   • Yes, quite often
   • Not very often
   • No, not at all

*9. I have been so unhappy that I have been crying
   • Yes, most of the time
   • Yes, quite often
   • Only occasionally
   • No, never

*10. The thought of harming myself has occurred to me
    • Yes, quite often
    • Sometimes
    • Hardly ever
    • Never

Administered/Reviewed by ___________________________  Date ___________________________


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Treatment

- Psychotherapeutic approaches useful for working with PMADs
  - Cognitive Behavioral Therapy (CBT)
  - Acceptance and Commitment Therapy (ACT)
  - Interpersonal Therapy (IPT)
  - Motivational Interviewing
  - Peer support (group or individual)
  - Psycho-education (groups or individual)
  - Mother-infant therapy and education

- Medication considerations
  - Risk vs reward model
    - Exposure and risk are inevitable, both in treatment and illness
  - Most critical window is between 36 weeks GA and 4 weeks postpartum
  - Rapid drop in Estrogen within first 48 hours after birth results in a dramatic drop in Serotonin levels (mood/anxiety) and an increase in Dopamine (psychosis)
Treatment

- Clinical guidelines for supporting medication usage
  - If it’s working, don’t change it
  - Maximize non-pharmacological interventions as a first line defense when possible
  - If patient becomes pregnant while on medications, DO NOT encourage discontinuation or change in meds if medication is effective and patient is well
    - Risk of relapse is high if necessary medications are discontinued in pregnancy
  - Zoloft (Sertraline) is the preferred pharmacological treatment for depression and anxiety
    - Women with OCD often require higher dosages to acquire remission
  - DO NOT taper off medications as delivery approaches
    - Height of psychiatric vulnerability
    - Rather, consider increasing dosage or starting medications for women with a history of PMADs
  - Encourage patients to take their medications as prescribed to increase efficacy and decrease double exposure
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 risks of treatment
• Thorough screening is key
• Consult with other professionals whenever possible
• These disorders are treatable!
Resources

• Local Resources
  • Idaho Infant and Toddler program
  • Idaho Parents Unlimited
  • St.Luke’s
  • St. Alphonsus

• 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

• Medication Resources
  • Mother to baby
    • 866-626-6847
    • https://mothertobaby.org
  • Infant Risk Center
    • 806-352-2519
    • https://www.infantrisk.com
  • Massachusetts General Hospital Women’s Mental Health
    • https://womensmentalhealth.org