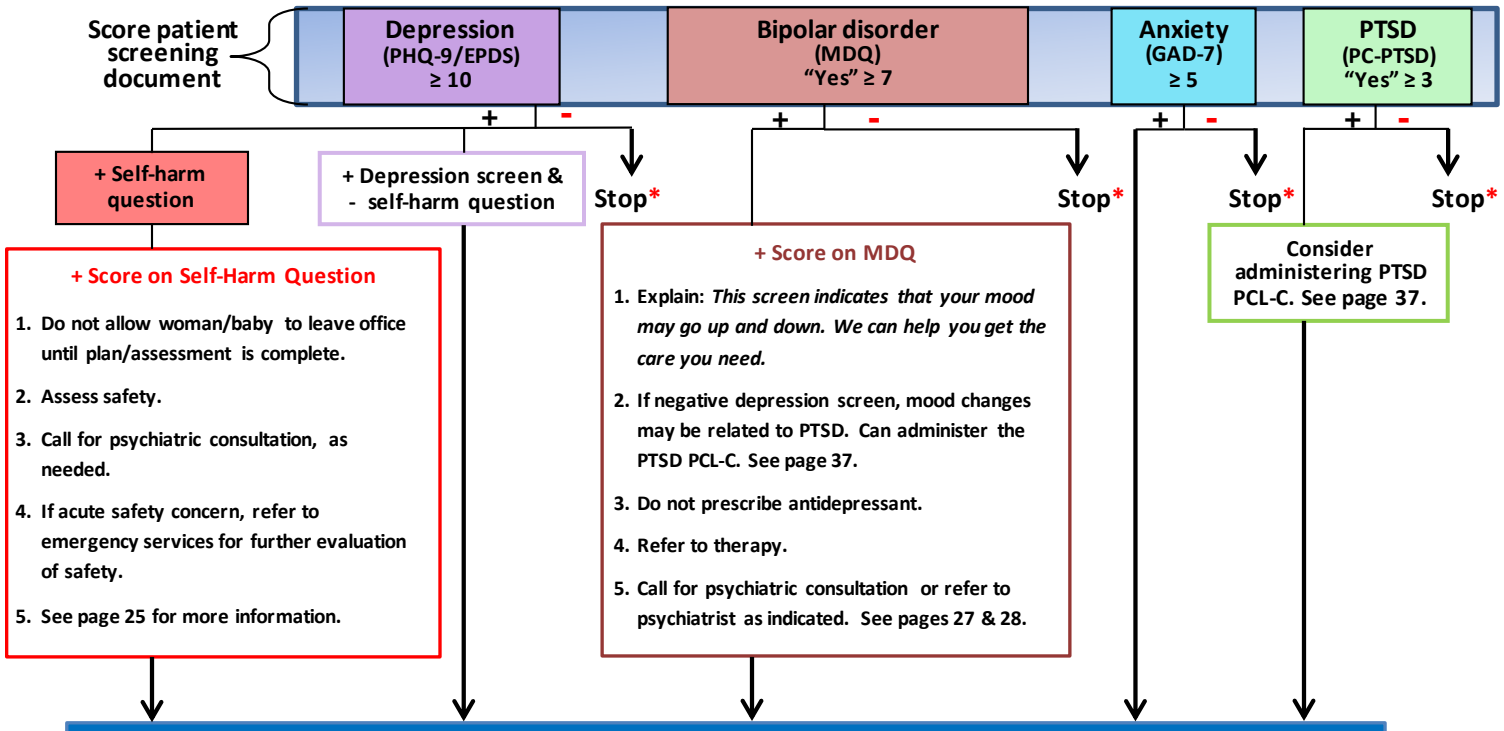
Lifeline4Moms

Assessing Perinatal Mental Health



To assess for presence and severity of perinatal mental illness, ask about:

- Recent stressors
- Symptom frequency
- Symptom duration
- How symptoms impact daily functioning
- Current treatment (meds/therapy)
- Feelings of hopelessness, helplessness
- Current suicidal ideation, plan, intent
- Family history
- Prior symptoms
- Previous suicide attempt(s)
- Past psychiatric treatment (meds/therapy)
- Previous psychiatric hospitalization(s)
- See pages 33-35 for more on perinatal mental health conditions

Determine Illness Severity

MILD

Depression screener score 10-14

GAD-7 score 5-9

PC-PTSD answered "Yes" < 3 times

No suicidal ideation

Not feeling hopeless, helpless, worthless

No previous psychiatric hospitalization

No or minimal difficulty caring for self or baby

MODERATE

Depression screener score 15-19

GAD-7 score 10-14

PC-PTSD answered "Yes" ≥ 3 times

Suicidal ideation present

Sometimes feels hopeless, helpless, worthless

Previous psychiatric hospitalization

Some difficulty caring for self or baby

SEVERE

Depression screener score >19

GAD-7 score ≥15

PC-PTSD answered "Yes" ≥ 3 times

Suicidal ideation, intent and/or plan

Previous suicide attempt(s)

Often feels hopeless, helpless, worthless

History of multiple psychiatric hospitalization(s)

Often feels unable to care for self or baby

May experience hallucinations, delusions or other psychotic symptoms (e.g., major depression with psychotic features or bipolar disorder with psychotic features)

History of multiple medication trials

For mild, moderate, and severe illness:

- Start treatment, see page 22.
- Check for underlying medical condition - order TSH, B12, folate, Hgb, Hct
- Assess for substance use or medications which can cause or worsen mood/anxiety disorders

*If all screens are negative, tell her they were negative and say, *"if something changes, please let us know. We are here."*

Continue to other side

EPDS – Edinburgh Postnatal Depression Scale; GAD – Generalized Anxiety Disorder; MDQ – Mood Disorder Questionnaire; PHQ – Patient Health Questionnaire; PTSD – Posttraumatic Stress Disorder; PC-PTSD – Primary Care Post Traumatic Stress Disorder; PCL-C – PTSD CheckList-Civilian

Starting Treatment for Perinatal Mental Health Conditions

Consider treatment options based on highest level of illness severity

If severity of symptoms overlap, clinical decisions should be based on the assessment, with strong consideration of higher level treatment options.

MILD

Therapy referral

Consider medication treatment

MODERATE

Therapy referral

Strongly consider medication treatment

If depression onset occurs in late pregnancy or 1-3 months postpartum, consider postpartum brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting). See page 23.

SEVERE

Therapy referral

Medication treatment

If depression onset occurs in late pregnancy or 1-3 months postpartum, consider postpartum brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting). See page 23.

Call for psychiatric consultation/referral

- Direct patients to call their health insurance company or Postpartum Support International (PSI) at 1-800-944-4773 for resources, or direct patients to search online at https://directorypsichapters.com
- Call Postpartum Support International (PSI) at 1-800-944-4773 ext. 4 for psychiatric consultation
- Call a Perinatal Psychiatry Access Program, if one is available in your state

Therapy and support options

- All women who screen positive, regardless of illness severity, should be referred to therapy or be advised to continue therapy
- Always discuss and encourage prevention and support options (e.g., peer and social supports and groups, sleep hygiene, self-care, and exercise). See page 30.

How to educate patients about treatment with antidepressants

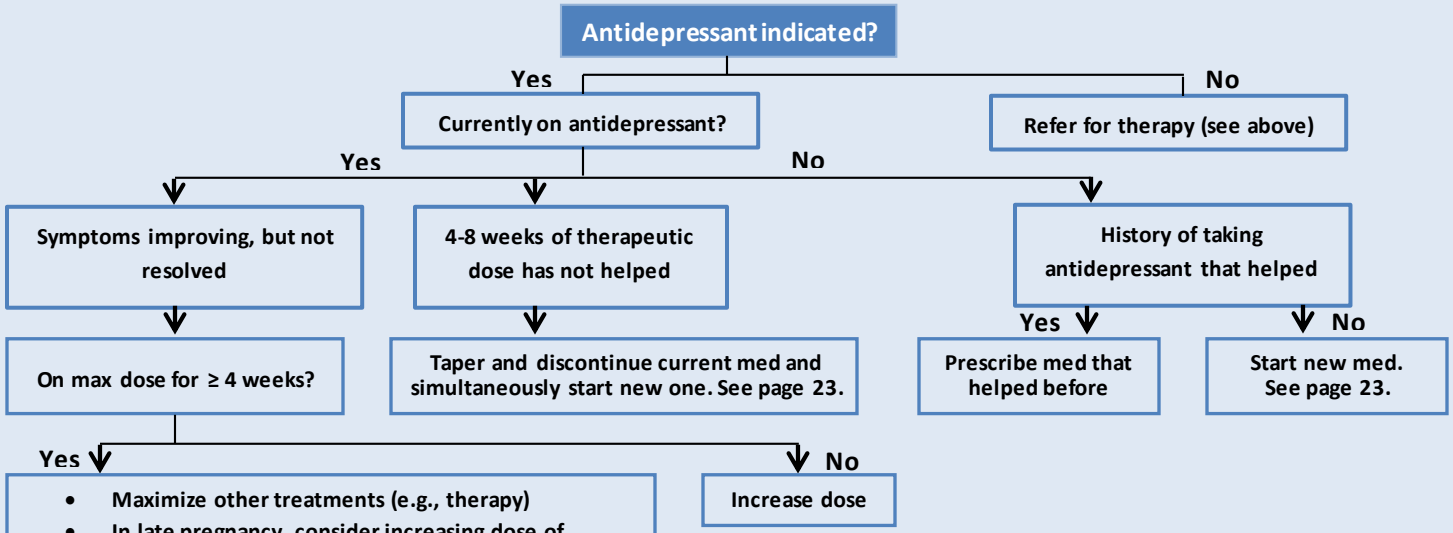
Antidepressant use during pregnancy:

- Does not appear to be linked with birth complications
- Has been linked with small but inconsistent risk of birth defects when taken in the first trimester, particularly paroxetine
- Has been linked with transient (days to weeks) neonatal symptoms (tachypnea, irritability, insomnia)
- Has inconsistent, overall reassuring, evidence regarding long-term (months to years) neurobehavioral effects on children

Under-treatment or no treatment of perinatal mental health conditions:

- Has been linked with birth complications
- Can increase the risk or severity of postpartum depression
- Can make it harder for moms to take care of themselves and their babies
- Can make it harder for moms to bond with their babies
- Can increase risk of mental illness among offspring
- Has been linked with possible long-term neurobehavioral effects on children

Medication treatment (when indicated)



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Starting Treatment for Perinatal Mental Health Conditions

Pharmacological Treatment Options for Depression, Anxiety, and PTSD

- 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 [Zoloft] 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 not doing well, see page 24.
- Evidence does not support tapering antidepressants in the third trimester.
- Minimize exposure to both illness and medication.
  - Untreated/inadequately treated illness is an exposure
  - Use lowest effective doses
  - Minimize switching of medications
  - Monotherapy preferred, when possible

See page 22 for how to educate patients about treatment with antidepressants

First-line Treatment Options for Mild, Moderate, or Severe Depression, Anxiety, and PTSD

Medication	sertraline* (Zoloft)	fluoxetine (Prozac)	citalopram** (Celexa)	escitalopram** (Lexapro)
Starting dose	25 mg	10 mg	10 mg	5 mg
How to ↑	↑ to 50 mg after 4 days, ↑ to 100 mg after 7 days, then reassess monthly and ↑ by 50 mg until symptoms remit	↑ to 20 mg after 4 days, then reassess monthly and ↑ by 10 mg until symptoms remit	↑ to 20 mg after 4 days, then reassess monthly and ↑ by 10 mg until symptoms remit	↑ to 10 mg after 4 days, then reassess monthly and↑ by 10 mg up to 20 mg until symptoms remit
Therapeutic range***	50-200 mg	20-60 mg	20-40 mg	10-20 mg

*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 3rd trimester

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.

Medication	duloxetine (Cymbalta)	venlafaxine (Effexor XR)	fluvoxamine (Luvox)	paroxetine (Paxil)	mirtazapine (Remeron)	buproprion HCL (Wellbutrin XL)
Starting dose	20 mg	37.5 mg	25 mg	10 mg	7.5 mg	75 mg
How to ↑	↑ to 30 mg after 4 days, then reassess monthly and ↑ by 30 mg until symptoms remit	↑ to 75 mg after 4 days, then reassess monthly and ↑ by 75 mg until symptoms remit	↑ to 50 mg after 4 days, then ↑ to 100 mg after 7 days, then reassess monthly and ↑ by 50 mg until symptoms remit	↑ to 20 mg after 4 days, then reassess monthly and↑ by 10 mg until symptoms remit	↑ to 15 mg after 4 days, then reassess monthly and↑ by 15 mg until symptoms remit	↑ to 150 mg after 4 days, then reassess monthly and↑ by 75 mg until symptoms remit
Therapeutic range ***	30-120 mg	75-300 mg	50-200 mg	20-60 mg	15-45 mg	300-450 mg

General side effects oral antidepressants	Temporary (days to weeks)	Long-term (weeks to months)
	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

Treatment for Moderate/Severe Depression with Onset in Late Pregnancy or Within 3 Months Postpartum – brexanolone (Zulresso)

- IV allopregnanolone infusion over 60 hours
- Needs to take place in an in-patient setting
- Can call PSI 1-800-944-4773 ext. 4 or direct patients to call PSI 1-800-944-4773 for more information

More information can be found at Reprotox and LactMed on all pharmacological treatments