




Facts:

- Depression is the most common complication of pregnancy
- Maternal & paternal mental health affect child health & development

 = See additional supplemental information

Goals to reduce depression:

- Decrease risk factors
- Early identification
- Improve treatment

Background

Protective Factors	Risk Factors
<ul style="list-style-type: none"> • Balanced nutrition, physical activity and healthy sleep • Family planning for an intended pregnancy • Perceived & intact social and material support • Parenting confidence • Recognition of traditional postpartum cultural practices • Positive parenting role models • Support of breastfeeding decision • Healthy co-parent involvement 	<ul style="list-style-type: none"> • Personal history of major or postpartum depression • Family history of postpartum depression • Teen pregnancy • History of substance use or interpersonal violence • Unplanned/unwanted pregnancy • Complications of pregnancy, labor/delivery, or infant's health • Fetal/Newborn loss • Infant relinquishment • Difficulty breastfeeding • Sleep deprivation • Major life stressors

Pregnancy-related depressive symptoms can occur during pregnancy through one year postpartum

- Anxiety symptoms commonly co-occur
- May include intrusive/irrational thoughts

- Mom may appear detached/hypervigilant
- Suicidal ideation may be present

Baby Blues: ~80% of women may experience

- Birth to 2 weeks postpartum
- Resolves in approx. 14 days
- Fluctuating emotions
- No suicidal ideation

Starting the Conversation

1. Address Stigma	2. Explore Expectations	3. Explore Social Support
<ul style="list-style-type: none"> • "Many women feel anxious or depressed during pregnancy or postpartum." • "A woman deserves to feel well." • "Many effective treatment options are available." 	<p>Pregnancy and postpartum experiences and expectations vary.</p> <ul style="list-style-type: none"> • "How are you feeling about being pregnant/a new mother?" • "What has surprised you about being pregnant/ a new mom?" • "What has it been like for you to take care of your baby?" • "What beliefs or practices related to pregnancy or soon after the baby is born are especially important to you?" 	<ul style="list-style-type: none"> • "Who can you talk to that you trust?" • "How have your relationships been going since becoming pregnant/a new mom?" • "Who can you turn to for help?"

Well child visits are an ideal time to screen for pregnancy-related depression.

Screening

When implementing screening, consider other services & resources that may be needed:

- Medical providers to prescribe medication
- Mental health and psychiatry services
- A protocol to address suicide risk
- Community support programs
- Self-care and educational resources

When to Screen	Who Could Screen
<ul style="list-style-type: none"> • Preconception & interconception • Each trimester throughout pregnancy • At postpartum visits • Well child visits up to 1 year postpartum 	<ul style="list-style-type: none"> • Medical providers • Mental health providers • Community-based providers • Early childhood practitioners

What Brief Screening Tool to Start With

Edinburgh-3 Brief Screen
In the past 7 days:

- I have blamed myself unnecessarily when things went wrong:
Yes, most of the time (3) Yes, some of the time (2) Not very often (1) No, never (0)
- I have been anxious or worried for no good reason:
No, not at all (0) Hardly ever (1) Yes, sometimes (2) Yes, very often (3)
- I have felt scared or panicky for no good reason:
Yes, quite a lot (3) Yes, sometimes (2) No, not much (1) No, not at all (0)

Total score x 10/3 = screen score

Score ≥ 10 should receive further screening and assessment

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

Other tools validated for pregnancy and postpartum

Refer women with depressive symptoms to a medical or mental health provider for further assessment.



Consider medical causes, especially:

- Anemia
- Thyroid disorders

Assess for other psychiatric symptoms and conditions:

- Suicidal ideation
- Bipolar disorder
- Generalized anxiety disorder
- Obsessive Compulsive Disorder
- Psychotic symptoms
- Thoughts of harming the baby

• There is an increased risk of new onset or recurrence of bipolar disorder during pregnancy/postpartum

Postpartum Psychosis

- A medical emergency: ensure safety of mother and infant immediately
- Infrequent (1-2/1,000)
- May include hallucinations, mania, delusions, disconnection from baby

Consider contributing factors:

- Tobacco, alcohol and other drugs
- Interpersonal violence
- History of trauma or abuse

Treatment Recommendations Based On Depression Severity

Mild

- Lifestyle
- Social support

Moderate

- Lifestyle
- Social Support
- Mental health services

Moderate-Severe to Severe

- Lifestyle
- Social Support
- Mental health services
- Consider medication

Shared Decision-making: Talking Points

- "What things could be contributing to how you're feeling?"
- "Untreated depression may be harmful to mom and baby."
- "Treatment and recovery times vary."
- "All medications have benefit and risk considerations."
- "What challenges may make it difficult to follow this treatment plan?"

Medication Treatment Considerations

Pregnancy:

- Untreated depression is associated w/ greater risk for pre-term delivery, preeclampsia and intra-uterine growth restriction
 - SSRIs may be associated with these same risks
- It is currently unknown whether treatment changes the risks associated with untreated depression
- Most SSRIs are not associated w/ increased risk of congenital malformations; however, paroxetine carries warnings for use during pregnancy
- Discontinuation of antidepressants during pregnancy may result in relapse

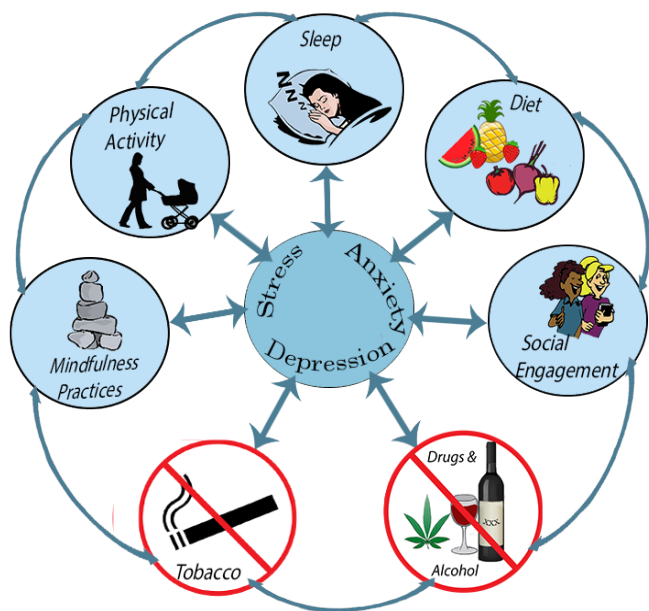
Postpartum:

- Treated depression improves health of mother and child
- SSRIs may be used during lactation; sertraline recommended

Helpful Lactation & Drug Exposure Resources:

- LactMed: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
- Motherisk.org
- Infantrisk.org

Always address lifestyle for prevention and treatment.



Other Related HealthTeamWorks Guidelines:

- Adult Depression
- SBIRT
- Contraception
- Preconception/ Interconception
- Prevention
- Motivational Interviewing Resources

