Perinatal Mood & Anxiety Disorders: The role of the healthcare provider

St. Charles Health System
Grand Rounds
Wendy N. Davis PhD
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Postpartum Support International
- English & Spanish Support
- Area Support Coordinators
- Educational DVD
- Chat with an Expert Phone Forums
www.postpartum.net
1-800-944-4PPD

Is Perinatal Mental Health a Health Care Priority?

Maternal Depression
The most common complication of childbearing

Prevalence
- Difficulty assessing prevalence because women hide their symptoms
  - “The smiling depression”
- Rates of Occurrence
  - PPD: 13.6%
  - PPD, Teen Moms: 26%
  - APD: 13.5%
  - PP Psychosis: .1 - .2%

History of Terminology
- Puerperal Psychosis
- Postpartum Depression
- Perinatal Depression
- Perinatal Mood & Anxiety Disorders
- Maternal Mental Health

Boyce (2000)

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Central Oregon
Maternal Mental Health Initiative

- Identified Gap in Practice & Referral
- Goal: Develop community screening, referral, treatment and data tracking system to address maternal mental health

Objectives and Steps

- Utilize SAMHSA Guide for developing community system (Substance Abuse& Mental Health Services Administration)
- Coordinate with State of Oregon resources
- Form a community workgroup of stakeholders (MMH steering committee began 6/11)
- Survey community maternal mental health needs and resources (3/12 survey)
- Provide necessary training
- Establish community screening, referral, and data tracking mechanisms
- Sustain the partnership and system

Central Oregon Training Opportunities 2012

- START trainings in Provider offices
- Community Training I – May 4
  - Overview of PMADs
- Community Training II – Sept 14
  - Advanced Clinical for Providers
  - Jane Payne, MD & Wendy Davis, PhD

Oregon Pediatric Society
START program

- Maternal Depression screening module
- Goals
  - Increase standardized health screening
  - Increase awareness of community resources
  - Enhance care coordination and communication
  - Incorporates medical home, team-based care model
  - Includes primary care providers (physicians, NPs, PAs), nurses, and office staff
  - Training tailored to individual community
  - Uses physician trainers from various geographic regions who know communities best
  - Includes panel of representatives from local community agencies

Obstacles to Care

- Shame and Fear
- Provider Misinformation
- Cultural Taboos
- Provider Accessibility

Healthcare Dilemma

- How can we intervene if women are afraid to tell us what’s wrong?
- Before we implement best practices, we have to decrease stigma and empower families
The Role of the Provider

- Prenatal Education
- Screening for Risk
- Screening for Occurrence
- Education and Support
- Referrals, Resources, and Follow-Up
- Compassionate Care

Reliable and Informed Medical Care for Perinatal Mood Disorders

- Intervenes before a crisis
- Lowers risk of neglect, abuse, or assault
- Prevents overuse of healthcare systems
- Improves birth outcomes
- Keeps families intact, healthy, and productive

Risks of Untreated PMADs

- Pregnancy Complications
- Birth Complications & Negative Outcomes
- Postpartum Impacts
- Effects on Toddlers and Older Children

Impact on Birth Outcomes

- Presence of Depressive and Anxiety Symptoms is independent risk factor for:
  - Premature Labor
  - Low Birth Weight
  - Maternal Hypertension
  - Increased Rates of Miscarriage
  - Increased Infant Cortisol Response
  - Increased incidence of maternal substance abuse

Prenatal Impact

- Inadequate Prenatal Care
- Poor Nutrition
- Pregnancy Complications
- Fears of Childbirth
- Risk of Substance Abuse

Postpartum Impact

- Impaired Maternal/Infant Bonding
- Impact on older children
- Negative maternal identity and self-esteem
- Increased Familial Conflicts
- Suicide is one of the leading causes of maternal death worldwide

- Oates, Br Med Bull. 2003; Stewart, CMAJ 2006;
- Marcus, et al., J Women’s Health 2003;
**Impact on Bonding & Attachment**
- Dysregulation of sensitivity and responsivity
- Mother’s self-criticism
- Avoidance of connection
- Anxious Mothering
- Isolation from social support
  - Overwhelmed
  - Fear of being seen
  - No community learning

**Etiology of PMADs**
- Genetic Predisposition to Mood & Anxiety Disorders
- Sensitivity to hormonal changes
- Psychosocial Factors
  - Inadequate social, familial, or financial support
- Concurrent Stressors
  - Sleep disruption
  - Poor nutrition
  - Health challenges
  - Interpersonal stress

**Types of PMADs**
- Prenatal Depression or Anxiety
- Baby blues
- Major postpartum depression
- Postpartum anxiety or panic disorder
- Postpartum obsessive-compulsive disorder
- PP psychosis

**Additional Challenges**
- Grief Reactions
- Post Traumatic Stress Reaction
- Acute Stress Reaction
- Postpartum Exhaustion
- Endocrine Disorders

**Increased Complications for NICU Families**
- Infant Need + Parent Helplessness
- Sleep deprivation
- Disrupted Daily Patterns
- Trauma
- Isolation from community
- Loss of support at discharge
- Grief and Loss

“I finally told my husband that he and my daughter would be better off without me—that I was not a good mother or wife. I felt like things were never going to get better—that I would never feel happy again. The only way out was to die.”

“I am going to act as though everything is fine and I am terrified of what lies ahead.”
**OCD: Symptoms**

- Intrusive, repetitive thoughts—usually of harm coming to baby (ego-dystonic thoughts)
- Tremendous guilt and shame
- Horrified by these thoughts
- Hypervigilance
- Moms engage in behaviors to avoid harm or minimize triggers
- Educate mom that thought does not equal action

**Bipolar Disorders**

- 60% of bipolar women present initially as depressed
- If prescribed antidepressant w/out mood stabilizer, at risk of cycling into mania
- 50% of women with bipolar disorder are first diagnosed in postpartum period
- 85% of bipolar women who go off their medications during pregnancy will have a bipolar relapse before the end of their pregnancy

**Postpartum Psychosis**

- 1 - 2 per thousand births (.1 - .2%)
- Early onset
- Medical Emergency
  - 5% infanticide/suicide rate
- Bipolar Dynamics
- Separate Illness: not PPD

**Postpartum Psychosis**

- “It was the seventh deadly sin. My children weren’t righteous. They stumbling because I was evil. The way I was raising them they could never be saved. They were doomed to perish in the fires of hell.”

**Postpartum Psychosis Risk Factors**

- Risk Factors
  - Pre-existing bipolar disorder
  - Family hx of PP Psychosis
- Chance of Recurrence is 20 - 25%
  - Higher if it was mania
  - Higher if it has happened more than once

**OCD vs. Psychosis**

- **Postpartum OCD:**
  - More gradual onset
  - Women recognize thoughts/images are unhealthy
  - Extreme anxiety related to thoughts/images
  - Overly concerned about “becoming crazy”
- **Postpartum Psychosis:**
  - Acute onset – sudden noticeable change from normal functioning
  - Women do not recognize actions/thoughts are unhealthy
  - Might seem to have less anxiety when indulging in thoughts/behaviors
**Primary Prevention**

“...Prevention is the great challenge of postnatal illness because this is one of the few areas of psychiatry in which primary prevention is feasible...” Hamilton & Harberger (1992)

**Primary Prevention Model**

- Risk Factors are known
- Population is known and present
- Feasible to identify high-risk mothers
- Screening is inexpensive
- Screening is educational
- Many risk factors are amenable to change
- Known, reliable, and effective treatments

**Prevention: What Can We Prevent?**

- Lack of information
- Escalation of distress
- Crisis
- Discontinuity of care
- Relapse
- Recurrence of acute episode in next pregnancy

**Predictive Risk Factors**

- Previous PMDs
  - Family History
  - Personal History
  - Symptoms during Pregnancy
- History of Mood Disorders
  - Personal or family history of depression, anxiety, bipolar disorder, eating disorders, or OCD
- Significant Mood Reactions to hormonal changes
  - Puberty, PMS, hormonal birth control, pregnancy loss

**Risk Factors, continued**

- Endocrine Dysfunction
  - Hx of Thyroid Imbalance
  - Other Endocrine Disorders
  - Decreased Fertility
- Social Factors
  - Inadequate social, familial, or financial support

**Results of Using Screening Instruments: Detection of Hidden Symptoms**

- 391 outpatients in an OB practice
- Women were screened with the EPDS
- EPDS Rate of detection 35.4%
- Detected Spontaneously 6.3%.
**Elements of Effective Screening**

- Offer info about depression and anxiety to all pregnant patients and their families
- Ask how she is doing emotionally
- Take personal and family history of mood disorders, mood reactions to hormonal changes, thyroid dysfunction, and anemia
- Meet at least once with partner, friend, or family member present
- Meet at least once without partner present

**Communicating with Parents**

- **You are not alone**
  - Other mothers experience similar things
  - Assure her that support is available
- **You are not to blame**
  - This is not something you caused
  - This is not something you can control
  - This is not a reflection of you as person or as mother
- **With help, you will be well**
  - Stress that depression is treatable
  - Stress that it is okay to need help
- **You are not “crazy”**
  - Stress that this is a temporary illness
  - Reassure intrusive thoughts different from psychosis

**Critical Components of Recovery**

- Medical Intervention
- Therapeutic Intervention
- Social Support
- Mother-Infant Attachment

**Ruling Out Other Causes**

- PTSD
  - Birthing Trauma
  - Undisclosed trauma or abuse
- Thyroid or pituitary imbalance
- Anemia
- Side effects of other medicines
- Alcohol or drug use

**Parent Education Materials**

- OHA Website
  - www.healthoregon.org/perinatalmental
- Parent Brochure from OHA
- PSI Educational DVD Trailer
  - In English and Spanish
- HRSA brochure – in English and Spanish
  - (Health Resources and Services Administration)

**Reliable Online Resources**

- Postpartum Support International: [www.postpartum.net](http://www.postpartum.net)
- Education for Professionals and Families: [www.mededppd.org](http://www.mededppd.org)
- Postpartum Progress: [www.postpartumprogress.com](http://www.postpartumprogress.com)
- Postpartum Dads: [www.postpartumdads.org](http://www.postpartumdads.org)
- Social Support and Steps to Wellness: [www.janehonikman.com](http://www.janehonikman.com)
- MCH Library, Non-English: [www.mchlibrary.info/nonenglish.html](http://www.mchlibrary.info/nonenglish.html)
Medication and Risk?

- The use of psychotropic medications during pregnancy and lactation is always a risk/benefit analysis.
- Must consider risk of NOT treating to both mother and fetus.
- Also the BENEFIT of treatment to both mother and fetus.
- There is no one drug safe for use during pregnancy.

The Medication Decision

- Not every depressed mother needs medication, but some will benefit and achieve quick stabilization.
- Most patients are hearing negative opinions about psychotropic medication.
- Ask about her current level of functioning and her feelings about medication.
- Discuss option of breastfeeding with medications.
- If mother is unsure or negative about medications, ask if she would be willing to try non-medication treatments.

FDA pregnancy risk categories: Conclusions

- CATEGORY B does not mean that medication is safer in pregnancy than Category C or D.
- CATEGORY C does not mean that medication is safer in pregnancy than Category D.
- Sometimes medications are classified "higher" because they have NOT yet been systematically studied in human pregnancy.

Provider FAQs about Meds

- SSRI's - most commonly used in lactating women due to lower breast milk concentrations.
- Ideal choice is one that worked for her in the past.
- Thomas Hale, "Medications and Mother's Milk: Drugs in Pregnancy and Lactation":
  - Evidence-based information about risk of maternal exposures to developing fetus or infant.
  - Maternal and infant drug levels, possible effects on breastfed infants, alternate drugs to consider.

Meds in Pregnancy & Lactation Resources & Consultation

- UIC Perinatal Psych Project: 1-800-573-6121
- OTIS www.Otispregnancy.org 866-626-OTIS (6847)
- MOTHERISK 1-877-439-2744 Motherisk Helpline
  - www.motherisk.org/profdrugs.jsp
- Mass General Women's Health
  - www.womensmentalhealth.org
- LactMed

Diagnosis (ICD-9) codes

- "Maternal distress/ postpartum condition/ complication" 669.04
- "Maternal condition affecting newborn" 760.9
- "Maternal condition suspected, not found" V89.09
- "Family disruption, other" V61.09
- "Counseling, parent-child problem" V61.20
- "Reported family history of psychiatric problems/ mental illness (not retardation)" V17.0
- "Psychosocial support, lack from family" V62.4
- "No household member able to render care" V60.4
**Procedure (CPT) codes**

- "Administration and interpretation of health risk assessment instrument" 99420
- Recommended by AAP for use with EPDS screen
- "Developmental testing, limited, with interpretation and report" 96110
- "Depression screen" G8431
- "Mental health screen" 2014F
- "Parenting class, non-physician, per session" S9444
- "Patient education, NOS, non-physician, individual, per session" S9445

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The Oregon Maternal Mental Health Workgroup Report available online at:  