

Maternal Mental Health: Risk Factors, Ramifications, and Roles

Anna Glezer MD

UCSF Assistant Clinical Professor

Founder, Mind Body Pregnancy

Disclosures

- None

Objectives for Today

- Review major maternal mental health conditions – how to screen and educate women
- Learn about the impact of illness on mothers, children, and families
- Discuss treatment options, including low-cost, non-pharmacologic possibilities

Conditions We Will Discuss

- Perinatal Depression
- Postpartum Depression
- Anxiety
- Postpartum Psychosis
- Postpartum PTSD
- Postpartum OCD and Intrusive Thoughts

Why so common?

- Overlap of reproductive years and onset of mental health conditions
- Stress of pregnancy as a trigger for an underlying biological vulnerability
- Sleep disturbance

Perinatal Depression
AKA Antenatal Depression
AKA Pregnancy Depression

Risk Factors for Perinatal Depression

- Previous episodes of depression
- Limited social support
- Marital conflict
- Multiple other children
- Ambivalence about pregnancy

Risk of Medication Discontinuation

- Increased risk of relapse: 26% vs. 68%

Difficulty of Diagnosis

- Frequently under-diagnosed
- Similar symptoms to those of normal pregnancy experience
- Lack of awareness in general public
- Stigma and the “magical time of pregnancy”

Untreated Depression in Pregnancy

Poor perinatal outcome

- Lower APGAR scores
- Higher rates of preterm labor and delivery complications

Increased rates of substance use

Poor nutrition

Less follow through with prenatal visits

Impaired sleep

Increase risk of PP Depression



What about Postpartum?

Baby blues?

- 75+ percent of postpartum women
- Onset by day 3, offset by 2 weeks
- Tearfulness, feeling overwhelmed, irritable
- Causes:
 - Precipitous hormonal drop
 - Sleep deprivation



Postpartum Depression

- Prevalence 15-20%
- DSM-IV vs. DSM-V vs. Real Life
- Consequences:
 - Weight retention
 - Impaired bonding/attachment
 - Impaired cognitive and emotional/behavioral development of child

What are the symptoms?

- Anxiety!
- Difficulty with sleep
- Changes in appetite
- Feelings of guilt, worthlessness, inadequacy as a mother
- Loss of pleasure
- Inability to bond/attach with the baby
- Withdrawing from partner/loved ones
- Thoughts about death, self-harm

Who is at risk?

- Prior history of depression
- Abrupt medication discontinuation
- Family history
- Lower social support system
- IPV
- Pregnancy ambivalence
- L&D complications
- Breastfeeding difficulties

How to screen?

- “Has this postpartum time been as you expected?”
- “Have you been feeling down, low, or more anxious than you expected?”
- Edinburgh Post-Natal Depression Scale

EDINBURGH DEPRESSION SCALE*
Also known as the Edinburgh Postnatal Depression Scale (EPDS)*

TOTAL
SCORE

INSTRUCTIONS:

ADD THE NUMBER NEXT TO EACH CIRCLE THAT HAS BEEN FILLED IN. THIS IS THE TOTAL SCORE. SEE ALSO RANGE OF SCORES ON THE EDS.

- 1. I have been able to laugh and see the funny side of things:**
- 0 As much as I always could
 - 1 Not quite as much now
 - 2 Definitely not so much now
 - 3 Not at all
- 2. I have looked forward with enjoyment to things:**
- 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all
- 3. I have blamed myself unnecessarily when things went wrong:**
- 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never
- 4. I have been anxious or worried for no good reason:**
- 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
- 5. I have felt scared or panicky for no very good reason:**
- 3 Yes, quite a lot
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all
- 6. Things have been getting on top of me:**
- 3 Yes, most of the time I haven't been able to cope at all
 - 2 Yes, sometimes I haven't been coping as well as usual
 - 1 No, most of the time I have coped quite well
 - 0 No, I have been coping as well as ever
- 7. I have been so unhappy that I have had difficulty sleeping:**
- 3 Yes, most of the time
 - 2 Yes, sometimes
 - 1 Not very often
 - 0 No, not at all
- 8. I have felt sad or miserable:**
- 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Not very often
 - 0 No, not at all
- 9. I have been so unhappy that I have been crying:**
- 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Only occasionally
 - 0 No, never
- 10. The thought of harming myself has occurred to me:**
- 3 Yes, quite often
 - 2 Sometimes
 - 1 Hardly ever
 - 0 Never

Depression and Breastfeeding

Untreated depression



Less Breastfeeding Initiation

Difficulty with
Breastfeeding



Increased Risk of
Postpartum
Depression

Anxiety during pregnancy and postpartum

Pregnancy Anxiety

Common anxieties:

- Fear of childbirth
- Fear of having a child with handicap or having something wrong with the baby
- Concern about one's changing appearance
- Worry about being a good parent

Risks of Elevated Anxiety in Pregnancy

- Increased risk of postpartum depression and postpartum anxiety
- Preterm delivery
- Prolonged labor
- Lower birth weight babies
- Smaller head circumference (a predictor of cognitive development)
- Pre-eclampsia
- Longer hospital stays after delivery
- Infant functioning/temperament (more fussy, crying, and lower scores on tests of neurodevelopment)
- Future anxiety and other mental illness in childhood and beyond

Anxiety Conditions: GAD and Panic Disorder

- GAD most common, 5-40%
- Panic D/o 2%
- Progesterone -> respiration stimulation -> hyperventilation
- Physiologic symptoms of panic lead to negative fetal development consequences due to diverted oxygen

Postpartum Intrusive Thoughts



Intrusive thoughts are common

50-65% of new parents experience intrusive thoughts related to
infant safety or harm

Postpartum OCD

- Most are subclinical
- Only half reporting OCD symptoms actually meet criteria

Intrusive Thought



Compulsive Behavior

Result: Distress

- Decreased rest
- Decreased bonding
- Predisposition to depression
- Conflict with partner and interference with partner's bonding

What makes intrusive thoughts distressing?

- Probability Bias
- Morality Bias

Postpartum OCD

- Sudden onset: first 2 weeks
- Worsening of OCD occurs in 29-50% of women postpartum
- New onset OCD postpartum in 11-47% of cases.
- Postpartum women have almost a two-fold risk of OCD
- Biological explanation: interaction of gonadal hormones with neurotransmitters like serotonin

When are thoughts to harm the baby worrisome?

Ego – Syntonic

Vs.

Ego – Dystonic

Risk Factors for Harming Baby

- Postpartum psychosis
- Certain personality disorders:
 - Self harm behaviors
 - Impulsivity
 - Unstable sense of self

Postpartum Psychosis

- Initial risk is 1-2/1000
- Recurrence estimated at 50-90%
- Initial symptoms usually within the first week postpartum
- Primiparous delivery
- Most commonly 2/2 Bipolar disorder
 - Prophylaxis is key
 - Management of sleep/wake cycle
- Suicide risk
- Infanticide
- Positive prognosis with treatment, especially with onset in the first month



Postpartum PTSD

- 1-9% of postpartum women
- Symptoms:
 - Avoidance behaviors
 - Intrusive thoughts and re-experiencing
 - Irritability
 - Difficulty with concentration
 - Changes in arousal
 - Negative changes in thoughts/mood
- Subjective experience of trauma
- Negative outcomes for parenting

Substance Use in Pregnancy

How many use substances in pregnancy?

- 26 million Americans will use substances in lifetime
- Average first use: 54% under age 18 and 58% of new users are female
- Substance use disorders correlate with reproductive age
- 50% of pregnancies are unplanned

Many women who use substances during pregnancy use more than one

Underreporting

- Fear
- Guilt
- Shame
- Embarrassment

Implications of Use

- Maternal health consequences
- Obstetrical outcomes
- Neonatal and long-term child complications
- Legal consequences

Pregnancy use usually means ongoing
postpartum use

Implications:

For mother -> Long term consequences of use

For child...

Postpartum Use Effects on Children

- 8 million children < 18yo live with at least one parent who was dependent on drugs and/or alcohol in the past year.
- Impaired parenting skills:
 - maltreatment
 - insecure attachment
 - foster placement
- Increased risk of the child using substances him/herself
- Long-term cognitive, behavioral, physical and academic problems

Pregnancy is a good time for engagement

High motivation for behavior change

- Short term motivation: Good pregnancy outcome
- Long term motivation: To be a good parent
- Intrinsic motivation: self-control, concern about one's health
- Extrinsic motivation: legal consequences

ACOG guidelines for brief intervention: 5A's

- Ask
- Advise
- Assess
- Assist
- Arrange

When patient does not want to quit – 5R's

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition

Treatment Options

Pharmacology: How to Weigh the Risks

- Fetal development/rates of malformation
- Neonatal outcomes and complications
- Long-term neurodevelopmental consequences

Where to find and how to afford a reproductive psychopharmacologist?

You don't have to:

Primary care physicians,
obstetricians/gynecologists,
general psychiatrists

Common Concerns

- I can't afford medication
- I don't want to be addicted
- I don't want to take medication forever
- Medication is a sign of weakness
- My partner/family/other doesn't believe in medication
- I don't want to harm my baby

Psychotherapy

- Individual counseling
 - Supportive
 - Interpersonal
 - Cognitive, behavioral
 - DBT
 - Insight oriented
 - Mindfulness and meditation
- Group treatment

Adjunctive Treatment Options

- Online and in-person non-therapy support groups and new mom groups
- Exercise
- Acupuncture
- Massage
- Light Therapy

Concluding Thoughts

- Perinatal and postpartum mental health conditions are quite common!
- Screening, recognition, education are important because untreated symptoms affect mom, baby, and the entire family
- Treatment is safe and effective and tailored to each individual