Maternal Mental Health: Risk Factors, Ramifications, and Roles

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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%

Cohen, et. al. JAMA 2006
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

Gentile, et. al. Neuroscience 2015
Grote, et. al. Archives of General Psychiatry 2010
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)*

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 EDPS.

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:
   ○ 0 No, not at all
   ○ 1 No, not much
   ○ 2 Yes, quite a lot
   ○ 3 Yes, quite often

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

7. I have been so unhappy that I have had difficulty sleeping:
   ○ 0 No, not at all
   ○ 1 Not very often
   ○ 2 Yes, sometimes
   ○ 3 Yes, most of the time

8. I have felt sad or miserable:
   ○ 0 No, not at all
   ○ 1 No, not very often
   ○ 2 Yes, quite often
   ○ 3 Yes, most of the time

9. I have been so unhappy that I have been crying:
   ○ 0 No, never
   ○ 1 Only occasionally
   ○ 2 Yes, quite often
   ○ 3 Yes, most of the time

10. The thought of harming myself has occurred to me:
    ○ 0 Never
    ○ 1 Hardly ever
    ○ 2 Sometimes
    ○ 3 Yes, quite often

*Murray & Cox 1990
*Cox, Holden & Sagovsky 1987
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