Pregnancy-Related Depressive Symptoms Guidance

For anyone who works with women of childbearing age or their children

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

= See additional supplemental information

**Background**

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balanced nutrition, physical activity and healthy sleep</td>
<td>Personal history of major or postpartum depression</td>
</tr>
<tr>
<td>Family planning for an intended pregnancy</td>
<td>Family history of postpartum depression</td>
</tr>
<tr>
<td>Perceived &amp; intact social and material support</td>
<td>Teen pregnancy</td>
</tr>
<tr>
<td>Parenting confidence</td>
<td>History of substance use or interpersonal violence</td>
</tr>
<tr>
<td>Recognition of traditional postpartum cultural practices</td>
<td>Unplanned/unwanted pregnancy</td>
</tr>
<tr>
<td>Positive parenting role models</td>
<td>Complications of pregnancy, labor/delivery, or infant's health</td>
</tr>
<tr>
<td>Support of breastfeeding decision</td>
<td>Fetal/Newborn loss</td>
</tr>
<tr>
<td>Healthy co-parent involvement</td>
<td>Infant relinquishment</td>
</tr>
<tr>
<td></td>
<td>Difficulty breastfeeding</td>
</tr>
<tr>
<td></td>
<td>Sleep deprivation</td>
</tr>
<tr>
<td></td>
<td>Major life stressors</td>
</tr>
</tbody>
</table>

**Goals to reduce depression:**
- Decrease risk factors
- Early identification
- Improve treatment

**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**
- "Many women feel anxious or depressed during pregnancy or postpartum."
- "A woman deserves to feel well."
- "Many effective treatment options are available."

**2. Explore Expectations**
- Pregnancy and postpartum experiences and expectations vary.
- "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?"

**3. Explore Social Support**
- "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?"

**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**

- Preconception & interconception
- Each trimester throughout pregnancy
- At postpartum visits
- Well child visits up to 1 year postpartum

**Who Could Screen**

- 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:
1. 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)
2. 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)
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

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

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?"

Consider contributing factors:
- Tobacco, alcohol and other drugs
- Interpersonal violence
- History of trauma or abuse

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

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

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:
- 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

Pregnant or Breastfeeding Requiring Medication

- Never been on medication
- Effective medication prior to pregnancy/breastfeeding
- Current medication not effective or not well tolerated

- Preferred medication: SSRI (i.e., sertraline)
- Use same antidepressant as previous episode

- Has effective dose been tried x 4-8 weeks?
  - OR
  - Are side effects intolerable?

- Continue therapy for 6-12 months after full remission
- May warrant prolonged treatment (>12 months)

- Provide adequate trial x 4-8 week at effective dose

- No response: switch to different class
- Partial response: augment with agent from another class

Not pregnant or breastfeeding, see Adult Depression Guideline

This guideline is designed to assist the clinician with the assessment and management of pregnancy-related depression. This guideline is not intended to replace the clinician’s judgment or establish a protocol for all patients with a particular condition. For references, additional copies of the guideline, or patient documents go to www.healthteamworks.org or call (303) 446-7200 or 866-401-2092.

FINAL 9/30/13