

Perinatal Mood and Anxiety Disorders (PMAD)



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I have NO financial disclosures that would be a potential conflict of interest with this presentation



Objectives

- Intro to Perinatal Mood and Anxiety Disorders (PMAD)
- Identify risk factors
- Identify symptoms
- Outline treatment options
- Learn about the KP San Diego Maternal Wellness Program



KP San Diego Maternal Wellness Team

- Maria Elswick, MD – Ob/Gyn
- Shahida Parveen, MD – Psychiatry Consultant
- Shelly Jaffe, LCSW
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Synonyms

- Postpartum Depression
- PMAD
- Patients often call it just "Postpartum"

Perinatal Mood and Anxiety Disorders (PMAD)

- Spectrum of syndromes
- During pregnancy or up to 1 yr postpartum
- Underdiagnosed/Undertreated
 - Up to 20% of pregnant women affected
 - Only 15% seek professional help
- Failure to diagnose/treat can have long-lasting effects
- Fathers and female partners also at risk

Perinatal Mood and Anxiety Disorders (PMAD) See PSI FACT SHEET Handout

Spans from Pregnancy through **One Year** Postpartum

- Depression/Anxiety in Pregnancy
- Postpartum Depression (not "Baby Blues")
- Perinatal Panic Disorder
- Perinatal Obsessive-Compulsive Disorder
- Postpartum Posttraumatic Stress Disorder
- Perinatal Bipolar Disorder
- Postpartum Psychosis

Risks of Non-Treatment

- Gestational Hypertension
- Preeclampsia
- Preterm Birth
- Small for Gestational Age
- Postpartum Depression
- Poor Bonding
- Family Stress

PPD Risk Factors - Psych History

- Hx of PMS or PMDD
- Hx of Depression or Anxiety
- Hx of PPD/PMAD
- Bipolar Disorder
- Family Hx of Mood Disorders

PPD Risk Factors (See Handout)

- Stressful events in last year
 - Pregnancy Complication
 - Traumatic Birth Experience
- Baby has health problems/special needs
- Difficult breast feeding
- Relationship problems
- Weak support system
- Financial problems
- Unplanned/unwanted pregnancy

Baby Blues or Postpartum Depression?

- “Baby Blues” or “Weepies”
 - Up to 80% of postpartum women experience
 - Exhausted
 - Unable to Sleep
 - Mood instability (weepiness, irritability)
 - Feel Trapped or Anxious
 - Worried about being a good mother
 - Lasts less than 6 weeks – if longer, think PPD

Baby Blues or Postpartum Depression?

- Postpartum Depression (PPD)
 - Think “Baby Blues” but on steroids
 - Increased severity and duration of symptoms
 - Symptoms can have delayed onset
 - Rarely purely depression, usually mix of anxiety and depression
 - Can develop after the birth of any child, not just the first

Postpartum Depression (PPD) Symptoms

- Depressed mood or severe mood swings
- Excessive crying
- Difficulty bonding with baby
- Withdrawing from family and friends
- Appetite changes
- Sleep changes
- Overwhelming fatigue
- Anhedonia

Postpartum Depression (PPD) Symptoms

- Intense irritability and anger
- Fear that you're not a good mother
- Feelings of worthlessness, shame, guilt or inadequacy
- Diminished ability to think clearly, concentrate or make decisions
- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby
- Recurrent thoughts of death or suicide

Red Flag Symptoms

- Suicidal Ideation/Plan
 - Edinburgh (EPDS) question #10
- Intent to Harm Others
- Psychotic Symptoms
- Manic Symptoms

Why Don't Women Seek Help?

- Stigma
- Think they can get through it on their own
- Embarrassed
- Worried child might be taken away
- "I think I might be crazy"
- Don't recognize situation as PPD "just irritable"
- Lack of resources

How To Identify Patients

- Self Identify
- Edinburgh Postnatal Depression Scale Screening
 - First Prenatal Visit
 - 6 Week Postpartum Visit
- Increased Provider Awareness
 - Know risk factors
 - Ask the patient!

How Do We Help Them?

- Postpartum Support International Mantra
 - YOU ARE NOT ALONE
 - YOU ARE NOT TO BLAME
 - WITH HELP, YOU WILL BE WELL

How Do We Help Them?

- Nonjudgmental Listening
- Encourage lifestyle modifications
- Acupuncture/Biofeedback
- Medication Management

Lifestyle Modifications

Food is the most abused anxiety drug. Exercise is the most underutilized antidepressant.

Lifestyle Modifications

- Sleep Hygiene
- Mindfulness/Meditation
- Create a village
- Don't be a Supermom
- Ask for help

THERE IS NO WAY TO BE A PERFECT MOTHER BUT A MILLION WAYS TO BE A GOOD ONE

It's OK to:

- Ask for help
- Take a break
- Get sleep
- NOT have a spotless house
- NOT breastfeed
- NOT like your kid sometimes
- Shut down social media
- Be a working mom
- Be a Stay At Home Mom



Antidepressants

- The body of evidence in the literature suggests that psychotropic drugs as a group are relatively safe to take during pregnancy and breastfeeding
- Women and their health care providers should not be unduly concerned if a woman requires pharmacologic treatment.

Einarson, A – *Psychotropic medication use during pregnancy and breastfeeding*, 2016

Antidepressants

- SSRI's – sertraline (Zoloft)
 - helpful for depression and anxiety
- Why Use Them?
- Safety
- Effectiveness
- Side Effects
- Duration of Treatment
- What's the Goal?

SSRI Talking Points (Pregnancy)

- **DON'T JUST DISCONTINUE PSYCH MEDS**
 - Discuss with/refer to knowledgeable provider first
 - It's **always** a discussion
- Think twice before changing medications
 - Changing medication adds another risk profile
- Monotherapy best when possible
 - Increase to maximum dose before adding/changing
- Use what has worked in the past

SSRI Talking Points (Pregnancy)

- Spontaneous Abortion Risk
- Birth Defect Risk
- Neurodevelopmental Abnormality Risk
- PPHN (Persistent Pulmonary HTN of Newborn)
- NADS (Neonatal Adaptation Syndrome)
 - Up to 30% affected
 - Can last 1-2 weeks

SSRI Talking Points (Breastfeeding)

- How much is excreted into breast milk?
- AAP considers <10% to be safe
 - Sertraline (Zoloft) around 1%
 - Fluoxetine (Prozac) 5-9%
 - Other SSRI's 1-2%
- No need to pump and dump
- Reassure: Formula is ok if necessary

Hale, T - Medications and mothers milk, 2012

Reproductive Age

- Does she need birth control?
- Does she want to conceive?
- Is her health optimized?
- Does she need antidepressants?
- Is she on pregnancy friendly medication?
- Does she want to consider weaning medication?

Take Home Points

- Do NOT stop psych meds without consultation
- PSI Mantra
 - You are not alone
 - You are not to blame
 - With help, you will be well
- Nonjudgmental Listening is powerful!
- SSRI's felt to be safe
- Social media is misleading

Resources

- Motherisk
 - www.motherisk.org
- MotherToBaby
 - mothertobabyCA.org
 - "There's an app for that"
- Lactmed – for breastfeeding
 - <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- Mass General Website
 - <https://womensmentalhealth.org>



Any Questions?
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