

The Perinatal Period

Anilla Del Fabbro, M.D. 2.14.2014

Objectives

1. Participants will be able to identify the impact of pregnancy on major psychiatric illnesses in the mother
2. Participants will be familiar with questions commonly asked regarding medications in the perinatal period
3. Participants will be able to list concerns regarding the parent-infant relationship early on (as a result of maternal illness)

Perinatal Period

- 50% of pregnancies are unplanned
- Hormonal contraception, infertility, induced abortion and pregnancy loss all affect mood
- Up to 50% of pregnancies are not sustained

Psychiatric Disorders in Pregnancy

- Pregnancy is not necessarily a time of emotional stability
- If there is a history of psychiatric illness and/or medication, consult prior to pregnancy if possible
- Overall mental health of mom is paramount in determining health of her newborn
- Depression during pregnancy increases risk of postpartum depression

Psychiatric Disorders in Pregnancy

- If medications are considered, carefully weigh risks/benefits with family
- Lowest dose/ streamline regimen
- Monitor general health and wellbeing such as SLEEP, nutrition and exercise
- Importance of support system

Depression in Pregnancy

- Therapy
- SSRIs, paxil may increase cardiac defects, PPH
- TCAs, no apparent increase in congenital malformations
- Other-venlafaxine, bupropion and trazodone seem ok
- MAOIs best avoided during pregnancy

Bipolar Disorder in Pregnancy

- Lithium-cardiac risk, no long-term behavioral issues
- Valproate-neural tube anomalies, craniofacial abn., cleft palate, ASD
- Carbamazepine-neural tube, craniofacial, developmental delays
- Lamotrogine-possible oral cleft so avoid weeks 5-9 gestation

TRY TO AVOID MOOD STABILIZERS IN FIRST TRIMESTER

Schizophrenia in Pregnancy

- Low-potency antipsychotics-non-specific congenital anomalies
- High-potency antipsychotics-no known major cong. anomalies
- Novel/atypical antipsychotics-limited data, quetiapine crosses placenta in lowest amounts, olanzapine highest

ALL CAUSE IRRITABILITY, RESTLESSNESS AND IMPAIRED FEEDING PERINATALLY

Anxiety Disorders in Pregnancy

- OCD worsens during pregnancy
- Antenatal anxiety predicts post-partum exacerbation
- CBT, no nicotine, no caffeine, decreased psychosocial stressors and couples counseling
- SSRIs and TCAs are reasonable options
- Benzodiazepines may be reasonable (not week 5-9 or prior to delivery). Lorazepam passes through placenta at lower rate, clonazepam longer acting option

“Belief”

...and this small blue pill
will banish anxiety, restore to me
the woman I only dimly remember

laughing in photographs
with her hand on her round belly
hope curled inside, waiting to unfold
Rachel Barenblat

Psychiatric Disorders in Pregnancy

- ECT is an option
- Alcohol (FAS 1.5/1,000 births) and substance abuse(neonatal withdrawal)
- Domestic violence
- Sexual assault and PTSD
- Eating Disorders

Major Depressive Disorder With peripartum onset

Etiology

- Inconclusive
- Dramatic hormonal changes at parturition
- Genetic susceptibility with major life events and hormonal changes

Peripartum Mood Disorders

- **Baby blues**
- Depression
- Obsessive-Compulsive Disorder
- Psychosis
- Peripartum Anxiety/Panic Disorder

Postpartum Blues

- Transient Condition
- Mild and rapid mood swings (i.e. elation → sadness), irritability, anxiety, decreased concentration, insomnia, tearfulness, crying spells
- 40-80% of postpartum women experience this within 2-3 days after delivery
- Peaks around the 5th postpartum day and resolves within two weeks
- May represent prodrome of depression and symptoms should be monitored

Peripartum Mood Disorders

- Blues
- **Depression**
- Obsessive-Compulsive Disorder
- Psychosis
- Postpartum Anxiety/Panic Disorder

Peripartum Depression

- Most recent onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery
- Duration: 2 weeks
- Change in functioning
- MUST have: depressed mood **or**
loss of interest/pleasure

Criteria for Peripartum Depression

- Weight change
- Insomnia: Inability to sleep when baby sleeps
- Restless/slowed down
- Low energy level/fatigue
- Feelings of guilt: Feelings of inadequacy and of being a failure as a mother
- Can't think or make a decision
- Recurrent thoughts of death

Criteria for Peripartum Depression

- Significant distress/impairment
- No substances or other medical conditions
- Differential

Peripartum Depression

- 50% begin prior to delivery
- Significant anxiety and panic attacks
- Crying
- Poor libido
- Lack of interest in the baby
 - Overwhelmed or unable to care for baby
 - Not bonding with baby

Peripartum Depression

- Thoughts
 - Intrusive
 - Suicidal
 - Scary: usually not revealed unless woman questioned directly
 - Obsessional thoughts about harming self or baby.
 - Recognized as illogical and intrusive → not predictive of suicide or infanticide.
 - Occasionally indicative of psychosis

Peripartum Mood Disorders

- Blues
- Depression
- **Obsessive-Compulsive Disorder**
- Psychosis
- Postpartum Anxiety/Panic Disorder

Obsessive-compulsive disorder

- Underappreciated
- 21% women have perinatal onset
- Worsens in pregnancy and postpartum
- 60-80% co-morbidity with Major Depressive Disorder
- Responds to CBT

Peripartum Mood Disorders

- Blues
- Depression
- Obsessive-Compulsive Disorder
- **Psychosis**
- Postpartum Anxiety/Panic Disorder

Psychosis

- **This is not postpartum depression!**
- Rare (1-3 cases/1000 births)
- May be more common in primips
- Abrupt onset
- Amongst identified women: 4% risk of infanticide
- Amongst identified women: 5% risk of suicide

Increased risk of psychosis

- Prior postpartum mood episodes
- Prior history of depression
- Prior history of bipolar disorder (bipolar 1)
- Family history of bipolar disorder
- Risk of recurrence with each subsequent delivery is 30%-50%

Peripartum Mood Disorders

- Blues
- Depression
- Obsessive-Compulsive Disorder
- Psychosis
- Peripartum Anxiety/Panic Disorder

Postpartum Anxiety Disorder

- Most common is panic attacks with/without agorophobia
- OCD
- GAD
- PTSD exacerbation
- Co-occurring with depression

Postpartum Psychiatric Disorders

Disorder	Incidence	Time Course	Clinical Features
Postpartum Blues	70 – 80 %	Within first week → 14 days	<ul style="list-style-type: none">•Tearfulness•Anxiety•Insomnia•Mood Instability
Postpartum Depression	10 %	Within first month (technically)	<ul style="list-style-type: none">•Depression•Guilt•Anxiety•Fear of harm to baby•Obsessions
Postpartum Psychosis	0.1 – 0.2 %	Within first month	<ul style="list-style-type: none">•Disorientation•Confusion•Delusions•Hallucinations•Rapid Mood Cycling

Breastfeeding

- Ideal nutrition for baby
- Cheap, convenient
- SLEEP DEPRIVATION
- All psychiatric medications are excreted into breast milk

Breastfeeding

- SSRIs generally ok, monitor infant
- Benzodiazepines-accumulate so short-acting and monitor
- Antipsychotics-moms should not nurse due to sleep deprivation
- Mood stabilizers-again, these moms need to sleep. Avoid Lithium, lamotrigine may be ok

NATIONAL PROFILE FOR NEW MEXICO KIDS

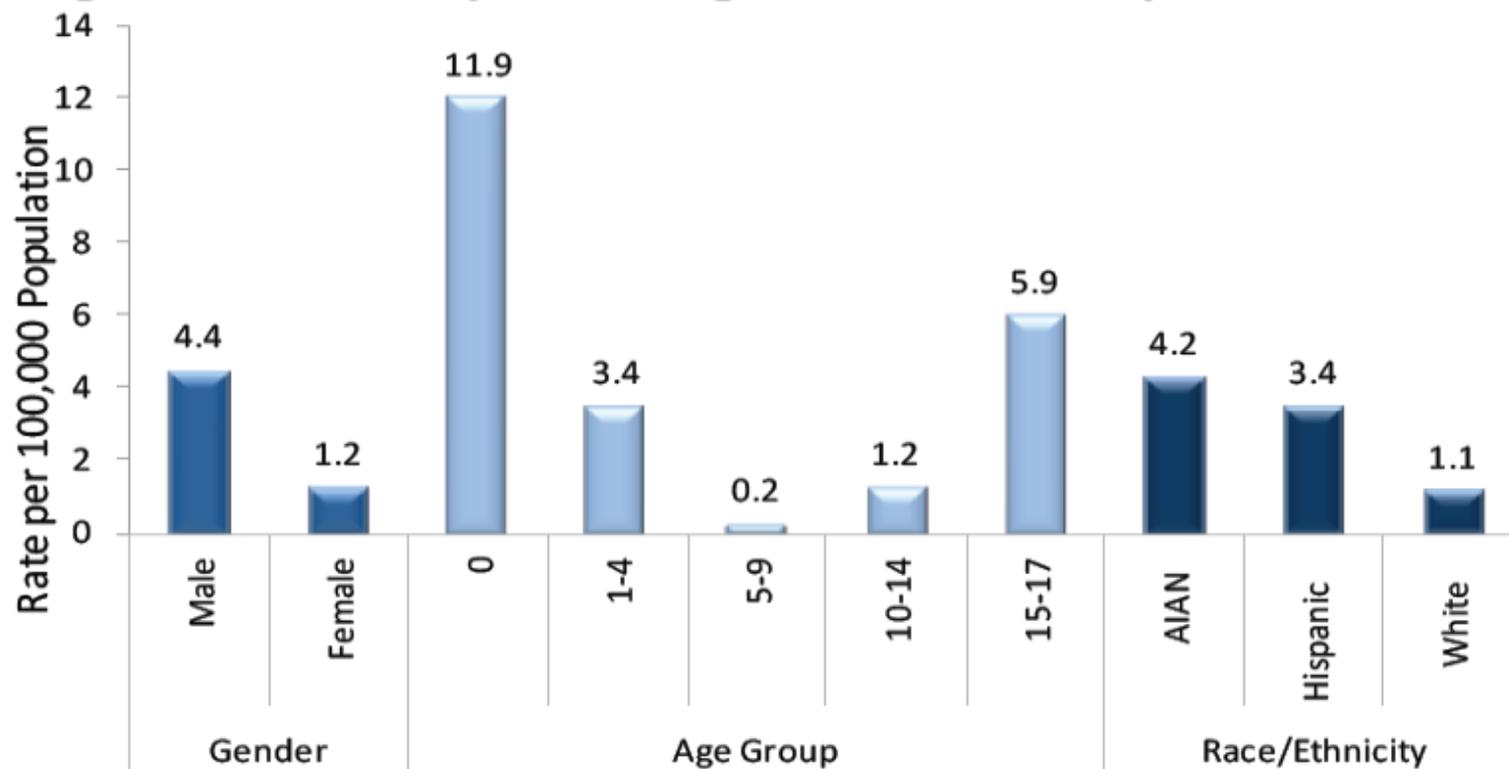
2013	Percent	U.S. Rank
ECONOMIC WELL-BEING		
Children in poverty	31%	49
Children whose parents lack secure employment	37	47
Children in households with high housing cost burden (<i>30% of income</i>)	36	23
Teens not in school and not working	11	42
EDUCATION		
Children not attending preschool	62	44
Fourth-graders not proficient in reading	79	50
Eighth-graders not proficient in math	76	45
High school students not graduating on time	33	48
HEALTH		
Low birth weight babies	8.7	35
Children without health insurance	9	38
Teens who abuse alcohol or drugs	9	44
FAMILY AND COMMUNITY		
Children in single-parent families	43	48
Children in families where household head lacks high school diploma	22	47
Children living in high poverty areas	21	49

SOURCE: 2013 National Kids Count Data Book

C. CUNNINGHAM/JOURNAL

NM Child Death Review Annual Report 2012

Figure 3. Homicide by Gender, Age, and Race/Ethnicity, NM, 2009-2011



Homicide

Key Findings

- 1) There were 44 child homicides in 2009-2011 and the majority of victims were male.
 - 2) Infants had a higher death rate than did older children, and American Indians had a slightly higher death rate than children of other racial/ethnic groups.
 - 3) A firearm was used in 36% of child homicides.
 - 4) The Child Abuse and Neglect Panel reviewed 24 homicides of children and found that 92% of them were committed by their primary caregiver.
 - 5) Twelve children whose cases were reviewed by the CAN Panel were found to have abusive head trauma that caused or contributed to the death.
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Adverse Outcomes for the Family

- Family Unit
 - Self-Neglect → unintentional neglect of others
 - “Not present” → compromise parental-child relationship → interferes with attachment and bonding
 - Marriage discord

Adverse Outcomes for Parenting

- Parenting Capacity
 - Unintentional neglect → shame/guilt → withdrawal
 - Poor judgment
 - Poor supervision of health and safety of the child

Adverse Outcomes for the Child

- Duration of parental depression correlates with degree of impairment for the child
- Associated with developmental/cognitive, behavioral, emotional problems in children

Adverse Outcomes for Child

- Postpartum depression poses a serious risk to Child Development
 - Neuronal migration, pruning and synapse formation
 - Poor interaction: less engaged visually, lower activity levels → delay in fine and gross motor skills and social skills
 - Poor social interaction → delayed language acquisition
 - Poor cognitive development
- Cognitive and attention deficits

Adverse Outcomes for Child

- Behavioral
 - Secure attachments early in life are essential in the development of healthy social skills and behavioral patterns.
 - Interference with maternal-infant bonding increases mom's sense of shame and guilt → neglect → attachment disorder
- Higher incidence of conduct disorders
 - Highest rate of preschool expulsion rate
- Inappropriate aggression
- Emotional dysregulation

Adverse Outcomes for Child

- Emotional/Social
 - Feeding is a social skill → affected by absent parent → failure to thrive and consequences of malnourishment
 - Mom not eating → maternal nutrition affects breastfeeding and content of breastmilk production → premature cessation of breastfeeding or bad milk
 - Nursing infants gain less weight

Who detects postpartum depression?

- OB-Gyn:
 - 14-30%
 - Problem: Women often not seen after 2-6 week postpartum check
- More than 75 % of women are untreated

What to do?

- Better screening, many opportunities
- Ask about stressors, birth control, DV and SA
- Educate and normalize
- Refer early when family is THINKING about having a child
- Work with dyad, triad, family system