Safety Action Series

Effectively Communicating with Moms about Screening and Treatment for Perinatal Depression and Anxiety
Speakers

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Disclosures

- Lenore Jarvis MD, MEd, FAAP has no real or perceived conflicts of interest.

- Pooja Lakshmin, MD has no real or perceived conflicts of interest.
Objectives

- Identify common challenges clinicians and health care providers face when screening and treating women for perinatal and maternal depression and anxiety.
- Discuss ways to effectively communicate with and engage women throughout their screening and treatment process.
- Describe the safety and efficacy of psychotropic medications in pregnancy and breast feeding.
Format & Abbreviations

1. Screening
2. How to Talk to a Mom
3. The Path to Wellness
4. Resources & Referrals

PMADs = Perinatal Mood and Anxiety Disorders
PPD = Postpartum Depression
EPDS = Edinburgh Postnatal Depression Scale
Perinatal depression affects as many as one in seven women.

ACOG recommends all pregnant women be screened at least once during the perinatal period.

#MHM2015
acog.org/MHM2015
Dr. Lenore Jarvis MD, MEd

- Pediatric Emergency Medicine Physician
  - Screens mothers of young infants who present to the pediatric emergency department for postpartum depression
- Perinatal Mental Health Champion

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Acknowledgement

Content provided and modified from Mary’s Center Perinatal Mental Health Training

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Screening
Barriers to Screening

• Responsibility
• Time
• Training
• Positive Screens
• Culture/Stigma
Screening

• “PMADs are very common, we want to make sure you are healthy & well”

• “We screen everyone for PMADs”
  – Universal screening decreases stigma
  – You can’t tell by looking!

• Opportunity for discussion
• Crucial for early detection and treatment
Edinburgh Postnatal Depression Scale (EPDS)

• 10 questions
• Easy to score
• Detects anxiety well
• Many translations

• Question #10 – suicidal thoughts
**EPDS Positive Screen Example**

**Edinburgh Postnatal Depression Scale (EPDS)**

<table>
<thead>
<tr>
<th>EPDS Score</th>
<th>Screen Result</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>Negative</td>
<td>March of Dimes Booklet</td>
</tr>
<tr>
<td>≥10 to 19</td>
<td>Positive</td>
<td>March of Dimes Booklet Local PPD Resource Handout</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social Work Consult Offered</td>
</tr>
<tr>
<td>≥20 to 30</td>
<td>Highly Positive</td>
<td>March of Dimes Booklet Local PPD Resource Handout</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social Work Consult Required</td>
</tr>
</tbody>
</table>
EPDS Positive Screen Example

Question 10 regarding **suicidal thoughts:**
“The thought of harming myself has occurred to me”
(3) Yes, quite often (2) Sometimes (1) Hardly ever (0) Never

<table>
<thead>
<tr>
<th>EPDS Score</th>
<th>Screen Result</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Positive answer to question #10</td>
<td>Positive</td>
<td>Booklet, Resource Handout, Social Work Physician to Assess for Suicidal Ideation</td>
</tr>
</tbody>
</table>
Pediatric ER EPDS Screening Feedback

“Most helpful to know that I screened positive.”

“I’m not crazy. Other people are going through it.”

“Helpful. Received resources. Reached out for help.”

“Some women go through this. Not alone.”

“Not the only one. Learned how to get help.”

“Got help. Feel better. So thankful.”
How to Talk to a Mom
"...be sure to sterilize nipple before feeding baby."
How to Talk to a Mom
Continuing the Conversation

How are you feeling about being a new mother?
How are you coping with the additional stress of a new baby?
Are you able to sleep (at night) when the baby is sleeping?
How is your appetite? Do you have an appetite? Are you able to eat?
Do you have enough energy to do the things you need to do?
Have you been feeling sad, down or depressed?
Have you been feeling anxious, worried or afraid?
Do you find yourself crying a lot/all the time?
Have you had any thoughts that have scared you?

** Consider cultural aspects of PMADs
When Talking to These Moms

**UNIVERSAL MESSAGE**
You are not alone
You are not to blame
With help, you will be well

- NORMALIZE
- VALIDATE
- PROVIDE HOPE
Partners & Fathers

• Less research

• Varied estimates
  – 1.2% to 25.5% of fathers experience perinatal depression

• Resources
  – PSI Monthly Chat for Dad’s: postpartum.net/get-help/resources-for-fathers/
  – postpartumdads.org
  – pospartummen.com
The Path to Wellness
The Path to Wellness

- Changes at home
- Home Visiting
- Social Support/Psycho-Education Groups
- Psychotherapy
- Medication

Easier & Cheaper

More Involved/Expensive
Changes at Home

- **Sleep**
  - 5 uninterrupted hours
  - Alternative feeding methods
- **Help & Support**
  - Don’t say No!
- **Nutrition**
  - Healthy snacks
  - Extra calories for nursing
  - Water
- **Time alone**
  - Walk outside
- **Exercise**
Home Visiting

**Pros**
- Free
- Under-enrolled
- Trained in PMADs
- No transportation/childcare obstacles

**Cons**
- “Stranger” in the home
- Fear of judgment
Social Support & Education Groups

**Pros**
- Free
- Recognition
- Normalization
- Support system for future pregnancies

**Cons**
- Have to leave house
- Have to share with “strangers”
Social Support & Education Groups

**EMOTIONAL**
- Let mom know she is valued
- Create warmth, caring
- Show empathy, concern, acceptance
- Provide encouragement

**COMPANIONSHIP**
- Provide a sense of social belonging
- You are not alone

**INFORMATIONAL**
- Guidance and suggestions
- Information and resources
- Speak from experience

**TANGIBLE**
- Preparing meals, Watching children, Tidying the house,
- Running errands, Doing laundry
Psychotherapy

Pros

• Effective
• Can be cost-free
• Can address other/deeper issues

Cons

• Have to leave the house
• Have to share with a “stranger”
• Stigma of mental health services
Psychotherapy

**Why should I see a therapist?**
- Objective third party
- Problem-solve
- Short-term solutions

**What can a therapist do?**
- Create a safe space
- Meet moms where they are
- Model self-care
- Focus on symptom relief

**Goals**
- Learn coping skills
- Regulate emotions
- Address underlying issues

**Benefits**
- Problem-based
- Time-limited
- Pragmatic
Medication

Pros
• Effective
• Safe
• Can be cost-free

Cons
• Have to leave the house
• Have to share with a “stranger”
• Stigma of mental health services & Rx use
• Worry about using Rx while pregnant/nursing
The Path to Wellness: Medication

**Goals**
- Minimize risk of relapse
- Limit risk of maternal illness
- Minimize fetal exposure

**Take-Home Messages**
- There are safe & effective medications that women can take during pregnancy & breastfeeding
- Treat to remission
- Women should NOT abruptly cease medications
Safety and Efficacy of Psychotropic Medications in Pregnancy and Breast Feeding

American College of Obstetricians and Gynecologists
Safety Action Series
May 19, 2017

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Associate Program Director
Department of Psychiatry & Behavioral Sciences
Acknowledgements

- Morgan Gross LICSW (Mary’s Center)
- Lisa Catapano MD PhD & Julia Frank MD (GWU Five Trimesters Clinic)
- DMV Women’s Mental Health Consortium
Topics To Be Covered

• Why treat?
• SSRIs
• Mood Stabilizers
• Anti psychotics
• Informed Consent
What is Depression?

A complex illness of genetic vulnerabilities, brain structure and function, neuroendocrine and immune system processes.

- It is unclear whether the processes are underlying causal factors, correlates, or consequences of depression.

A common theme is the importance of the interaction between biology and exposure to stress.

The Post Partum Period is an Especially Vulnerable Time for Women

- Depression
- Anxiety Disorders (OCD, PTSD)
- Bipolar Disorder
  - A woman is 23 times more likely to have first onset of affective psychosis within 4 weeks of delivery than at any other time in her life. (Monk-Olsen, 2006; Bergink, 2016)
  - Sleep Deprivation & Stress in Postpartum can = Manic Episode
  - Symptom onset 3-10 days after birth
  - In women w known hx of BP, pregnancy doubles the likelihood of recurrent mood episode (higher if goes off meds). (Terp, 1998; Yonkers, 2004)
  - Highest risk for Pospartum Psychosis is prior BP diagnosis
Why Should We Care?

Effects on Pregnancy: Mother
- Prenatal Care
- Self-medication
  - 10-12% smoke tobacco
  - 14-15% use alcohol
  - 3% use illicit drugs
- Bonding with baby
- Impact on family

Effects on Pregnancy: Fetus
- Pre-term labor
- Premature birth (<37 wks)
- Low APGAR scores
- Low birth weight
- Small for G.A., head circumference
- Increased cortisol
- Neonatal complications & NICU admissions
- Fetal demise

Why Should We Care?

Effects on Mother
- Breastfeeding problems/cessation
- Maternal responsivity, sensitivity
- Negative mood, modeling
- Inconsistency
- Inability to assist with emotional regulation
- Substance abuse

Effects on Child (Barker, 2013; Pratt, 2017)
- Withdrawal, avoidance in toddlers
- Significantly worse:
  - school outcomes
  - reading achievement
  - grades
  - cognitive functioning
- Less emphatic behavior to peers
- Higher rates of psychiatric problems in adolescents


Providing Informed Consent

Risks of Untreated Depression
- Preterm Labor, Lower APGAR scores
- Effects on Attachment
- Increased emotional and behavioral problems

Risks of Exposure to Medication
- Teratogenesis
- Neonatal toxicity
- Long term neurobehavioral Sequela

(Adapted from Wisner et al., 2000)
Providing Informed Consent

- Factors to Consider in assessing risk/benefit of prescribing medications:
  - Does she have a prior hx of severe depression or prior suicide attempts?
    - ie. HIGH risk if untreated, and HIGH possible benefit with treatment
  - Does she have a family hx of PMADS?
  - How much psychosocial support does she have?

THERE IS NO ONE SIZE FITS ALL
General Rules

• Minimizing Risk and Optimizing Benefits
• Start low, go slow -- lowest doses
• Avoid poly pharmacy if possible
• Frequent clinical assessments
SSRIS, SNRIs and Related Medications
(indicated for treating depression & anxiety including OCD and PTSD)

- Prozac (Fluoxetine), Zoloft (Sertraline),
  Lexapro (Escitalopram), Celexa (Citalopram)
- Associated risks: PPHN, Transient Distress
- To avoid: Paxil (1st trimester exposure associated with cardiac malformations, though inconsistent results)

Use in Pregnancy versus Breastfeeding

**SNRIs (Cymbalta, Effexor)**
**Wellbutrin (Bupropion)**
Persistent Pulmonary Hypertension (PPHN)

- There is an increased risk of PPHN with 3rd trimester SSRI exposure (class effect)
- The absolute risk remains low (background risk is 1.2/1000 births, versus 3/1000 births with 3rd trimester exposure).
- Treatable condition

**TAKE AWAY:** Informed consent requires individual risk/benefit discussion

Hernández-Díaz, 2007; Chambers, 2006; Kieler Helle, 2012
Transient Neonatal Distress

• Can include tremor, restlessness, increased muscle tone, and increased crying.
• ~25% of babies exposed to antidepressants late in pregnancy.
• Resolves 1 to 4 days after birth without any specific medical intervention.
• TAKE AWAY: The decision to prescribe is based on a woman’s individual clinical presentation.

(Levinson-Castiel et al., 2006)
Mood Stabilizers
(indicated in bipolar disorder, and in some types of depression)

- **Lithium**: higher rates of cardiovascular malformations (e.g., Ebstein’s anomaly) following prenatal exposure to this drug. Risk is between 1 in 2000 (0.05%) and 1 in 1000 (0.1%).
- **Depakote**: Generally avoided due to high risk of neural tube defects.
  - Depakote: 1 to 6% risk
- **Lamictal**: has NOT been associated with increased risk of malformations.
Atypical Antipsychotics
(indicated for bipolar disorder or post-partum psychosis)

• **Abilify (Aripiprazole), Seroquel (Quetiapine), Geodon (Ziprasidone), Risperdal (Risperdone), Zyprexa (Olanzapine)**

• Used primarily in Bipolar Disorder or Post Partum Psychosis

• As a group – are being used more frequently, and have not been associated with adverse effects

• National Pregnancy Registry
Benzodiazepines
(indicated as a short term treatment of anxiety or panic)

- Xanax (alprazolam), Ativan (lorazepam), Clonazepam (clonazepam)

- Associated risks: cleft lip/cleft palate with 1st trimester exposure (controversial), withdrawal with 3rd trimester exposure
Five Trimesters Clinic Contact

- Pooja Lakshmin MD
  plakshmin@gmail.com
  202-741-2854
- Psychiatry intake coordinator
  202-741-2888

Pregnancy and Change

Prenatal, pregnancy, and parenthood are times of great physical and emotional change. Not all women experience the emotional events of pregnancy in the same way. Feelings of being overwhelmed and initial mood swings are common. However, up to 15% of women may experience significant symptoms of depression and anxiety during pregnancy or the postpartum period. Unfortunately, many women are never treated, reducing their quality of life and complicating their relationships with partners and children.

We’re here to help

Our goal is to help women assess their need for treatment or support before, during, and after pregnancy, and to help them find it. We also serve women at risk for families coping with infertility, pregnancy loss, or with infants needing intensive care.

After calling for an intake, each woman meets once a week with a psychiatrist in training to explore her feelings and thoughts. Patients may be included in the assessment. Each case will be reviewed at the time of the visit by a senior psychiatrist specializing in problems related to pregnancy.

Our clinicians offer a variety of services, including:

- Outpatient evaluation and screening
- Short-term individual therapy and medication management
- Couples and family therapy
- Access to community resources

The 5 Trimesters Wellness Clinic is a service of The George Washington University Medical Center, Department of Psychiatry & Behavioral Sciences

Our Location:

Medical Faculty Associates Building
2120 L St NW 6th Floor
Washington, DC 20037

To schedule an appointment please call 202-741-2888

Please specify that you want to be seen in the 5 Trimesters Clinic.
Resources & Referrals
RESOURCE GUIDE EXAMPLE
Greater Washington, DC Area

• Child & Adolescent Mental Health Resource Guide with a Perinatal MH resource section:

• DMV-PMH Resource Guide:
  – http://www.dmvpmhresourceguide.com/
Perinatal Mental Health Toolkit

DC Collaborative for Mental Health in Pediatric Primary Care


- Summary of PMADs: Symptoms, Risk Factors, Incidence, Treatment
- EPDS in English & Spanish
- Referral Algorithm & Crisis Plan
- Key Clinical Considerations: OCD v. Psychosis, Medicating
- Resource Guide
Postpartum Support International (PSI)

www.postpartum.net
- Provides specific information on support groups and providers by region

Warmline (English & Spanish):
- 800-944-4773

Online Support Groups (English & Spanish):
- Live, participants register – i.e. not forums
- Hosted through www.supportgroupscentral.com

Telephone “Chats”
- Moms – Every Wednesday, times vary
- Dads – First Monday of the month, 8:00pm Eastern
Resource Rich Websites

- **Postpartum Support International**
  - [www.postpartum.net](http://www.postpartum.net)

- **Postpartum Progress**
  - [www.postpartumprogress.org](http://www.postpartumprogress.org)

- **Online PPD Support Group**
  - [www.postpartumdepression.yuku.com](http://www.postpartumdepression.yuku.com)

- **Mass General Women’s Mental Health Center**
  - [www.womensmentalhealth.org](http://www.womensmentalhealth.org)

- **The National Institutes of Mental Health**
Medication Resources
Prescribing to Pregnant/Lactating Women

- LactMed
- Texas Tech
  - http://www.infantrisk.com/
- Reprotox
  - https://reprotox.org/
- Mass General
  - https://womensmentalhealth.org/
References


References


Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series

Maternal Early Warning Signs:
Preeclampsia

May 30th 2017
12 pm Eastern

Eleni Tsigas
Executive Director,
Preeclampsia Foundation

Jessica Deeb, MS, RN, WHNP-BC,
LCCE, CLC
Perinatal Quality, Risk, and Safety Program Coordinator, NYU Langone Medical Center
Lamaze Certified Childbirth Educator

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