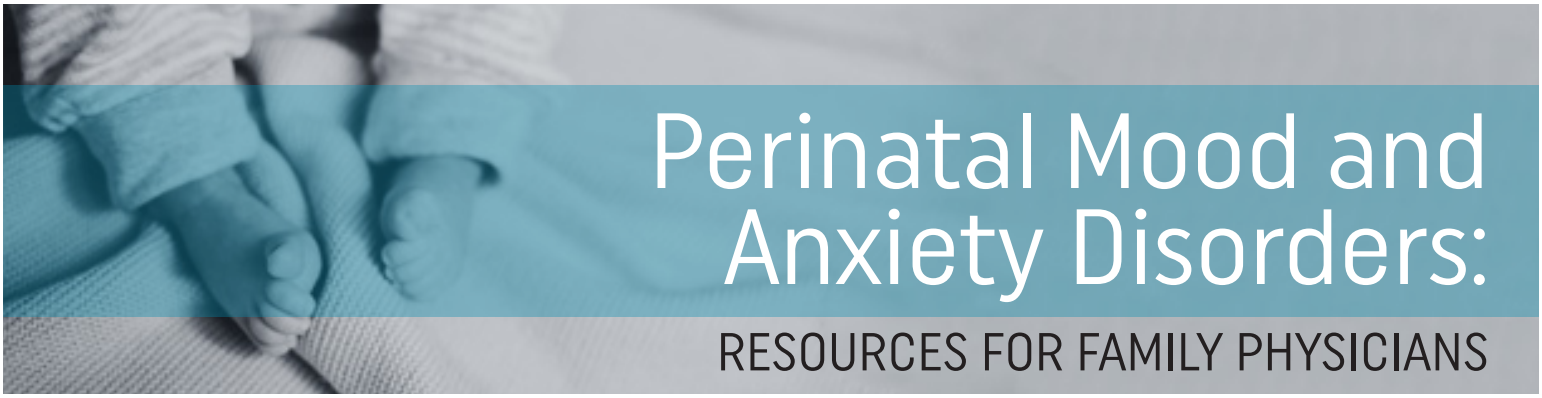

# Perinatal Mood and Anxiety Disorders:

## RESOURCES FOR FAMILY PHYSICIANS

Perinatal mood and anxiety disorders, or PMADs, are mental health disorders experienced during pregnancy, after having a baby, after adopting a child or after a pregnancy or infant loss.[1] The onset of a PMAD can predate pregnancy and include mood- and anxiety-related disorders that occur up to a year postpartum.

PMADs are the most common complication during pregnancy and after childbirth, affecting up to one in seven individuals who are pregnant or postpartum, with half of those in the perinatal stage diagnosed with depression not receiving the treatment they need.[2] PMADs and other mental health conditions are also a leading cause of pregnancy-related deaths (22.7%), with nearly all pregnancy-related mental health deaths preventable.[3] When left untreated, the psychological effects of PMADs can be multigenerational and cost the health care system more than $14 billion annually.[2]

The following information and pro tips in this educational resource offer family physicians and their care teams approaches and resources to address and treat patients with PMADs and other mental health issues.

### Stigma of Mental Health and Addressing Biases

Family physicians and other primary care clinicians should discuss with patients the importance of mental health before, during and after pregnancy. Addressing mental health issues and integrating mental health into primary care can normalize mental health issues and their stigma.

**PRO TIP:** Postpartum Support International, or PSI, recommends routinely screening for PMADs during patient visits, including[4]:

- At the first prenatal visit and once during *each* trimester
- Early in the postpartum period at the six-week and 12-week visits
- At well-child visits at 3, 9 and 12 months

**PRO TIP:** The Edinburgh Postnatal Depression Scale and PHQ-9 are validated screening tools for mental health disorders. The EPDS is specifically intended to identify patients at risk for perinatal depression.

Like all humans, health care providers can have negative explicit and implicit biases against certain marginalized groups or patients experiencing mental health disorders.[7] Practices should address and train team members about their biases so that they can properly treat patients with PMADs from all backgrounds.

**PRO TIP:** The American Academy of Family Physician's Implicit Bias Resources were developed to provide a framework for identifying and reducing implicit biases in clinical practice. They include a training guide, facilitator and participant guides and several customizable PowerPoint decks to assist in training staff members.

### Drivers of Mental Health

A personal or family history of mental illness is the number one predictor for experiencing a PMAD. Prepare patients by making them aware of PMADs and warning signs prior to delivery, scheduling a postpartum patient visit at least three weeks post-delivery and discussing social support systems.

**PRO TIP:** Ask patients and their support persons to add resource hotline numbers in their phones so they can connect with experts in moments of crisis or talk about what they're going through. The following hotlines are specifically for support related to pregnancy:

- Postpartum Support International hotline (1-800-944-4PPD) or text 800-944-4PPD for English and 971-203-7773 for Spanish
- National Maternal Mental Health Hotline (1-833-TLC-MAMA)
  - The National Maternal Mental Health hotline has toolkit resources, social media shareable graphics and print materials to order (flyers, wallet cards, magnets and posters) to help promote the hotline.

The lack of social support, especially from partners, can exacerbate stress and contribute to poorer mental health.[8]

**PRO TIP:** The AAFP Postpartum Planner can help families think through the support they will need once their baby arrives.

Systemic racism and economic strain increase stress and can worsen mental health, putting people of color and people who are economically vulnerable at higher risks for experiencing PMADs.[5,6]

**PRO TIP:** The Centers for Disease Control and Prevention's HEAR HER® Campaign provides resources for patients, partners/friends/family and health care professionals to learn more about the warning signs of pregnancy-related complications. Both the HEAR HER Campaign and the Perinatal Mental Health Alliance for People of Color offer patient-centered resources dedicated specifically to people of color.

**PRO TIP:** The AAFP developed a simple-to-use Social Needs Screening Tool to help identify unmet needs that can adversely affect your patients. Once you've identified patient needs, share our Neighborhood Navigator with patients. It is a free, user-friendly search tool by ZIP code that helps patients connect to social supports such as financial assistance, food pantries, medical care and other free or reduced-cost help.

## Accessing Care and Treatment Options

Diagnosing and referring patients with PMADs is well within the scope of care family physicians provide and is the first step to patient-centered care and the appropriate treatment for patients in the perinatal and postpartum periods.

**PRO TIP:** Develop a response protocol for referrals to treatment and support and become acquainted with local mental health professionals and resources so you can provide a warm handoff. It would be handy to have a list of referral resources with providers and contact numbers ready to provide patients.

**PRO TIP:** The Perinatal Psychiatric Consult Line is a service provided by the PSI for medical providers to connect with a psychiatric professional who can assist with questions about the diagnosis and treatment of mental health issues related to patients in pre-conception planning and those who are pregnant or postpartum.

Depending on your practice community, patients may experience a lack of or limited access to in-person counselors, peer counselors and facilitated support groups to address and treat PMADs. There may also be a lack of training options in communities to equip family physicians to confidently screen, diagnose, respond and follow up with patients who have a PMAD.

**PRO TIP:** For patients seeking support, the PSI offers connections to free, virtual online support groups for more than 50 different interests or issues. PSI also offers a provider directory, training and webinars to help physicians and other clinicians navigate mental health resources and improve their comfort in discussing mental health with patients.

Typically, breastfeeding does not need to be discontinued to treat PMADs with medication,[9] but patients should always consult their prescribing physicians before starting or stopping any medication.

**PRO TIP:** LactMed® is a reliable, up-to-date database that contains information about the levels of drugs and other chemicals in breast milk and infant blood and their possible side effects on nursing infants. The psychiatric professionals who staff the PSI Perinatal Psychiatric Consult Line can also assist medical providers with medication questions.

*Table 1 (on the next page)* includes treatment options (counseling and medications) your patients may have access to when addressing and treating PMADs and the advantages and disadvantages of each.

**Table 1. PMAD Treatment Options**[10,11,12]

| Treatment | Advantages | Disadvantages |
|---|---|---|
| Counseling (cognitive behavioral therapy) | • Effective for many types of PMADs<br>• Access to online resources<br>• Meet with a mental health professional<br>• Group and peer support programs can be an option | • May not provide immediate relief |
| Selective serotonin reuptake inhibitor or SSRI, and serotonin and norepinephrine reuptake inhibitor or SNRI | • Effective medications used prior to pregnancy may be resumed after the patient speaks with their prescribing physician<br>• Variety of options are proven safe, effective and compatible with breastfeeding | • May take up to six weeks to notice the effects<br>• Dosage may need to be adjusted throughout the perinatal period |
| Neuroactive steroid (Zurzuvae™) | • Benefits seen in as little as three days<br>• Course of treatment is only 14 days<br>• Specifically for the treatment of postpartum depression | • Verify coverage<br>• Prior authorization may apply<br>• Grants are available through Sage Therapeutics if coverage is not available<br>• Consider timing when taking medication<br>– May cause drowsiness<br>– Driving is not recommended within 12 hours of taking |

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