

# PREGNANCY-RELATED DEPRESSION AND ANXIETY SYMPTOMS GUIDANCE

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



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## Facts:

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

## We can reduce the impact by:

- Addressing risk factors
- Identifying symptoms early
- Improving treatment

## BACKGROUND

### PROTECTIVE FACTORS

- Balanced nutrition, physical activity or healthy sleep
- Family planning for an intended pregnancy
- Perceived & intact social & material support
- Parenting confidence
- Recognition of traditional postpartum cultural practices
- Positive parenting role models
- Support of breastfeeding decision
- Healthy co-parent involvement

### RISK FACTORS

- Personal history of major or postpartum depression
- History of anxiety
- Family history of postpartum depression
- History of substance use or interpersonal violence
- Unplanned/unwanted pregnancy
- Complications of pregnancy, labor/delivery, or infant's health
- Teen Pregnancy
- Fetal/Newborn loss
- Infant adoption plan
- Difficulty breastfeeding
- Sleep deprivation
- Major life stressors

### 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 approximately 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

AAP, ACOG & USPSTF recommend universal screening of pregnant and postpartum mothers with validated screening tools

### 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

### IDEAL TIMES TO SCREEN

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

### WHO COULD SCREEN

- Medical providers
- Behavioral health providers
- Community-based providers
- Early childhood providers

### 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

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786

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

# FURTHER ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING

### CONSIDER CONTRIBUTING FACTORS

- Tobacco, alcohol and other drugs
- Interpersonal violence
- History of trauma or abuse

### ASSESS FOR OTHER PSYCHIATRIC SYMPTOMS AND CONDITIONS

- Suicidal ideation
- **Bipolar disorder**
- Generalized anxiety disorder
- Obsessive Compulsive Disorder
- **Psychotic symptoms**
- Thoughts of harming the baby

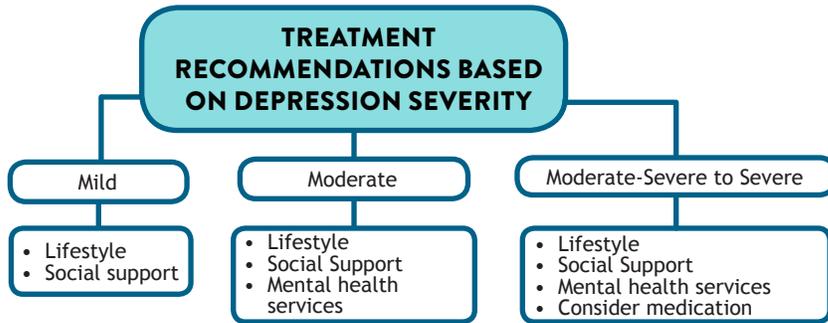
### CONSIDER MEDICAL CAUSES, ESPECIALLY:

- Anemia
- Thyroid disorders

There is an increased risk of new onset or recurrence of bipolar disorder during pregnancy/postpartum

**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



### 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?"

## MEDICATION TREATMENT CONSIDERATIONS

### Pregnancy

- Untreated depression is associated with 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 with 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

### Helpful Lactation & Drug Exposure Resources

- Motherisk.org
- Infanrisk.org

## ALWAYS ADDRESS LIFESTYLE FOR PREVENTION AND TREATMENT

## PREGNANT OR BREASTFEEDING REQUIRING MEDICATION

