

Mental Health disorders during Pregnancy

- 10-15% of pregnant women
- Mood
- Anxiety
- Psychotic
- Personality

Mood disorders

- 44 million affected yearly
- A disturbance in the prevailing emotional state
 - Depression
 - Bi-polar
 - Dysthymia
 - Mood disorder due to a general medical condition
 - Substance induced mood disorder - due to the effects of medication, drug abuse, exposure to toxins, or other forms of treatment.

AHRQ Report Finds Depression Is Prevalent in Pregnancy

Agency for Healthcare Research and Quality

"... depression is as common in women during pregnancy as it is after giving birth. ... roughly 1 in 20 American women who are pregnant or have given birth in the past 12 months are suffering from major depression. When episodes of major and minor depression are combined, as many as 13 percent of women experience depression."

<http://www.ahrq.gov/news/press/pr2005/perideppr.htm>

Depression criteria*

- Depressed or irritable mood, crying frequently
- Loss of interest or pleasure in activities
- A sudden change in weight or appetite
- Inability to sleep or sleeping too much
- Agitation or restlessness
- Constant fatigue or loss of energy
- Frequent feelings of worthlessness or inappropriate guilt
- Difficulty concentrating or making decisions
- Frequent thoughts of death or suicide
- **At least 5 symptoms for at least 2 weeks**

Risk factors for depression during pregnancy

BIOLOGIC

- History of mood and anxiety disorders
- History of postpartum depression
- History of premenstrual dysphoric disorder
- Family history of psychiatric illness

PSYCHOSOCIAL

- History of childhood abuse
- Younger age
- Unplanned pregnancy
- Ambivalence or negative feelings about the pregnancy
- Single motherhood
- Greater number of children
- Limited social support
- Domestic violence or marital conflict
- Low level of education and unemployment
- Substance abuse and smoking

Bipolar Disorder

- at least one episode of a depressed or irritable mood and at least one period of a manic (persistently elevated) mood
- Mania: inflated self-esteem, decreased need for sleep; increased energy; racing thoughts; feelings of invulnerability; poor judgment; heightened sex drive; and denial that anything is wrong.

Collaborative care

- Antidepressants
 - Concern about teratogenic
 - Ex: lithium is not good for baby...so take mom off that and put her on Depakote or Tegretol instead and put her on Cognitive Behavioral Therapy.
- Cognitive/behavioral therapy...in assessment ask when they saw their therapist and how their meds are going. Collaborate with psychiatrist.
- Education
- Self help groups

Antidepressants in pregnancy

- Not USFDA approved in pregnancy, but commonly used medications:
 - SSRI's: Prozac, Zoloft, Celexa, Paxil
 - TCA: Elavil, Tofranil, Pamelor

Possible side effects of meds

- May ↑risk of birth defects early 1st Trimester
- Withdrawal symptoms: irritability, respiratory problems, feeding difficulty, irritability, seizures.
- SSRI's late in pregnancy may be linked to persistent pulmonary hypertension
- Pregnant women with major depression are very likely to become ill again during their pregnancy if they stop taking their medication.
- A depressed woman may have trouble taking care of herself during pregnancy. This could threaten the health of the fetus.

Anxiety Disorders

- Phobias
- Panic disorders
- Generalized anxiety
- OCD
- PTSD

Symptoms of Phobias

- Irrational fears of birth process; dispel through education and keeping them connected to resources
- Constant worry
- Repetitive behaviors
- Unprovoked intense fear
- Re-experiencing a traumatic event, sleeping difficulties, irritability

Collaborative Care (all about keeping person taking meds and plugged into social support, education)

- Medications : antidepressants, benzodiazepines (category D)
- Cognitive/behavioral therapy
- Music/art/dance/talk/group therapy
- Education
- Behavioral interventions

Medications to avoid in Pregnancy

- All drugs in the 1st trimester
- Benzodiazepines: ? Cleft lip/palate, sedation, withdrawal
- Mood Stabilizers: fetal malformations/cognitive development
- Lithium: cardiovascular malformations
- SSRI's: Class B,C, ? Pulmonary hypertension

Strategies to improve outcomes

- Discuss with your PCP
- Patient Support/education
- Exercise (especially good with depression) Very important for women with MH issues.
- Stress Management
- Promote sleep
- Dietary changes
- Spend time with others
- Make time to do what you enjoy .

Objective

Summarize the effects of alcohol and illicit drugs on the childbearing woman and her fetus / newborn.

Substance Abuse: What is it?

- The continued use of substances despite it causing relational, physical, and social problem
- Any use of alcohol or illicit drugs during pregnancy is considered abuse
- Alcohol and drugs pass through the placenta and affect the fetus

Prevalence in pregnancy

- One study in N. Carolina found 62% experimented with one or more substances
- 31% used in pregnancy
- 14% women drank some alcohol during pregnancy or used some substance
- Tobacco and alcohol were substances of choice

Risk factors

- Women more likely to use alcohol and drugs if...
 - History of psychiatric illness
 - Sexual abuse
 - Victim of violence
 - Poor self esteem
 - Self medicate for depression
 - Anxiety
 - Relax on a date
 - Lose weight
 - Sleep

Treatment barriers

- Fear of losing child custody
- Criminal prosecution
- Lack of understanding of consequences of abuse
- Negative feedback from society and healthcare providers
- Financial hardship

Substance Abuse during pregnancy

- Risk for
 - ↑ Anemia
 - ↑ Malnutrition
 - ↑ Blood and cardiac infections
 - ↑ Skin infections
 - ↑ Hepatitis
 - ↑ STIs
 - ↑ Domestic Violence
 - ↓ Prenatal care

Alcohol abuse

- Greatest preventable cause of mental retardation
- 14-20% pregnant women drink sometime during their pregnancy

Alcohol Use in Pregnancy

- Maternal
 - Malnutrition
 - Bone Marrow
 - Infections
 - Liver Disease
- Neonatal
 - FASD: Fetal alcohol spectrum disorders

Fetal Alcohol Syndrome

- Risks to fetus:
 - Low birth weight
 - Mental retardation
 - Behavioral problems
 - Learning disorder, physical problems
 - Craniofacial abnormalities

Marijuana

- Altered state of awareness, mild euphoria, relaxation, ↓inhibitions
- Fetal Effects = visual problems, poor task performance, lower IQ

Cocaine/crack

- CNS stimulant: euphoria, energetic, self confident, sociable
- Highly addictive
- Complications in pregnancy
 - PT labor, precipitous birth
 - Placental Abruption
 - HBP, MI, dysrhythmias
 - Hepatitis, HIV, Cellulitis

Cocaine in Pregnancy: Maternal

- Seizures and hallucinations
- Pulmonary edema
- Respiratory failure
- Cardiac problems
- Spontaneous first trimester problems:
 - SAB, abruptio, IUGR, preterm, stillbirth

Cocaine in Pregnancy: Fetal effect

- Decreased birth weight
- Feeding problems
- Neonatal effect from breastmilk
 - extreme irritability
 - vomiting and diarrhea
 - dilated pupils
 - apnea

Neonatal consequences

- Irritability, uncontrolled trembling
- Behavior problems
- LBW
- SIDS
- intestinal problems
- Learning disabilities

Opiates

- Opium, Heroin, Meperidine, Morphine, Codeine, methadone
- Causes: Euphoria, relaxation, apathy, pain relief, impaired judgment, constipation, respiratory depression
- Effect in pregnancy: IUGR, preeclampsia, miscarriage, PROM, infections, PTL

Heroin in Pregnancy: Maternal

- PROM
- Meconium staining
- High incidence of STI and HIV

Heroin in Pregnancy: Fetus

- IUGR
- Drug withdrawal symptoms

Heroin Treatment during pregnancy

- Methadone maintenance and psychotherapy
- NOT withdrawal
 - May cause fetal hyperactivity
 - Preterm labor
 - Fetal death

Other substances

- Caffeine: ? LBW, interaction with smoking
- Tobacco: LBW, IUGR, PTD, SIDS
- Accutane: teratogenic
- Tetracycline: teeth staining
- Gentamycin: deafness
- Synthetic hormones (progesterone) masculinization of female
- Vitamin A: cleft palate

Herbs

- Uterine stimulants
 - Black cohosh, dong quai, fever few, goldenseal, wild yam, broom, shepherd's purse
- Birth defects
 - Wormwood, sassafras, psuedoginseng

Care Management

- Based on history
- Symptoms
- Physical findings
- Lab data
- Ask about OTC drug use and prescriptions
- Ask about alcohol, nicotine, caffeine
- Ask about illicit substances

The therapeutic interview

- Create a respectful environment
- Positive, non-judgemental, supportive
- Use screening tools such as the CAGE
 - Cut down
 - Annoyed
 - Guilty
 - Eye opener

Comprehensive treatment programs for addicted pregnant women are shown to be effective.

- chemical dependence treatment
- prenatal care and childbirth ed
- parenting classes
- nursing visits.
- women's programs address the specific needs of women and the barriers to recovery experienced by women

Other Not Good Substances!

- Marijuana
- PCP
- MDMA (ecstasy)