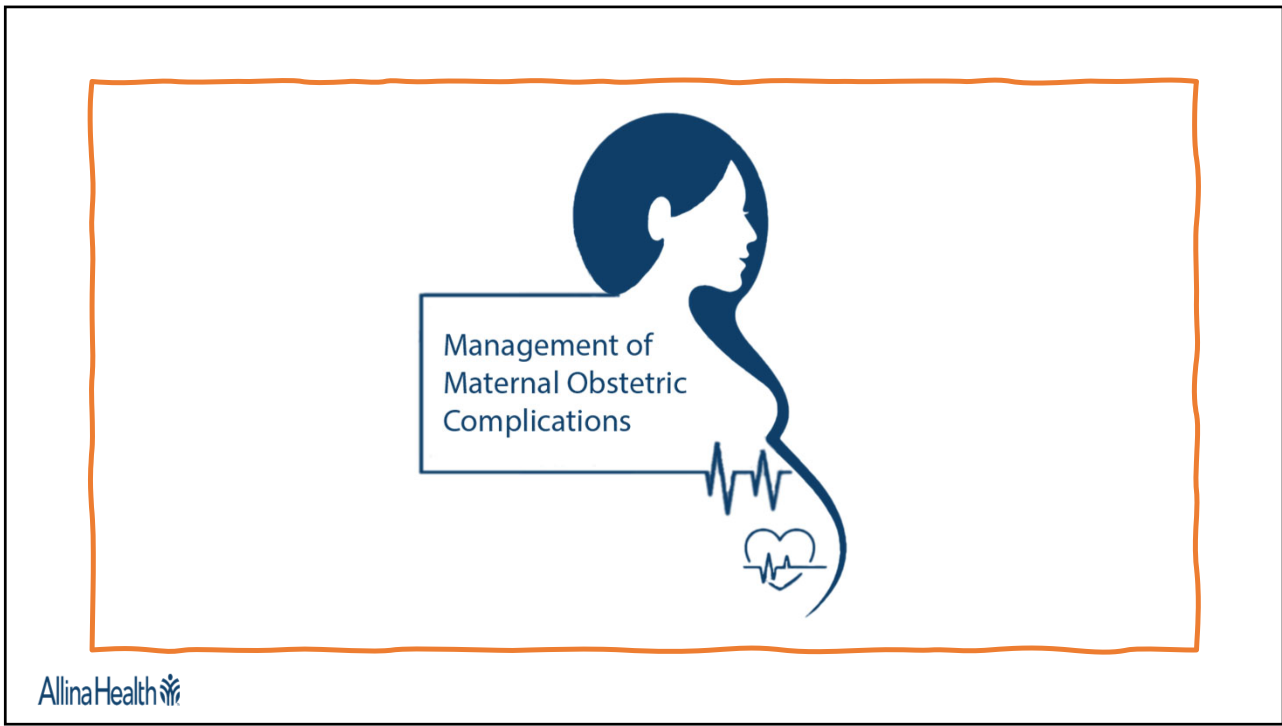

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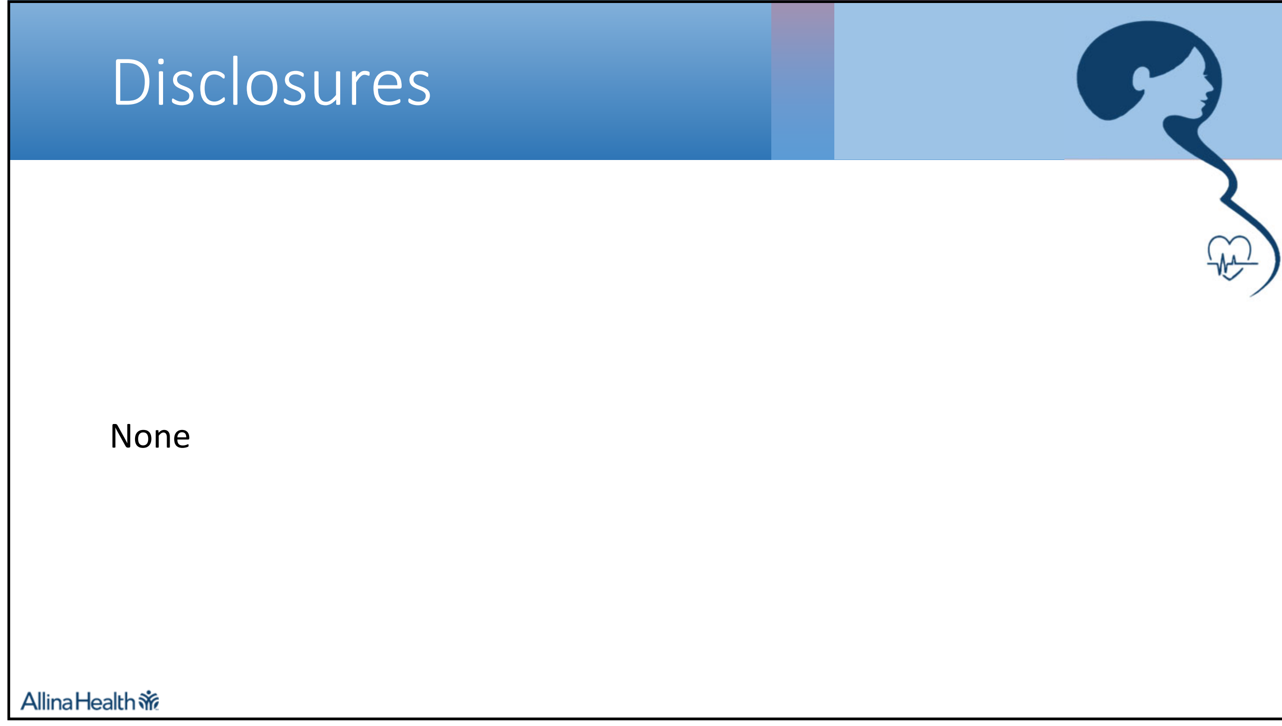

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Objectives

- Identify potential perinatal mental health concerns
- Consider basic treatment options for low risk cases
- Give basic strategies for emergency management
- Understand when to consider a referral to the perinatal psychiatry team

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Clinical Case

- 37 year old G3P1 female with a history of depression and anxiety now about 2 weeks postpartum
- Pregnancy was largely uneventful
- Delivery went well but was induced
- Calling with sudden onset suicidal ideation and low mood
- No safety concerns today but feels she has no options

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Depression

- About 20% of pregnancies
- Onset in the first four weeks postpartum
- Intense tearfulness and sadness, decline in function
- May be accompanied by suicidal ideation (SI)
  - About 5-14%; about 20% of these die by suicide

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O'Hara and Wisner 2014

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Impact of Depression

- Associated with preterm delivery and increased rates of preeclampsia and gestational diabetes
- Low birth weight, decreased motor tone, higher cortisol level, and decreased reflexes

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Mood Assessment

- Screening tools: PHQ-9, GAD, EDPS, PASS, MDQ, ACE
- Labs: TSH, vitamin D, and vitamin B12
- Discuss substance use, trauma, and relationship to pregnancy and motherhood
- Consider prior episodes, especially postpartum

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Depression vs. Baby Blues

Baby Blues

- Up to 80%
- Sudden onset
- Less severe symptoms
- Resolves within 2-3 weeks
- Unlikely to have SI

Depression

- Slower onset
- More severe symptoms
- Likely persists without treatment
- More likely to have SI

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Postpartum Psychosis

- 1-2/1000 births
- Thought to be part of the bipolar spectrum
- Risk factors: primiparity, personal history, family history, stopping medications
- Hallmarks: insomnia, confusion, onset within the first week after delivery, auditory hallucinations, fluctuates
- Conversion to bipolar disorder is approximately 80%
- Infanticide 1-4%

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Anxiety and OCD

- Can worsen significantly in the postpartum period
- Often focused on baby's safety
- Distressing, intrusive thoughts
- Not high risk for harming baby
- Concern for attachment and avoidance or neglect of cares

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PTSD

- Can be related to prior birthing experience
- Nightmares, flashbacks, avoidance, hypervigilance, sudden anger/irritability, and depersonalization
- Acute or chronic
- Recognized more and more clinically

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Risk-Risk Discussion Model

- Minimize number and amount of exposures
- Untreated anxiety and depression are considered exposures
- Balance of managing symptoms and minimizing risk from treating psychiatric symptoms
- Suddenly stopping medications poses significant risk

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Planning and Prevention

- Plan support system and educate everyone
- Discuss a protected sleep plan, especially if breastfeeding
- Maximize behavioral strategies ahead of time
- Use medications with safety data when possible

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Medication Options

- SSRIs and SNRIs are generally safe
- Hydroxyzine is a safe, first line option for acute anxiety
- Avoid benzos but lorazepam is the safest if needed
- Haloperidol is safe and effective
- Lamotrigine and mood stabilizers (AEDs) generally need to have increased doses throughout pregnancy

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Lithium

- Safe in pregnancy and breastfeeding
- Specific strategies to minimize risks
  - Monitor levels monthly due to changes in kidney function
  - Monitor weekly after 34 weeks
  - Stop 24 hours prior to delivery and restart at half the previous dose postpartum
  - Keep level at 0.8 during the first four weeks before returning to prior level
  - Infant monitoring after birth as well per pediatrics

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Basic Safety Assessment

- "Do you feel safe/able to keep yourself safe at home?"
- "Is there anything specific you think about doing to hurt yourself or steps you have taken to act on this?"
- "Who do you have for support?"
- Try to get collateral information if possible
- Consider environment

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Risk Factors for Perinatal suicide

- Prior psychiatric diagnoses
- Prior suicidal behaviors
- History of trauma
- Primiparity
- Stopping medication
- Lack of treatment
- Medical comorbidity
- Younger age
- Unwanted pregnancy
- Low SES
- Lack of social support
- Avoidance of healthcare service due to stigma or fear of losing their child

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In an ideal world…

- Mother Baby Units
  - Specialized, inpatient psychiatric care
  - Residential treatment focused on improving the mother-baby dyad
  - About 8 week stays
  - Supports and partners included in care as well
  - More common in other parts of the world

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In reality…

- Currently 5 inpatient units in the US
- Most are general inpatient psychiatric stays
  - Pumps available
  - Less family involvement
  - Babys visit but do not stay on the unit
- Day treatment programs
  - RedLeaf PHP
  - Prairie Care PHP
  - Nystrom and Associates IOP

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A note about psychologic concerns

- PTSD may develop related to delivery
- Infertility and loss are also significant
- May require specialized care as well

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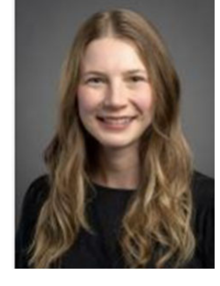
Perinatal Psychiatry Team



JESSICA MAYER, MD **NATALIE DOSCH, MD** **ALLEE HASSING, DO**

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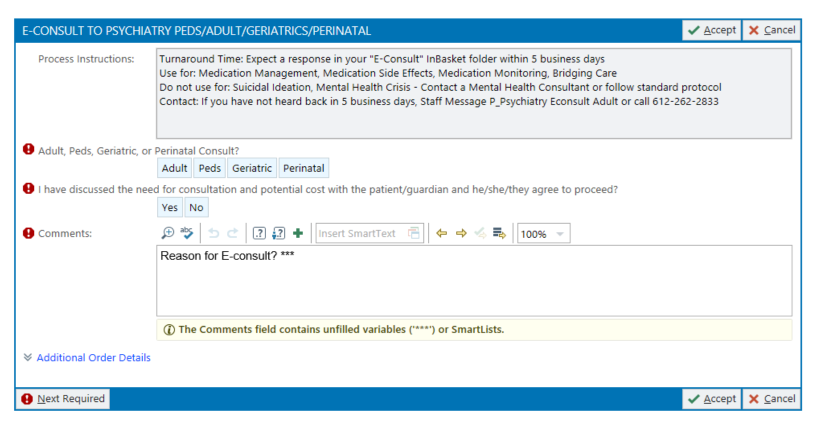
How to Order an E-Consult



Use the current E-Consult order and select perinatal.

Please make sure to put a specific question with any needed context in the comment box.

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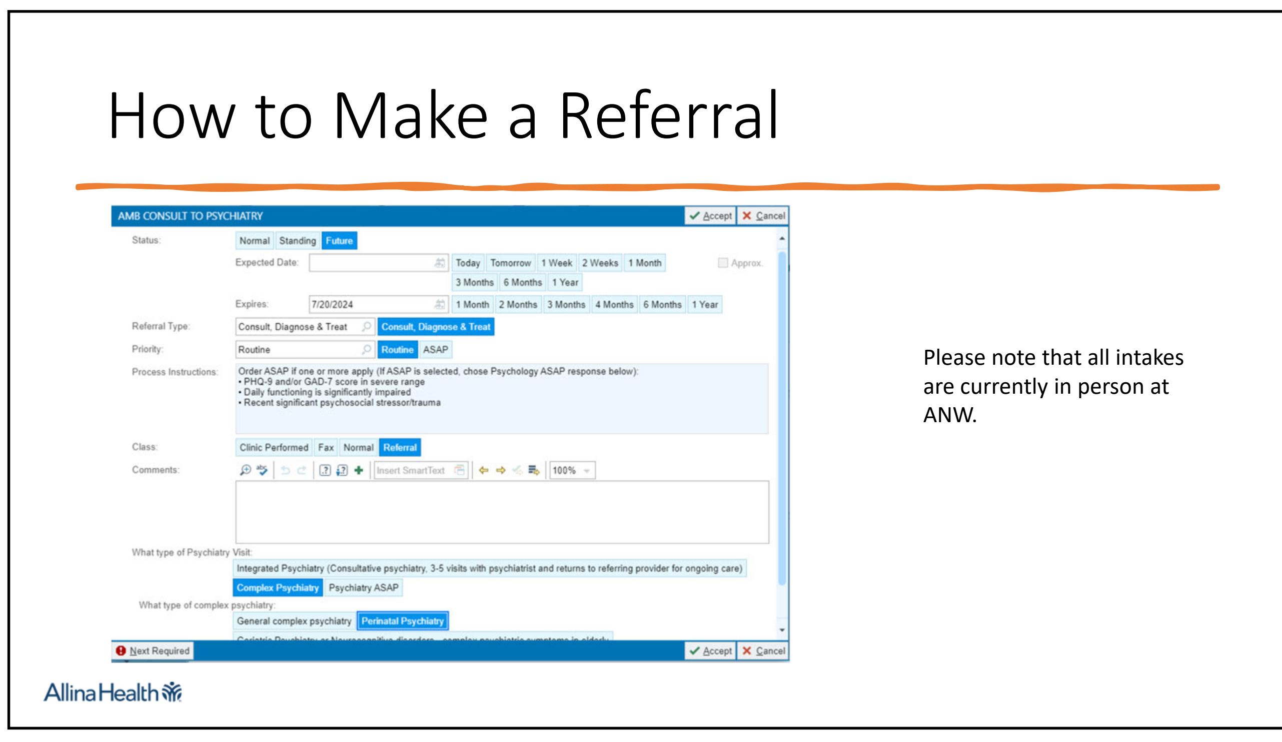

27

28

How to Make a Referral

MH PSYCHOLOGY SERVICES CONSULT ✔ Accept ✖ Cancel

Status: Normal | Standing | Future

Expected Date: Today | Tomorrow | 1 Week | 2 Weeks | 1 Month | 3 Months | 6 Months | 1 Year | Approx.

Expires: 8/20/2025 | 1 Month | 2 Months | 3 Months | 4 Months | 6 Months | 1 Year

Referral Type: Consult, Diagnose & Treat | Consult, Diagnose & Treat | Consultation | Diagnostic Testing | Treat

Priority: Routine | Routine

Process Instructions: NOTE: This order is intended to be used by Allina Mental Health providers to refer within Mental Health. All others please use Ambulatory Consult to Psychiatry or Psychology orders.

Class: Clinic Performed | Fax | Normal | Referral

Comments: Insert SmartText | 100%

What type of Psychology Visit: General Therapy | Referral by Presenting Concern | Referral by Service | Trauma Related | Referral to HBC Psychology | Group Therapy | Testing | Essentials Program | MHC

Referral by Service: Anger Management | Couples Therapy | Family Therapy | Perinatal Mental Health | Weight Management Therapy | Sex Therapy/Sexual Dysfunction | Exposure and Response Therapy for OCD | Hypnosis | Sleep Psychology | Health Psychology | Psycho-oncology | Gender Affirming Surgery letter for Gender Dysphoria | CBT-I

Next Required ✔ Accept ✖ Cancel

Place the 209695 – MH PSYCHOLOGY SERVICES CONSULT order. Select “Referral by Service,” then select “Perinatal Mental Health”.

Groups are also available. Please message the Perinatal Connection Line at: P ANW Connection Line Perinatal Mental Health #4002730

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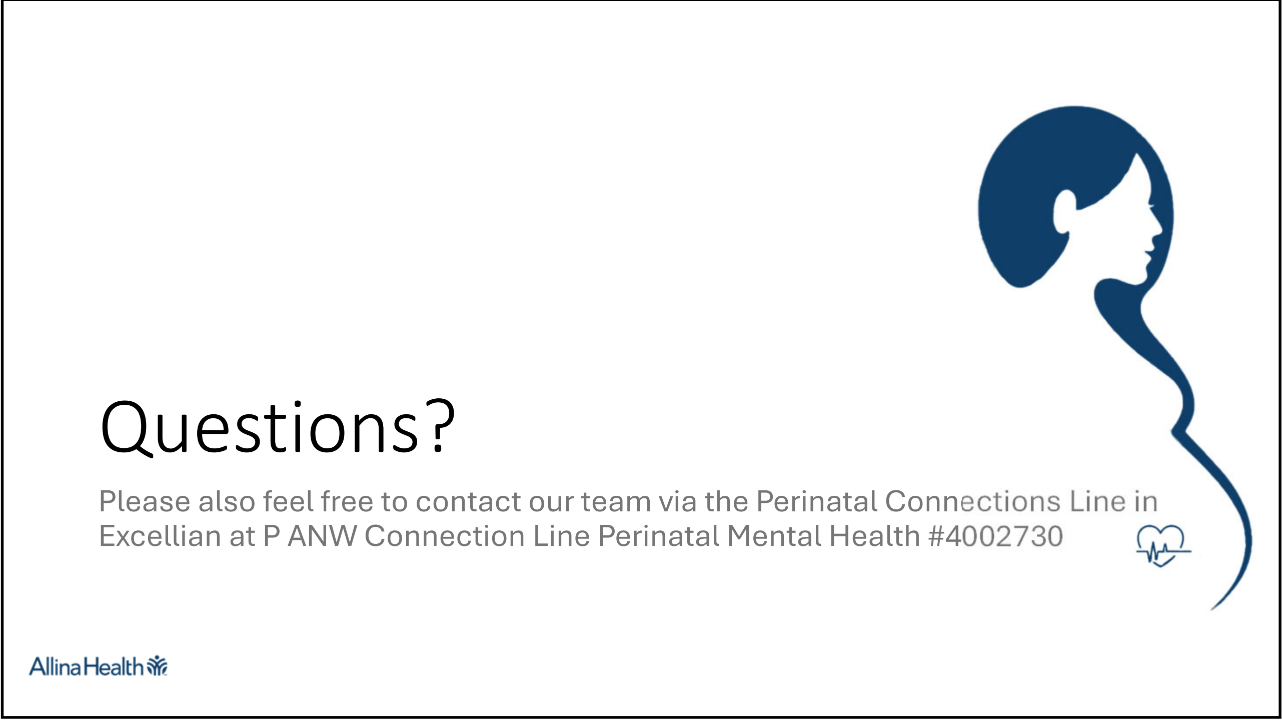

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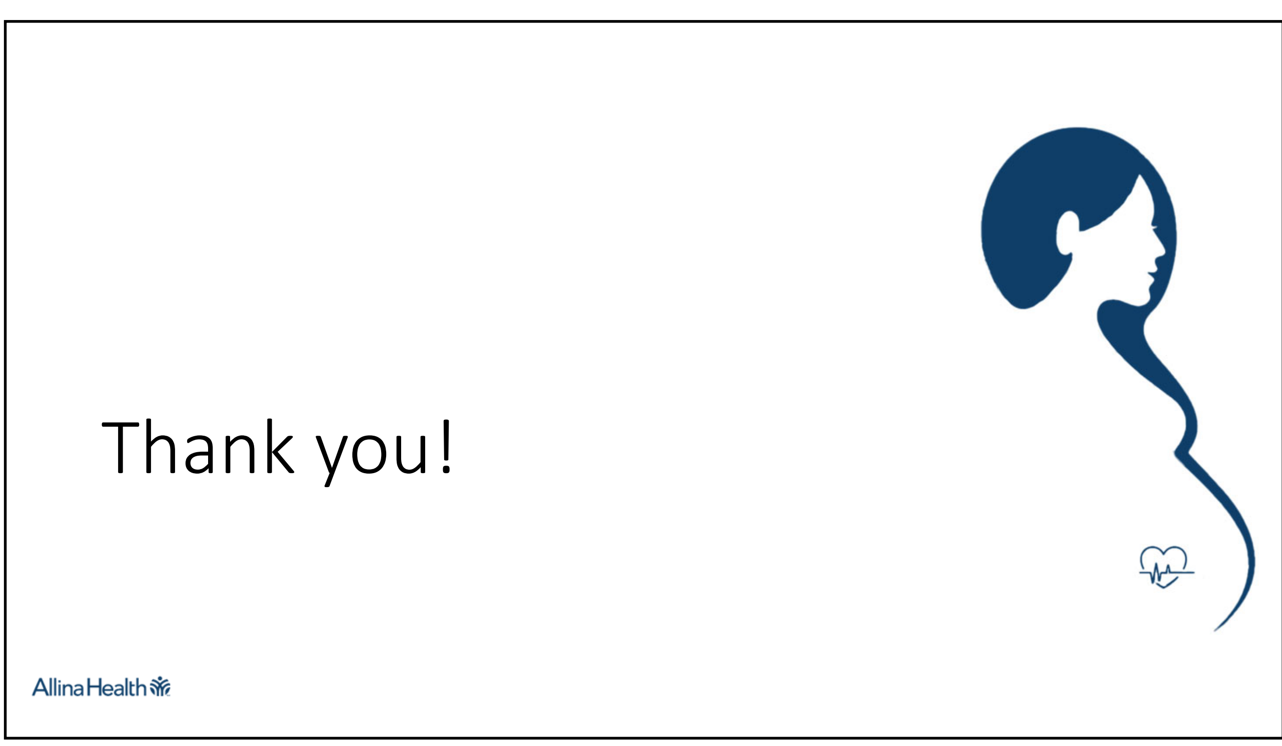

31