

PERINATAL DEPRESSION

Common: 12-15% in pregnancy, 22% postpartum, in 5-10% of non-gestational parents

Screening:

PHQ-2 → PHQ-9/EPDS
Initial prenatal visit
At least once during pregnancy
Postpartum visit
Well child visits through 12 mos postpartum

Differential Diagnosis:

- *Major depressive disorder
- *Persistent depressive disorder
- *Adjustment disorder
- *Depression secondary to medical condition (e.g. hypothyroidism, anemia)/substance use
- *Depression secondary to another psychiatric disorder (e.g. bipolar disorder, PTSD)
- *Consider postpartum psychosis (emergency)

For positive screens, assess safety

Columbia Suicide Severity Rating Scale
<http://cssrs.columbia.edu/wp-content/uploads/C-SSRS-Screener-with-Triage-Points-for-Primary-Care-2018-1.docx>
Thoughts about harming baby:
It can be very overwhelming to be a new parent. Sometimes people have upsetting thoughts about hurting their babies, either by accident or on purpose. Have you had thoughts like this?
Refer to emergency services as needed

General measures:

Education: <https://www.nimh.nih.gov/health/publications/perinatal-depression/index.shtml>
Closer monitoring (PHQ-9/EPDS)
Exercise, behavioral activation
Social support
Address sleep issues
Rule out medical causes, bipolar disorder

Treatment: Shared decision-making with patient (and partner, as applicable), weighing risks of medications and untreated depression, and considering alternative/non-medication treatments

Risks of untreated depression:

- *Functional impairment, hospitalization, suicide
- *Poor prenatal care/self-care; smoking, substance use
- *Higher rates of miscarriage, preeclampsia, preterm birth
- *Problems with bonding/attachment
- *Longer hospital stays, more NICU admissions for baby
- *Increased rates of psychiatric disorders in children



Risks of antidepressants: (medication indicated for moderate/severe depression)

- *Common and serious side effects
- *No consistent increase in rates of malformations
- *Persistent pulmonary hypertension of the newborn (PPHN; 2.9 vs. 1.8/1000)
- *Neonatal adaptation syndrome in 30%; worse if also taking benzodiazepines
- *Monitor breastfed infants for sedation/poor feeding; case reports of seizures with exposure to bupropion during lactation

May need increase in dose later in pregnancy

Alternative treatments:

- *Psychotherapy (CBT, IPT, therapy that has helped in past)
- *Exercise, yoga, bright light
- *For severe/treatment-resistant depression, consider ECT, TMS, brexanolone, day treatment/inpatient programs

Goal:

Treat to remission
Track PHQ-9/EPDS to measure progress/outcome