



THE PERISCOPE PROJECT

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

This toolkit was produced by the Medical College of Wisconsin and is provided to health care providers through The Periscope Project. The goal of this toolkit is to provide practitioners with an up-to-date, reliable, and easy to use source of information for mental health conditions during the perinatal period. The content is based on the latest available evidence-based guidelines and research whenever possible. If you are aware of new guidelines or research, or if you have suggestions that can help improve this toolkit, please contact cwichman@mcw.edu. Please read our disclaimer before using our toolkit.

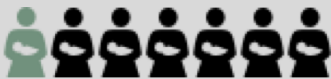
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EVALUATING MOOD SYMPTOMS

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BABY BLUES	PERINATAL DEPRESSION	BIPOLAR DISORDER	PSYCHOSIS
<p>A common, temporary phenomenon with prominent mood swings in the immediate postpartum period. <i>*An independent risk factor for postpartum depression, especially if symptoms are more severe.</i></p> <ul style="list-style-type: none"> ◆ <u>Onset:</u> Typically in the first week following delivery. ◆ <u>Duration:</u> No more than 2 weeks. <p><u>Signs/Symptoms:</u> Tearfulness, excessive worrying, mood swings, irritability, difficulties sleeping, changes in appetite.</p> <p><u>Treatment:</u> Will likely resolve naturally without formal intervention. Encourage participation in support groups, asking for help when needed, and healthy self-care practices.</p>	<p>An episode of major depression occurring in the context of pregnancy and/or the postpartum period.</p> <ul style="list-style-type: none"> ◆ <u>Onset:</u> During pregnancy, or up to 1 year postpartum. ◆ <u>Duration:</u> May persist until treated. <p><u>Signs/Symptoms:</u> Depressed mood, loss of interest in all/most activities, changes in appetite, changes in sleep habits, excessive guilt and/or worry, impaired concentration, recurrent thoughts of death or suicidal ideation.</p> <p><u>Treatment:</u> Therapy, medications. Encourage participation in support groups, asking for help when needed, and healthy self-care practices.</p>	<p>A mood disorder consisting of both depressive symptoms as well as mania.</p> <ul style="list-style-type: none"> ◆ <u>Onset:</u> Prior to pregnancy, during pregnancy, or in the postpartum period (often precipitated by disturbed sleep). ◆ <u>Duration:</u> Persists until treated. <p><u>Signs/Symptoms:</u> May present with depressive symptoms, as previously delineated. Mania characterized by a decreased need for sleep, risk-taking behaviors (e.g., gambling, promiscuity), euphoria or irritability, increased goal-directed activity, grandiosity.</p> <p><u>Treatment:</u> Medications, therapy. Inpatient hospitalization may be indicated if symptoms are severe and are associated with psychosis. Encourage participation in support groups, asking for help when needed, and healthy self-care practices (most importantly, sleep hygiene).</p>	<p><i>A psychiatric emergency consisting of notable changes in mental status, typically associated with severe mood symptoms (depression, mania, or a mixed mood episode). Prominent symptoms include delusions, hallucinations, and/or confusion.</i></p> <p><u>Onset</u> is sudden and deterioration is rapid. Most commonly, onset occurs within 2-12 weeks of delivery, often on days 1-3 postpartum.</p> <p><u>Prevalence:</u> This is a rare complication of pregnancy, occurring in 1-2 women/1,000 births.</p> <p><u>Risk Factors:</u> History of bipolar disorder, a previous episode of psychosis (especially in the postpartum period).</p> <p><u>Treatment:</u> Inpatient hospitalization is usually indicated in these cases.</p>

How Common are Mood Symptoms During/After Pregnancy?



1 in 7 women

will be affected by depression in the perinatal period.

- **50-85%** will experience symptoms of Baby Blues
- **2-3%** will display symptoms of Bipolar Disorder

Who is at Risk?



References

Howard LM, Molyneaux E, Dennis CL, Rochat T, Stein A, Milgrom J. (2014). Non-psychotic mental disorders in the perinatal period. *Lancet*, 384(9956), 1775-88.
 Jones I, Chandra PS, Dazzan P, Howard LM. (2014). Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. *Lancet*, 384(9956), 1789-99.
 Yonkers KA, Vigod S, Ross LE. (2011). Diagnosis, pathophysiology, and management of mood disorders in pregnant and postpartum women. *Obstet Gynecol*, 117, 961-77.