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.

This toolkit is for educational purposes only and does not constitute medical advice. The toolkit is not a replacement for careful medical judgments by qualified medical personnel. There may be information in the toolkit that does not apply to or may be inappropriate for the medical situation at hand.

**Evaluation Guides**

- **Evaluating Mood Symptoms** [page 1]
  - A guide to aid in evaluation of Baby Blues, Perinatal Depression, Bipolar Disorder, Psychosis.

- **Evaluating Anxiety Symptoms** [page 2]
  - A guide to aid in evaluation of Perinatal Anxiety, Obsessive Compulsive Disorder, and PTSD.

- **Clinical Considerations** [page 3]
  - A general guide to assessing for and discussing psychiatric symptoms with perinatal patients, as well as assessing for imminent risk.

**Screening Tools & Treatment Algorithms**

- **The Patient Health Questionnaire 9 (PHQ-9)** [page 4]
  - A reliable and valid screening tool to assess for both criteria-based depressive symptoms and their severity.

- **Edinburgh Postnatal Depression Scale (EPDS)** [page 5]
  - A brief, validated screening tool to assess for depression symptoms in the postpartum period.

- **Perinatal Anxiety Symptom Screen (PASS)** [page 6]
  - A brief, validated screening tool to assess for comorbid or independent anxiety symptoms in perinatal women.

- **Generalized Anxiety Disorder – 7 (GAD-7)** [page 8]
  - A brief, validated screening tool to assess for comorbid or independent anxiety symptoms in perinatal women.

- **Mood Disorder Questionnaire (MDQ)– 7 (GAD-7)** [page 9-10]
  - A brief, validated screening tool to assess bipolar disorder.

- **Overall Evaluation and Treatment Algorithm** [page 11-12]
  - A guide to scoring the PHQ-9, EPDS, and PASS, as well as treatment options for an elevated screening score and/or clinical symptoms.

- **Antidepressant Treatment Algorithm** [page 13]
  - A guide to initiating and/or managing treatment of depressive and/or anxiety symptoms with antidepressants, if indicated.

**Informational Materials**

- **Approach to a Perinatal Patient** [page 14]
- **Next Steps: FAQs** [page 15]
- **PERISCOPE Contact Page** [page 16]
- **Tips for Your Teleconsultation** [page 17]
- **Patient Resources** [page 18]
### Evaluating Mood Symptoms

<table>
<thead>
<tr>
<th>BABY BLUES</th>
<th>PERINATAL DEPRESSION</th>
<th>BIPOLAR DISORDER</th>
<th>PSYCHOSIS</th>
</tr>
</thead>
</table>
| A common, temporary phenomenon with prominent mood swings in the immediate postpartum period. *An independent risk factor for postpartum depression, especially if symptoms are more severe.* | An episode of major depression occurring in the context of pregnancy and/or the postpartum period.  
- **Onset:** Typically in the first week following delivery.  
- **Duration:** No more than 2 weeks.  
**Signs/Symptoms:** 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.  
**Treatment:** Therapy, medications. Encourage participation in support groups, asking for help when needed, and healthy self-care practices. | A mood disorder consisting of both depressive symptoms as well as mania.  
- **Onset:** Prior to pregnancy, during pregnancy, or in the postpartum period (often precipitated by disturbed sleep).  
- **Duration:** Persists until treated.  
**Signs/Symptoms:** 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.  
**Treatment:** 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). | 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.  
**Onset** is sudden and deterioration is rapid. Most commonly, onset occurs within 2-12 weeks of delivery, often on days 1-3 postpartum.  
**Prevalence:** This is a rare complication of pregnancy, occurring in 1-2 women/1,000 births.  
**Risk Factors:** History of bipolar disorder, a previous episode of psychosis (especially in the postpartum period).  
**Treatment:** Inpatient hospitalization is usually indicated in these cases. |

### How Common are Mood Symptoms During/After Pregnancy?

**1 in 5 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?

- Personal or family history of a mood disorder
- Lack of social support
- Low socioeconomic status
- History of trauma
- Current domestic violence and/or relationship discord
- Multiple births
- Chronic/medical illness

### References


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# Evaluating Anxiety Symptoms

<table>
<thead>
<tr>
<th><strong>Perinatal Anxiety</strong></th>
<th><strong>Obsessive Compulsive Disorder</strong></th>
<th><strong>PTSD</strong></th>
</tr>
</thead>
</table>
| A spectrum of anxiety symptoms occurring during pregnancy and/or the postpartum period. *Anxiety may occur in conjunction with perinatal depressive symptoms (usually a more severe illness, and more difficult to treat), or independently of mood disturbances.*  
- **Onset:** If anxiety symptoms present during pregnancy, they most commonly present in the first trimester. If onset is postpartum, symptoms may present in the first 2 weeks to 6 months following delivery.  
- **Duration:** May persist until treated.  
- **Prevalence:** An estimated 8.5%-13% of women experience an anxiety spectrum disorder in the postpartum period.  
- **Signs/Symptoms:** Persistent and excessive worries (especially about baby’s health/safety/well-being), inability to relax, physiological arousal (palpitations/chest pain, air hunger, diaphoresis, dizziness, etc.).  
- **Treatment:** Therapy, medications. Encourage participation in support groups, asking for help when needed, and healthy self-care practices.  
| An anxiety spectrum disorder characterized by repeated, intrusive obsessive thoughts that are accompanied by compulsive, sometimes ritualistic behaviors performed to relieve anxiety associated with the intrusive thoughts. Mothers will recognize the thoughts as being irrational and are often fearful of or disturbed by them.  
- **Onset:** Prior to pregnancy, during pregnancy, or up to 1 year postpartum.  
- **Duration:** May persist until treated.  
- **Prevalence:** 4% of women.  
- **Signs/Symptoms:** Disturbing repetitive thoughts that are recognized as irrational (even thoughts of harming the baby); compulsive behaviors often involve behaviors dedicated to protecting the baby (e.g., frequent checking, hand washing, etc.).  
- **Treatment:** Often, a combination of CBT-oriented therapy and medications are more effective than a singular treatment approach. Encourage participation in support groups, asking for help when needed, and healthy self-care practices.  
| Anxiety symptoms precipitated by a traumatic experience (including a history of traumatic birth experience). *Preexisting PTSD may also be exacerbated by a traumatic birth experience.*  
- **Onset:** May be present prior to pregnancy or result from a traumatic birth experience.  
- **Duration:** May persist until treated.  
- **Prevalence:** Affects an estimated 2-15% of women.  
|  
| Is It Important to Distinguish Between Perinatal Depression and Perinatal Anxiety?  
- Studies have demonstrated that women struggling with perinatal depression will frequently present with significant anxiety symptoms (nearly half of all women experience obsessions and compulsions postpartum—the majority of which do not represent overt OCD, but may signal significant perinatal depression).  
- Detecting comorbid anxiety symptoms will facilitate appropriate and targeted treatment recommendations (SSRIs are effective for both anxiety and depressive symptoms) and confer better outcomes for both mom and baby.  

Who is at risk?  
- Personal or family history of an anxiety disorder  
- Lack of social support  
- Low socioeconomic status  
- History of trauma  
- Current domestic violence and/or relationship discord  
- Multiple births  
- Prior pregnancy loss  

References:  

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CLINICAL CONSIDERATIONS WHEN ASSESSING THE MENTAL HEALTH OF PERINATAL WOMEN

Recommended screening timeline:
- Initial prenatal visit
- 28 weeks gestation
- 2-4 weeks postpartum
- 8-12 weeks postpartum
- 9-12 months postpartum

How to talk about perinatal depression/anxiety with moms...
- How are you feeling about being pregnant/a mother?
- What things are you most happy about?
- What things are you most concerned about?
- Do you have anyone you can talk to that you trust?
- How is your partner doing?
- Are you able to enjoy your baby?

Utilize a valid screening tool.
- Most commonly utilized in pregnancy: EPDS and PHQ-9 (both included in this toolkit).
- Acknowledge and thank the mother for completing. Review the score with them. Ask why they chose the answers they did about certain questions.

Have protocols in place to address:
- Score above cut-off OR acknowledgement of self-harm (or harm to baby).
- Local mental health resources.
- Emergent resources (if patient is at imminent risk).

Normalize process.
- Acknowledge that you (or your practice) screens all women for mood and anxiety disorders during pregnancy and postpartum periods.

Document as part of OB visit.

ASSESSING SUICIDAL IDEATION

<table>
<thead>
<tr>
<th>Lower Risk</th>
<th>Higher Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No prior attempts</td>
<td>History of suicide attempt(s)</td>
</tr>
<tr>
<td>No plan</td>
<td>High lethality of previous attempt(s)</td>
</tr>
<tr>
<td>No intent</td>
<td>Current plan</td>
</tr>
<tr>
<td>No substance use</td>
<td>Substance use</td>
</tr>
<tr>
<td>Protective factors (what prevents you from acting?)</td>
<td>Lack of protective factors (including social support)</td>
</tr>
</tbody>
</table>

ASSESSING THOUGHTS OF HARMING BABY

<table>
<thead>
<tr>
<th>Occurring Secondary to Obsessions/Anxiety</th>
<th>Occurring Secondary to Postpartum Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good insight thoughts are intrusive, scary no psychotic symptoms thoughts cause anxiety</td>
<td>Poor insight psychotic symptoms delusional beliefs with distortion of reality present</td>
</tr>
<tr>
<td>Suggests not at risk of harming baby</td>
<td>Suggests at risk of harming baby</td>
</tr>
</tbody>
</table>

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THE PATIENT HEALTH QUESTIONNAIRE 9 (PHQ-9)

Patient-administered

Over the **last two weeks**, how often have you been bothered by any of the following symptoms (circle)?

<table>
<thead>
<tr>
<th>Questions</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling bad about yourself– or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed; or, the opposite– being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Patient-administered

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt in the past 7 days, not just how you feel today.

In the past 7 days,

1) I have been able to laugh and see the funny side of things
   ➤ As much as I always could
   ➤ Not quite so much now
   ➤ Definitely not so much now
   ➤ Not at all

2) I have looked forward with enjoyment to things
   ➤ As much as I ever did
   ➤ Rather less than I used to
   ➤ Definitely less than I used to
   ➤ Hardly at all

3) *I have blamed myself unnecessarily when things went wrong
   ➤ Yes, most of the time
   ➤ Yes, some of the time
   ➤ Not very often
   ➤ No, never

4) I have been anxious or worried for no good reason
   ➤ No, never
   ➤ Hardly ever
   ➤ Yes, sometimes
   ➤ Yes, very often

5) *I have felt scared or panicky for no good reason
   ➤ Yes, quite a lot
   ➤ Yes, sometimes
   ➤ No, not much
   ➤ No, not at all

6) *Things have been getting on top of me
   ➤ Yes, most of the time I haven’t been able to cope at all
   ➤ Yes, sometimes I haven’t been coping as well as usual
   ➤ No, most of the time I have coped well
   ➤ No, I have been coping as well as ever

7) *I have been so unhappy that I have had difficulty sleeping
   ➤ Yes, most of the time
   ➤ Yes, some of the time
   ➤ Not very often
   ➤ No, not at all

8) *I have felt sad or miserable
   ➤ Yes, most of the time
   ➤ Yes, quite often
   ➤ Not very often
   ➤ No, not at all

9) *I have been so unhappy that I have been crying
   ➤ Yes, most of the time
   ➤ Yes, quite often
   ➤ Only occasionally
   ➤ No, never

10) *The thought of harming myself has occurred to me
    ➤ Yes, quite often
    ➤ Sometimes
    ➤ Hardly ever
    ➤ Never

Over the **past month, how often** have you experienced the following symptoms *(circle)*?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry about the baby/pregnancy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear that harm will come to the baby</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>A sense of dread that something bad is going to happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Worry about many things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Worry about the future</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling overwhelmed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Really strong fears about things (e.g., needles, blood, birth, pain, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sudden rushes of extreme fear or discomfort</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Repetitive thoughts that are difficult to stop or control</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty sleeping even when I have the chance to sleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Having things to do in a certain way or order</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Wanting things to be perfect</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Needing to be in control of things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty stopping checking or doing things over and over</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling jumpy or easily startled</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Concerns about repeated thoughts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Being “on guard” or needing to watch out for things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Upset about repeated memories, dreams, or nightmares</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Over the **past month**, how often have you experienced the following symptoms (circle)?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry that I will embarrass myself in front of others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear that others will judge me negatively</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling really uneasy in crowds</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Avoiding social activities because I might be nervous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Avoiding things which concern me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling detached like you’re watching yourself in a movie</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Losing track of time and can’t remember what happened</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty adjusting to recent changes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Anxiety getting in the way of being able to do things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Racing thoughts making it hard to concentrate</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of losing control</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling panicky</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling agitated</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Adapted from Sources:**


© Department of Health, State of Western Australia (2013).
**General Anxiety Disorder-7 (GAD-7)**

Over the **last 2 weeks**, how often have you been bothered by the following problems (**circle**)?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Some days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Add scores from each column for total: ___________**

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

---

*Adapted from Source:*

**Mood Disorder Questionnaire (MDQ)**

Check the answer that best applies to you. Answer each question as best you can.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has there ever been a period of time when you were not your usual self and...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you were so irritable that you shouted at people or started fights or arguments?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you felt much more self-confident than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you got much less sleep than usual and found you didn’t really miss it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you were much more talkative or spoke faster than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...thoughts raced through your head or you couldn’t slow your mind down?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you were so easily distracted by things around you that you had trouble concentrating or staying on track?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you had much more energy than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you were much more active or did many more things than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you were much more interested in sex than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...spending money got you or your family in trouble?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Please check 1 response only.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? Please check 1 response only.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...No problem</td>
<td>Minor problem</td>
<td>Moderate problem</td>
</tr>
<tr>
<td>4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor. Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. Am J Psychiatry. 2000;157:1873-1875.
Mood Disorder Questionnaire (MDQ)

Continued from first page...

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

How to Use
The questionnaire takes less than 5 minutes to complete. Patients simply check the yes or no boxes in response to the questions. The last question pertains to the patient’s level of functional impairment. The physician, nurse, or medical staff assistant then scores the completed questionnaire.

How to Score
Further medical assessment for bipolar disorder is clearly warranted if patient:

- Answers Yes to 7 or more of the events in question #1 AND
- Answers Yes to question #2 AND
- Answers Moderate problem or Serious problem to question #3
**OVERALL EVALUATION**

Complete PHQ-9 or EPDS. Complete PASS or GAD-7 if significant anxiety symptoms reported.

- To score PHQ-9:
  - Sum total.
  - Score >10 is considered positive for moderate to severe depression.

- To score EPDS:
  - Questions 1, 2, & 4 (without an *) are scored 0, 1, 2, or 3 (top answer = 0, bottom = 3).
  - Questions 3, 5-10 (with an *) are reverse-scored (top answer = 3, bottom = 0).
  - Score of >10 is considered potentially positive.

- To score PASS:
  - Sum total.
  - Score >26 is considered positive.

- To score GAD-7:
  - Sum total.
  - Score >10 is considered positive.

*Remember that a patient’s score may not correlate with symptom severity.*

*Discussion points to consider...*

- **Counsel patient about antidepressant use.**
  - No medication is risk-free; SSRIs are the best studied class of antidepressants in pregnancy and lactation.
- **Data shows that use of antidepressants in pregnancy may increase risk of:**
  - Persistent pulmonary hypertension of the newborn (absolute risk of PPHN is low), pre-term labor, poor neonatal adaptation syndrome (PNAS is typically mild and self-limited).
  - Risks are NOT dose-dependent.
- **Data shows risk of under- or non-treatment of depression in pregnancy may increase risk of:**
  - Impaired bonding with baby, poor self-care, postpartum depression (which is associated independently with multiple potential negative outcomes for mother, baby, and family), pre-eclampsia, pre-term labor, substance abuse, suicide.

OVERALL TREATMENT ALGORITHM

If score is **high** OR patient is clinically **symptomatic**:

Ask: “Have you ever had periods of at least three days straight of feeling so happy or energetic that your friends said you were talking too fast or that you were “too hyper?”

If “**NO**,” then discuss options for treatment of unipolar depressive and/or anxiety symptoms.

If “**YES**,” then consult PERISCOPE. Patient should be more thoroughly screened for Bipolar Disorder before any treatment is initiated.

- **Antidepressant Therapy** (see antidepressant treatment algorithm if the patient agrees to this option)
- **Watchful waiting with increased self care.**
- **Psychotherapy (either stand-alone, if clinically appropriate, or adjunctive treatment)**

If score is **low** AND patient is clinically **asymptomatic**:

Continue to screen using PHQ-9 or EPDS at subsequent perinatal visits.

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**Antidepressant Treatment Algorithm**

Complete Depression Screen (PHQ-9 or EPDS) +/- PASS, and ask single Bipolar Screen question.

- Does patient **screen positive for depression** and negative for mania?
- Is patient currently taking an antidepressant?

If “yes” to both:
- If medication is still low dose, increase and optimize both.
- If dose has been therapeutic for 6-8 weeks without benefit, consider changing medication.

If “yes” to first and “no” to second:
- If patient was formerly on a helpful medication, **re-start** with slow titration.
- Start with an agent below, depending upon side effect profile.

**Escitalopram**
- Start at 10 mg daily.
- Can increase to 20 mg in 2-4 weeks, maximum dose of 20 mg daily.
- Short titration, as low max dose and starting dose is often therapeutic.
- Generally very well tolerated.

**Fluoxetine**
- Start at 20 mg daily in the morning.
- Increase in 10-20 mg increments every 2-4 weeks, maximum dose 80 mg daily.
- Long half-life, so good choice if daily compliance is a concern.
- Tends to be activating.

**Sertraline**
- Start at 50 mg daily.
- Increase in 50 mg increments every 2-4 weeks, maximum dose 200 mg daily.
- Few drug-drug interactions.
- May increase nausea/GI upset, particularly in 1st trimester.

**Venlafaxine**
- Start at 37.5 mg daily.
- Can increase to 75 mg after 1 week, then increase in 75 mg increments every 2-4 weeks, maximum dose of 225 mg daily.
- Dose-dependent increases in BP can occur.
- Withdrawal symptoms can be significant if stopped abruptly.

**Mirtazapine**
- Start at 15 mg nightly.
- Increase in 15 mg increments every 2-4 weeks, maximum dose of 45 mg daily.
- Good if patient has significant nausea, low appetite, or difficulty sleeping.
- Monitor weight gain; discontinue if rate of weight gain is too rapid.
- May be too sedating to care for baby over night.

Re-evaluate after 4-6 weeks.

**If improved:**
- Re-evaluate monthly and postpartum.
- Refer back to primary provider when obstetric care complete.
- Continue to offer non-medication based therapies.
- Call PERISCOPE if arranging follow-up is difficult or any questions arise.

Re-evaluate after 4-6 weeks.

**If not improved, or having side effects:**
- If minimal side effects, increase dose and repeat cycle until maximum dose achieved.
- If intolerable side effects, switch to different medication and repeat cycle.
Approach to a Perinatal Patient with The Periscope Project

Clarify Diagnosis
What are the patient’s reported symptoms? Perform your own evaluation. Do not simply reply upon another clinician’s diagnosis or the patient’s self-reported diagnosis. You need to be certain of the diagnosis before discussing treatment options.

Next Steps Regardless of Perinatal Status
With a clear diagnosis, what would be your next steps in management regardless of pregnancy status (preconception, pregnant, lactating)?

Consider Perinatal Status
Now that the diagnosis and next treatment steps are established, consider the safety profile as it relates to pregnancy and/or lactation. Contact The Periscope Project to consult with a perinatal psychiatrist.

Additional Considerations
With perinatal patients, there are additional things to consider such as impact on sleep and lactation. Contact The Periscope Project to walk through additional considerations to share with your patient.
**NEXT STEPS: FAQ**

**I've started medications in my pregnant or postpartum patient; how long do I continue this medication?**

- According to American Psychiatric Association (APA) practice guidelines for treating depression, **continuation on the same medication and dose that has effectively mitigated depressive symptoms for 4-9 months is the standard of care**. This reduces the high risk of relapse.
- Considerations for **continued “maintenance” treatment** (beyond 4-9 months): the patient is at a higher risk of recurrence if there is persistence of subclinical depressive symptoms despite treatment, prior history of multiple major depressive episodes, ongoing psychosocial stressors, persistent sleep issues, family history of psychiatric illness, and presence of a chronic medical issue.

**What if my patient becomes pregnant again while on this medication?**

- There is a sizable body of evidence supporting the **high risk for relapse** of major depression in pregnant women with a history of depression.
- From a safety/risk standpoint, discuss with your patient the available data on medications used to treat depression and the risk of harm to mother and fetus when depression during pregnancy is untreated.
- If medications are discontinued based upon the patient's preferences, she should be monitored regularly throughout her pregnancy for signs of recurrent depressive/anxiety symptoms.
- Available evidence of the use of antidepressant medications in pregnancy do not support decreasing a previously effective dose of medication in the context of pregnancy.

**What discussions should I have with my patient before she becomes pregnant?**

- There is a 50% unplanned pregnancy rate across all sociodemographic groups in the US; this rate is even higher (up to 80%) in the population of women who suffer with psychiatric symptoms.
- Attending to the topic of **reliable contraception** if the patient does not wish to become pregnant in the next year allows for thoughtful discussions about the patient’s treatment options. Hopefully, this leads to a safer pregnancy if/when the patient decides to conceive.

**Who should manage these medications when this patient is no longer seeing me regularly for prenatal or postpartum visits?**

- Often, a patient's primary care physician will be comfortable managing a stable dose of an antidepressant medication. If this is not the case, and the patient has access to a psychiatrist in her community, providing the patient with an adequate supply until she can establish with a new provider is encouraged.
Your call will be answered by a triage staff member.

The Periscope Project is a provider-to-provider resource and will not speak to or treat patients directly.

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Getting the most out of your teleconsultation…

Mental Health History
- Is this a first occurrence of mental health concerns?
- Does the patient have a history of a mental health diagnosis?

Current Symptoms
- Was a screening tool used? If so, what was the score?
- What symptom(s) is the patient experiencing?

Current or Recent Psychotropic Medication Use
- Is/was the medication effective?
- Has any medication been effective in the past?

Our psychiatrists will inquire about:
If questions persist after your clinic visit, we recommend against searching for answers on the internet. Below is a list of websites that publish evidence-based information on the topic of women’s mental health during pregnancy and the postpartum period.

**HTTPS://WOMENSMENTALHEALTH.ORG/**

- **The Massachusetts General Hospital (MGH) Center for Women’s Mental Health**: “This internet-based resource was designed in an effort to provide scientifically sound and clinically useful information to caregivers and patients at a time when the field of women’s mental health is quickly evolving. One of the primary goals of the Center is to empower patients with information to make informed decisions about their care.”
- Website includes topic-focused information, a library section featuring latest research, and a frequently updated blog.

**HTTPS://WWW.NICHD.NIH.GOV/NCMHEP/INITIATIVES/MOMS-MENTAL-HEALTH-MATTERS/**

- **Moms’ Mental Health Matters**: “The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health (NIH), has launched Moms’ Mental Health Matters, a new initiative to raise awareness among pregnant and postpartum mothers, their families, and health care providers about depression and anxiety during pregnancy and after the baby is born. Free materials available in both English and Spanish.”

**HTTPS://WWW.POSTPARTUM.NET/**

- **Postpartum Support International**: “PSI disseminates information and resources through its volunteer coordinators, website and annual conference. Its goal is to provide current information, resources, education, and to advocate for further research and legislation to support perinatal mental health.”
- Website includes information on pregnancy and postpartum mental health symptoms, a local support/resource map, as well as information as to intensive perinatal psychiatric treatment (inpatient and outpatient) available across the country.

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