# THE PERISCOPE PROJECT

**PER**INATAL **S**PECIALTY **CO**NSULT **P**SYCHIATRY **E**XTENSION

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 ThePeriscopeProject@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.**

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# Overview of Perinatal Mental Health

The perinatal period is a time of heightened risk for psychiatric illness; in fact, mental illness is the most common complication of pregnancy and a leading cause of preventable, pregnancy-related morbidity and mortality. Despite its prevalence, mental illness in pregnant or postpartum individuals often goes unrecognized and untreated.

Because of such, the American College of Obstetrics and Gynecology (ACOG) recommends screening all perinatal patients at least once during pregnancy and once in the postpartum period.

Identifying perinatal mental illness is critical though must be implemented within a framework that appropriately responds to those who screen positive. The SBIRT (Screening, Brief Intervention, and Referral to Treatment) model is a framework that can help guide the detection, assessment, treatment, and follow up of perinatal patients presenting with mental health concerns.

Treatment of perinatal mental illness is dependent on the symptoms and underlying disorder though may include a combination of psychotherapy and medication management.

Access to perinatal mental health care is limited. As such, this toolkit can aid practitioners treating perinatal patients with mental health conditions. The following material comprises an up-to-date, reliable, and easy to use source of information for mental health conditions during the perinatal period.

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.

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 ThePeriscopeProject@mcw.edu. Please read our disclaimer before using our toolkit.

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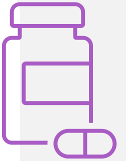
# Approach to a Perinatal Patient

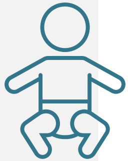
## Clarify Diagnosis

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.

THE PERISCOPE PROJECT
PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

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# Evaluating Mood Symptoms

| Baby Blues | Perinatal Depression | Bipolar Disorder | Psychosis |
|---|---|---|---|
| **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.***<br>✦ <u>*Onset*</u>: Typically in the first week following delivery.<br>✦ <u>*Duration*</u>: No more than 2 weeks.<br><u>*Signs/Symptoms*</u>: Tearfulness, excessive worrying, mood swings, irritability, difficulties sleeping, changes in appetite.<br><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. | **An episode of major depression occurring in the context of pregnancy and/or the postpartum period.**<br>✦ <u>*Onset*</u>: During pregnancy, or up to 1 year postpartum.<br>✦ <u>*Duration*</u>: May persist until treated.<br><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.<br><u>*Treatment*</u>: 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.**<br>✦ <u>*Onset*</u>: Prior to pregnancy, during pregnancy, or in the postpartum period (often precipitated by disturbed sleep).<br>✦ <u>*Duration*</u>: Persists until treated.<br><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.<br><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**). | ***A <u>psychiatric emergency</u> 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.***<br><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.<br><u>*Prevalence*</u>: This is a rare complication of pregnancy, occurring in 1-2 women/1,000 births.<br><u>*Risk Factors*</u>: History of bipolar disorder, a previous episode of psychosis (especially in the postpartum period).<br><u>*Treatment*</u>: Inpatient hospitalization is usually indicated in these cases. |

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

*Pregnant or postpartum patients 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


<u>*References*</u>:
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.


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# Evaluating Anxiety, OCD, and PTSD

| Perinatal Anxiety | Obsessive Compulsive Disorder | PTSD |
|---|---|---|
| **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.**<br>✦ 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.<br>✦ Duration: May persist until treated.<br>Prevalence: An estimated 8.5%-13% of women experience an anxiety spectrum disorder in the postpartum period.<br>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.).<br>Treatment: Therapy, medications. Encourage participation in support groups, asking for help when needed, and healthy self-care practices. | **A disorder characterized by repeated, intrusive obsessive thoughts that are often accompanied by compulsive behaviors performed to relieve anxiety associated with the intrusive thoughts. Patients will recognize the thoughts as being irrational and are often fearful of or distressed by them.**<br>✦ Onset: Prior to pregnancy, during pregnancy, or up to 1 year postpartum.<br>✦ Duration: May persist until treated.<br>Prevalence: 4% of women.<br>Signs/Symptoms: Disturbing repetitive thoughts that are recognized as irrational (e.g: thoughts of harming the baby); compulsive behaviors often involve behaviors dedicated to protecting the baby (e.g., frequent checking, hand washing, etc.).<br>Treatment: Often, a combination of ERP, 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. | **A disorder precipitated by a traumatic experience (including a history of traumatic birth). Preexisting PTSD may also be exacerbated during the perinatal period.**<br>✦ Onset: May be present prior to pregnancy or result from a traumatic birth experience.<br>✦ Duration: May persist until treated.<br>Prevalence: Affects an estimated 2-15% of women.<br>Signs/Symptoms: Syndrome that may include nightmares, hyperarousal, pervasive thoughts or re-experiencing of past trauma, irritable mood, the tendency to avoid disturbing stimuli, physiological arousal symptoms.<br>Treatment: Therapy, medications. Encourage participation in support groups, asking for help when needed, and healthy self-care practices. |

## Is It Important to Distinguish Between Perinatal Depression and Perinatal Anxiety?

Studies have demonstrated that individuals struggling with perinatal depression will frequently present with significant anxiety symptoms.

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 patient and baby.

Nearly half of all postpartum patients experience obsessions and compulsions–the majority of which do not represent overt OCD but rather may signal perinatal anxiety and/or depression.

## Who is at an increased risk?

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

*References*:
Miller ES, Hoxha D, Wisner KL, Gossett DR. (2015). The impact of perinatal depression on the evolution of anxiety and obsessive-compulsive symptoms. *Arch Womens Ment Health*, 18(3), 457-61.
Wisner KL, Peindl KS, et al. (1999). Obsessions and compulsions in women with postpartum depression. *J Clin Psychiatry*, 60(3), 176-80.

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# Clinical Considerations When Assessing the Mental Health of Perinatal Patients

## Assessing Suicidal Ideation

| Lower Risk | Higher Risk |
|---|---|
| • No prior attempts<br>• No plan<br>• No intent<br>• No substance use<br>• Protective factors (what prevents you from acting?) | • History of suicide attempt(s)<br>• High lethality of previous attempt(s)<br>• Current plan<br>• Current intent<br>• Substance use<br>• Lack of protective factors (including social support) |

## Assessing Thoughts of Harming Baby

| Occurring Secondary to Obsessions/Anxiety | Occurring Secondary to Postpartum Psychosis |
|---|---|
| Good insight<br>Thoughts are intrusive, scary<br>No psychotic symptoms<br>Thoughts cause anxiety<br>↓<br>Suggests not at risk of harming baby | Poor insight<br>Psychotic symptoms<br>Delusional beliefs with distortion of reality present<br>↓<br>Suggests at risk of harming baby |

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# SBIRT
## Screening, Brief Intervention & Referral to Treatment

| Screen | Brief Intervention | Referral to Treatment |
|---|---|---|
| • Universal screening of perinatal patients utilizing a brief, validated tool .<br>• **PHQ-4**: a 4 item, ultra brief tool designed to identify depression and anxiety (included in this toolkit).<br>• If patient screens **negative**, continue to monitor at pre-determined time points throughout the peripartum period.<br>• If patient screens **positive**, further assessment is indicated via additional tools (PHQ-9 or EPDS for depression +/- GAD-7 or PASS for anxiety).<br>• If patient screens positive for suicidal(SI)/homicidal (HI) thoughts distinguish between passive and active SI/HI by asking whether the patient has a Plan, Intent, Acts of Furtherance. | • Ask open-ended questions such as: **"How is pregnancy going? How does it feel to be a parent?"**<br>• Offer affirmations: communicate an individual's strengths (making it Positive, Present and Personal). Example: **"I really admire you talking to me about how challenging your postpartum period has been."**<br>• Utilize reflective listening, providing statements of understanding. Patient: "**This is not what I expected.**" Provider: "**You didn't expect parenthood to feel this way.**"<br>• Summarize key components from the evaluation to ensure understanding of the patient's symptoms as well as to confirm that the patient understands the diagnosis and treatment recommendations.<br>• Provide psychoeducation about diagnosis and treatment options. | • Connect patients to resources including referral to psychotherapy and/or medication management (if indicated), peer support groups, birthing and postpartum doulas, lactation consultants, etc.<br>• If patient screens positive for active SI/HI, providers and health systems should have a designated protocol for mental health emergencies (such as referral/escort to the ED or contacting mobile crisis team or authorities for urgent evaluation). |

References:
Miller ES, Hoxha D, Wisner KL, Gossett DR. (2015). The impact of perinatal depression on the evolution of anxiety and obsessive-compulsive symptoms. *Arch Womens Ment Health*, 18(3), 457-61.
Wisner KL, Peindl KS, et al. (1999).Obsessions and compulsions in women with postpartum depression. *J Clin Psychiatry*, 60(3), 176-80.

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# Tools for Screening

American College of Obstetrics and Gynecology (ACOG) recommends utilizing a validated screening tool to assess for anxiety and depression at least once during pregnancy and once postpartum.

American Academy of Pediatrics (AAP) recommends incorporating validated screening tools for postpartum depression into well-child visits.

The US Preventative Service Task Force (USPSTF) recommends utilizing a validated screening tool to assess for depression in pregnant and postpartum patients AND in 2019 added the recommendation to refer those at risk of perinatal depression to preventive counseling.

**The following are brief tools validated for use in the perinatal population and comprise appropriate initial screening tools when evaluating for the presence of depression, anxiety, and/or bipolar disorder. These assessments are indicated for use in Primary Care, Pediatrics and specialty settings including Ob-Gyn.**

**1. Complete PHQ4 as initial screening tool if anxiety and/or depressive symptoms present**

- To score PHQ-4
  - Sum total.
  - Score: 0-2 (normal), 3-5 (mild), 6-8 (moderate), 9-12 (severe)
  - Score ≥3 for Questions 1-2 suggests anxiety
  - Score ≥3 for Questions 3-4 suggests depression

**2. Complete PHQ-9 or EPDS if significant depressive 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.

**3. Complete PASS or GAD-7 if significant anxiety symptoms reported**

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

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

**4. Complete MDQ if there is a concern for bipolar disorder.**

- To score MDQ
  - Further evaluation for bipolar disorder is warranted if patient:
    - Answered YES to ≥7 events in Question #1
    - AND answers YES to Question #2
    - AND answers MODERATE PROBLEM or SERIOUS PROBLEM to Question #3

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

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# The Patient Health Questionnaire 4 (PHQ-4)

*Patient-administered*

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

| Questions | *Not at all* | *Several days* | *More than half the days* | *Nearly every day* |
|---|---|---|---|---|
| Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |

# 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)*?

| Questions | *Not at all* | *Several days* | *More than half the days* | *Nearly every day* |
|---|---|---|---|---|
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| Trouble falling asleep, staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| Poor appetite or overeating | 0 | 1 | 2 | 3 |
| Feeling bad about yourself– or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 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 | 0 | 1 | 2 | 3 |
| Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

# 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

*Adapted from Source: Cox, J.L., Holden, J.M., and Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry, 150, 782-786.*

# PERINATAL ANXIETY SCREENING SCALE (PASS)

*Patient-administered*

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

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

# PERINATAL ANXIETY SCREENING SCALE (PASS)

*Continued from first page...*

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

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

*Adapted from Sources:*

*Somerville, S., Dedman, K., Hagan, R., Oxnam, E., Wettinger, M., Byrne, S., Coo, S., Doherty, D., Page, A.C. (2014).*

*The Perinatal Anxiety Screening Scale: development and preliminary validation. Archives of Women's Mental Health, DOI: 10.1007/s00737-014-0425-8.*

*© 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)*?

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

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure of assessing generalized anxiety disorder. *Arch Inern Med*. 2006; 166: 1092-1097.

# MOOD DISORDER QUESTIONNAIRE (MDQ)

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

| | *Yes* | *No* |
|---|---|---|
| 1. Has there ever been a period of time when you were not your usual self and… | | |
| …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? | | |
| …you were so irritable that you shouted at people or started fights or arguments? | | |
| …you felt much more self-confident than usual? | | |
| …you got much less sleep than usual and found you didn't really miss it? | | |
| …you were much more talkative or spoke faster than usual? | | |
| …thoughts raced through your head or you couldn't slow your mind down? | | |
| …you were so easily distracted by things around you that you had trouble concentrating or staying on track? | | |
| …you had much more energy than usual? | | |
| …you were much more active or did many more things than usual? | | |
| …you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? | | |
| …you were much more interested in sex than usual? | | |
| …you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | | |
| …spending money got you or your family in trouble? | | |
| 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. | | |
| 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.*<br>☐ No problem ☐ Minor problem ☐ Moderate problem ☐ Serious problem | | |
| 4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder? | | |
| 5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? | | |

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

# ADDITIONAL TOOLS FOR ADVANCED SCREENING

There are no current guidelines related to screening for PTSD in pregnant and postpartum patients.

We recommend that all patients presenting with a history of trauma or symptoms concerning for PTSD should be screened using a validated tool such as the ultra-brief PC-PTSD-5 or the PCL-5. Although the gold standard for diagnosing PTSD is a structured clinical interview, the PCL-5 can be used by Primary Care Physicians, Pediatricians and specialists including Ob-Gyns to provide a provisional PTSD diagnosis.

Furthermore, parental functioning is critical to parent and infant health and development though is often impacted by perinatal mental illness. The Barkin Index of Maternal Functioning (BIMF) is a validated tool designed to assess overall functioning in the context of early parenthood. The BIMF can identify suboptimal functioning in specific areas (social support, management, mother-child interaction, infant care, self-care, adjustment, and psychological well-being) and focus therapeutic, skill-building interventions on identified domains.

**1. Complete PC-PTSD-5 in patients with a history of trauma AND/OR trauma-related symptoms**

- To score
  - Sum the number of "yes" responses
  - Recommended cut off: 4

**2. Complete PCL-C-V in patients with a history of trauma AND/OR trauma-related symptoms AND positive PC-PTSD-5 screen**

- To score
  - Sum items to provide a total severity score (0-80)
  - Recommended cutoff 31-33
  - To make a provisional diagnosis:
    - Treat each item rated ≥2 as an endorsed symptom
    - Follow the DSM-V diagnostic criteria which requires ≥1 Criterion B item (questions 1-5), ≥1 Criterion C item (questions 6-7), ≥2 Criterion D items (questions 8-14), AND ≥2 Criterion E items (questions 15-20)

**3. Complete the Barkin Index of Maternal Functioning (BIMF) in patients who screen positive for perinatal mental illness with a valid screening tool AND/OR are demonstrating impaired parental functioning**

- To score
  - After reverse coding for items 16 and 18, sum all 20 items. The total score ranges from 0 to 120 with 120 representing perfect functioning
  - Reverse coding simply means: A response of 0=6 and a response of 6=0; a response of 1=5 and a response of 5=1; a response of 2=4 and a response of 4=2; a response of 3=3.

References:


Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G, Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) [Measurement instrument]. Available from https://www.ptsd.va.gov

Using the PTSD Checklist for DSM-V (PCL-5) [Measurement Instrument]. Available from *https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf*

Barkin, J. L., Wisner, K. L., Bromberger, J. T., Beach, S. R., Terry, M. A., & Wisniewski, S. R. (2010). Development of the Barkin index of Maternal Functioning. *Journal of Women's Health*, *19*(12), 2239-2246.


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# PRIMARY CARE PTSD SCREEN 5 (PC-PTSD-5)

*Patient-administered*

| In the past month have you… | *Yes* | *No* |
|---|---|---|
| 1. Had nightmares about the event(s) or thought about the event(s) when you did not want to? | | |
| 2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? | | |
| 3. Been constantly on guard, watchful, or easily startled? | | |
| 4. Felt numb or detached from people, activities, or your surroundings? | | |
| 5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? | | |

*Adapted from Source:*

Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G, Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) [Measurement instrument]. Available from https://www.ptsd.va.gov

# PTSD CHECKLIST-CIVILIAN VERSION (PCL-C)

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem and then select one of the options to indicate how much you have been bothered by that problem in the **past week**. The options include not at all, a little bit, moderately, quite a bit, and extremely.

| | *Not at all* ***(1)*** | *A little bit (2)* | Moderately (3) | Quite a bit (4) | Extremely (5) |
|---|---|---|---|---|---|
| 1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? | | | | | |
| 2. Repeated, disturbing dreams of a stressful experience from the past? | | | | | |
| 3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? | | | | | |
| 4. Feeling very upset when something reminded you of the stressful experience? | | | | | |
| 5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)? | | | | | |
| 6. Avoiding memories, thoughts, or feelings related to the stressful experience? | | | | | |
| 7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? | | | | | |
| 8. Trouble remembering important parts of the stressful experience? | | | | | |
| 9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? | | | | | |
| 10. Blaming yourself or someone else for the stressful experience or what happened after it? | | | | | |
| 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame? | | | | | |
| 12. Loss of interest in activities that you used to enjoy? | | | | | |
| 13. Feeling distant or cut off from other people? | | | | | |
| 14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? | | | | | |
| 15. Irritable behavior, angry outbursts, or acting aggressively? | | | | | |
| 16. Taking too many risks or doing things that could cause you harm? | | | | | |
| 17. Being "superalert" or watchful or on guard? | | | | | |
| 18. Feeling jumpy or easily startled? | | | | | |
| 19. Having difficulty concentrating? | | | | | |
| 20. Trouble falling or staying asleep? | | | | | |

Adapted from source: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. Available from https://www.ptsd.va.gov/

# Barkin Index of Maternal Functioning

Please circle the number that best represents how you have felt over the past two weeks. Please try to answer each question as honestly as possible as your responses will help us better understand the postpartum experience.

| | Strongly Disagree | Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|---|
| 1. I am a good mother. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I feel rested. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I am comfortable with the way I've chosen to feed my baby (either bottle or breast, or both). | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. My baby and I understand each other. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I am able to relax and enjoy time with my baby. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. There are people in my life that I can trust to care for my baby when I need a break. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I am comfortable allowing a trusted friend or relative to care for my baby (can include baby's father or partner). | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. I am getting enough adult interaction. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I am getting enough encouragement from other people. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. I trust my own feelings (instincts) when it comes to taking care of my baby. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Adapted from source: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. Available from https://www.ptsd.va.gov/

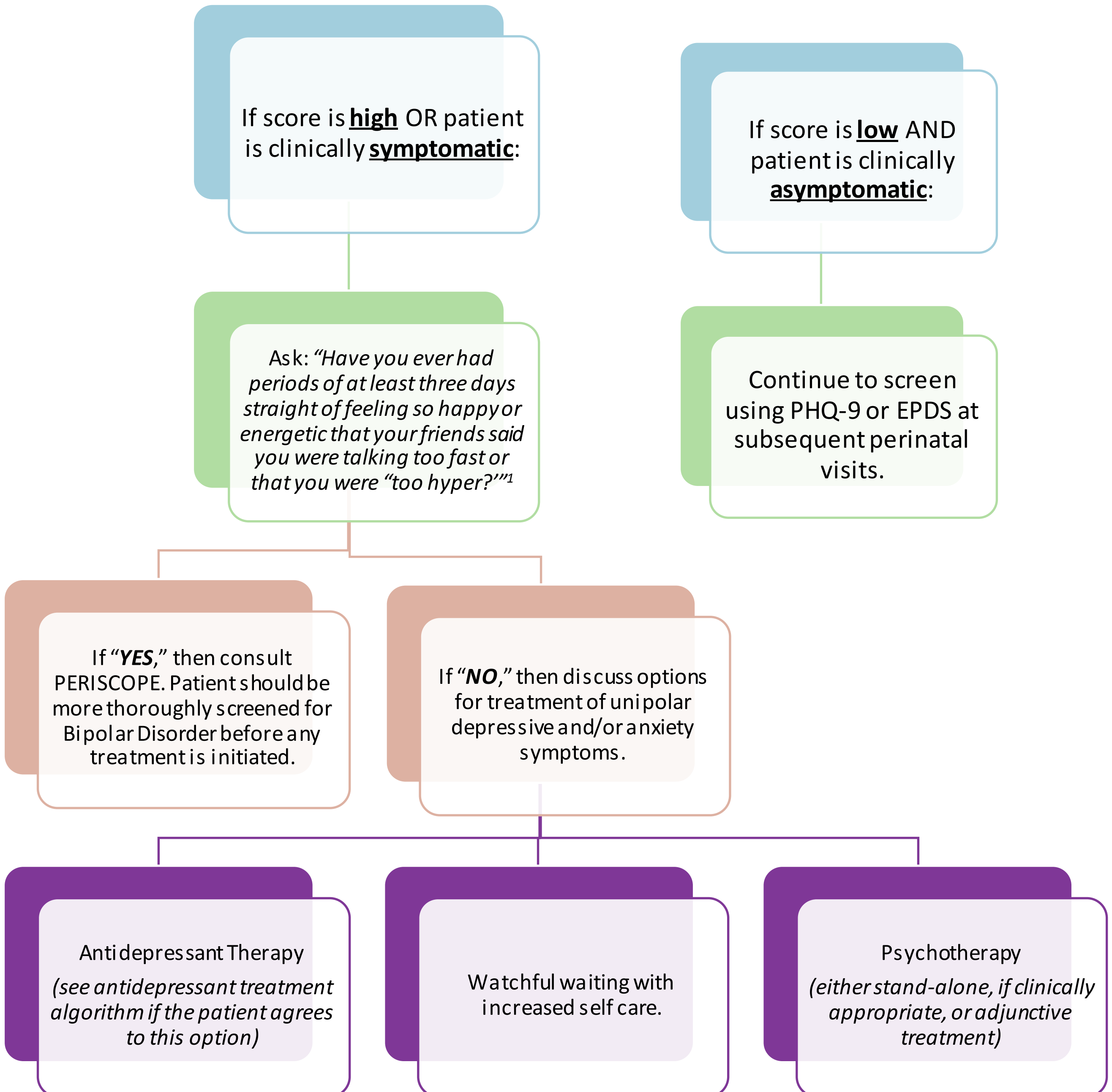
# Barkin Index of Maternal Functioning

*Continued from first page…*

| | Strongly Disagree | Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|---|
| 11. I take a little time each week to do something for myself. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. I am taking good care of my baby's physical needs (feedings, changing diapers, doctor's appointments). | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. I am taking good care of my physical needs (eating, showering, etc). | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. I make good decisions about my baby's health and well being. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. My baby and I are getting into a routine. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. I worry about how other people judge me (as a mother). | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. I am able to take care of my baby and my other responsibilities. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Anxiety or worry often interferes with my mothering ability. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. As time goes on, I am getting better at taking care of my baby. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. I am satisfied with the job I am doing as a new mother. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Adapted from source: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. Available from https://www.ptsd.va.gov/

# Overall Treatment Algorithm




[1]Adapted from Daniel J. Carlat. (1998) *Am Fam Physician*, 58(7), 1617-1624.

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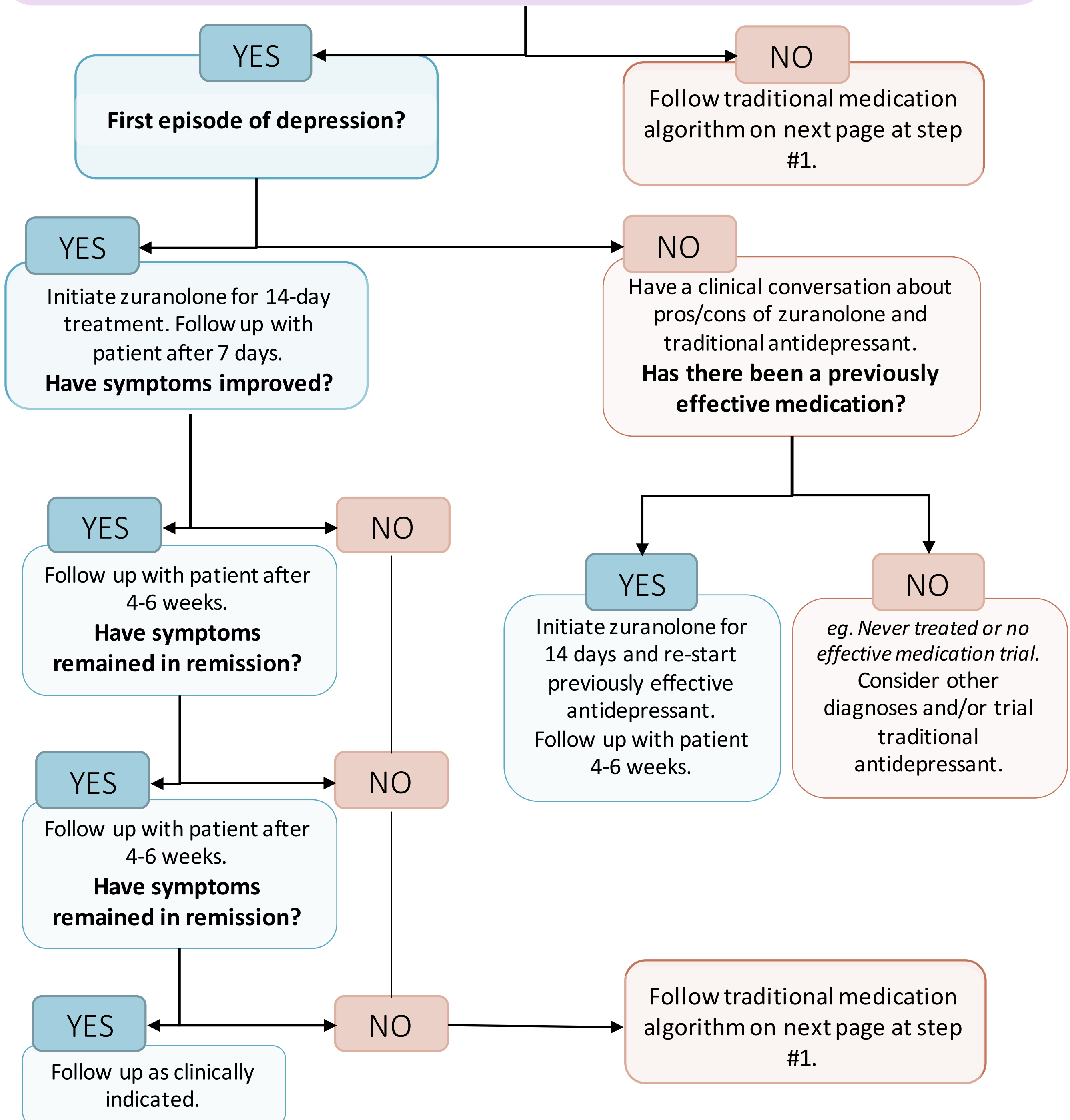
# Medication Decision Tree for Postpartum Depression

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# Medication Algorithm for Depression

Complete **Depression Screen** (PHQ-9 or EPDS) **+/-** and ask **single Bipolar Screen question**.
(1) Patient is pre-conception, pregnant or postpartum
(2) Patient screens positive for depression **AND** negative for bipolar question

**#1 - Is patient currently taking psychiatric medication?**

**YES**

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

**NO**

- If patient was formerly on a helpful medication, **re-start** with slow titration.
- If no previous effective medication, 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 of 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.

## Bupropion

Start at XL 150 mg daily in the morning.

Increase to XL 300 mg in two weeks if tolerating dose.

Good for 'couch potato depression:' helpful with motivation and increasing energy.

**May exacerbate anxiety.**

May cause tremor and worsen sleep.

**#2 - Re-evaluate after 4-6 weeks.**

**If symptoms improved**

- Continue to monitor throughout perinatal period.
- Continue to offer non-medication based therapies.
- Refer back to primary provider when obstetric care complete.

**Symptoms not improved/ experiencing side effects**

- If no/minimal side effects, increase dose and repeat cycle until maximum dose achieved.
- If intolerable side effects, switch to different medication and repeat cycle.

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# MEDICATION ALGORITHM FOR ANXIETY

Complete **Screening Tool** (GAD-7 or PASS) and ask **single Bipolar Screen question**.
(1) Patient is pre-conception, pregnant or postpartum
(2) Patient screens positive for anxiety **AND** negative for bipolar question

**#1 – Recommend psychotherapy and provide resources/referrals**

**#2 – Are anxiety symptoms present 3 or more days per week?**

**Yes**

Start daily medication. See traditional antidepressant medication.

Escitalopram
Fluoxetine
Sertraline
Venlafaxine
Mirtazapine

More information can be found on medication algorithm for depression.

Higher dosing may be required to target anxiety symptoms.

**NO**

Consider as needed medication.

**Hydroxyzine**

Start at 25 mg up to three times daily as need for anxiety symptoms.

May increase to 50 mg.

May cause sedation, dry mount, dry eyes and constipation. May negatively impact breastmilk supply.

**Lorazepam**

Start at 0.5 mg once daily as need for anxiety symptoms.

May increase to 1 mg.

**No more than 3 doses/week if pregnant.**

May cause sedation.

**#3 - Re-evaluate after 4-6 weeks.**

**If symptoms improved**

- Continue to monitor throughout perinatal period.
- Continue to offer non-medication-based therapies.
- Refer back to primary provider when obstetric care complete.

**Symptoms not improved/ experiencing side effects**

- If no/minimal side effects, increase dose and repeat cycle until maximum dose achieved.
- If intolerable side effects, switch to different medication and repeat cycle.

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# Discussing Risk Vs Risk

**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**:

- Pre-term labor, poor neonatal adaptation syndrome (PNAS)
- Risks are <u>NOT</u> dose-dependent.

**Data shows risk of under- or non-treatment of depression in pregnancy may increase risk of**:

- Pre-eclampsia, pre-term labor, low birth weight, perinatal substance use, impaired bonding with baby, poor self-care, suicide and postpartum mental illness (which is associated independently with multiple potential negative outcomes for parent, baby, and family).

# 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, **<u>continuation on the same medication and dose that has effectively mitigated depressive symptoms for 4-9 months is the standard of care</u>**. This reduces the high risk of relapse.
- Considerations for **<u>continued "maintenance" treatment</u>** (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 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 **<u>high risk for relapse</u>** 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 patient and fetus when depression during pregnancy is untreated.
- If medications are discontinued based upon the patient's preferences, the patient 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 the community, providing the patient with an adequate supply until the patient can establish with a new provider is encouraged.

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# THE PERISCOPE PROJECT

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

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M-F, 8:00 a.m. - 4:00 p.m. CST
*(excluding holidays)*

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*

*Our psychiatrists will inquire about:*

**Current or Recent Psychotropic Medication Use**

- *Is/was the medication effective?*
- *Has any medication been effective in the past?*

**Current Symptoms**

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

**Mental Health History**

- *Is this a first occurrence of mental health concerns?*
- *Does the patient have a history of a mental health diagnosis(es)?*

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# PATIENT RESOURCE GUIDE

*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.*

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