Facts:
- Depression is the most common complication of pregnancy
- Maternal & paternal mental health affect child health & development

We can reduce the impact by:
- Addressing risk factors
- Identifying symptoms early
- Improving treatment

PROTECTIVE FACTORS
- Balanced nutrition, physical activity or healthy sleep
- Family planning for an intended pregnancy
- Perceived & intact social & material support
- Parenting confidence

RISK FACTORS
- Personal history of major or postpartum depression
- History of anxiety
- Family history of postpartum depression
- History of substance use or interpersonal violence
- Unplanned/unwanted pregnancy

BACKGROUND
Pregnancy-related depressive symptoms can occur during pregnancy through one year postpartum
- Anxiety symptoms commonly co-occur
- May include intrusive/irrational thoughts

Baby Blues:
- ~80% of women may experience
- Birth to 2 weeks postpartum
- Resolves in approximately 14 days
- Fluctuating emotions
- No suicidal ideation

STARTING THE CONVERSATION
1. ADDRESS STIGMA
   • "Many women feel anxious or depressed during pregnancy or postpartum."
   • "A woman deserves to feel well."
   • "Many effective treatment options are available."

2. EXPLORE EXPECTATIONS
   Pregnancy and postpartum experiences and expectations vary.
   - "How are you feeling about being pregnant/a new mother?"
   - "What has surprised you about being pregnant/a new mom?"
   - "What has it been like for you to take care of your baby?"
   - "What beliefs or practices related to pregnancy or soon after the baby is born are especially important to you?"

3. EXPLORE SOCIAL SUPPORT
   • "Who can you talk to that you trust?"
   • "How have your relationships been going since becoming pregnant/a new mom?"
   • "Who can you turn to for help?"

SCREENING
AAP, ACOG & USPSTF recommend universal screening of pregnant and postpartum mothers with validated screening tools

WHEN IMPLEMENTING SCREENING, CONSIDER OTHER SERVICES & RESOURCES THAT MAY BE NEEDED
- Medical providers to prescribe medication
- Mental health and psychiatry services
- A protocol to address suicide risk
- Community support programs
- Self-care and educational resources

IDEAL TIMES TO SCREEN
- Preconception & interconception
- Each trimester throughout pregnancy
- At postpartum visits
- Well child visits up to 1 year postpartum

WHO COULD SCREEN
- Medical providers
- Behavioral health providers
- Community-based providers
- Early childhood providers

WHAT BRIEF SCREENING TOOL TO START WITH
Edinburgh-3 Brief Screen
In the past 7 days:
1. I have blamed myself unnecessarily when things went wrong:
   - Yes, most of the time (3)
   - Some of the time (2)
   - Not very often (1)
   - Never (0)
2. I have been anxious or worried for no good reason:
   - No, not at all (0)
   - Hardly ever (1)
   - Sometimes (2)
   - Very often (3)
3. I have felt scared or panicky for no good reason:
   - Yes, quite a lot (3)
   - Sometimes (2)
   - No, not much (1)
   - Not at all (0)

Total score x 10/3 = screen score
Score ≥ 10 should receive further screening and assessment

Refer women with depressive symptoms to a medical or mental health provider for further assessment.
This guideline is designed to assist the clinician with the assessment and management of pregnancy-related depression and anxiety. This guideline is not intended to replace the clinician’s judgment or establish a protocol for all patients with a particular condition. For references, additional copies of the guideline, or patient documents go to https://colorado.gov/cdphe/pregnancy-related-depression-resources-providers.

**CONSIDER CONTRIBUTING FACTORS**
- Tobacco, alcohol and other drugs
- Interpersonal violence
- History of trauma or abuse

**ASSESS FOR OTHER PSYCHIATRIC SYMPTOMS AND CONDITIONS**
- Suicidal ideation
- Bipolar disorder
- Generalized anxiety disorder
- Obsessive Compulsive Disorder
- Psychotic symptoms
- Thoughts of harming the baby

**TREATMENT RECOMMENDATIONS BASED ON DEPRESSION SEVERITY**

- **Mild**
  - Lifestyle
  - Social support

- **Moderate**
  - Lifestyle
  - Social support
  - Mental health services

- **Moderate-Severe to Severe**
  - Lifestyle
  - Social support
  - Mental health services
  - Consider medication

**SHARED DECISION-MAKING: TALKING POINTS**
- “What things could be contributing to how you’re feeling?”
- “Untreated depression may be harmful to mom and baby.”
- “Treatment and recovery times vary.”
- “All medications have benefit and risk considerations.”
- “What challenges may make it difficult to follow this treatment plan?”

**PREGNANT OR BREASTFEEDING REQUIRING MEDICATION**
- Never been on medication
- Effective medication prior to pregnancy/breastfeeding
- Current medication not effective or not well tolerated

- Preferred medication: SSRI (i.e., sertraline)
- Use same antidepressant as previous episode
- Has effective dose been tried x 4-8 weeks? OR Are side effects intolerable?
- May warrant prolonged treatment (>12 months)
- No response: switch to different class
- Partial response: augment with agent from another class

- Provide adequate trial x 4-8 week at effective dose

**CONSIDER MEDICAL CAUSES, ESPECIALLY:**
- Anemia
- Thyroid disorders

- Postpartum Psychosis
  - A medical emergency: ensure safety of mother and infant immediately
  - Infrequent (1-2/1,000)
  - May include hallucinations, mania, delusions, disconnection from baby

- There is an increased risk of new onset or recurrence of bipolar disorder during pregnancy/postpartum

**RECOMMENDED PREVENTION AND TREATMENT**

- **Mild**
  - Lifestyle
  - Social support

- **Moderate**
  - Lifestyle
  - Social support
  - Mental health services

- **Moderate-Severe to Severe**
  - Lifestyle
  - Social support
  - Mental health services
  - Consider medication

- Always address lifestyle for prevention and treatment

- Pregnancy
- Untreated depression is associated with greater risk for pre-term delivery, preeclampsia and intra-uterine growth restriction
  - SSRI may be associated with these same risks
- It is currently unknown whether treatment changes the risks associated with untreated depression

- Most SSRIs are not associated with increased risk of congenital malformations; however, paroxetine carries warnings for use during pregnancy
- Discontinuation of antidepressants during pregnancy may result in relapse

**ASSISTANCE WITH LACTATION & DRUG EXPOSURE**
- Motherisk.org
- Infantrisk.org

**PREGNANCY**
- Untreated depression is associated with greater risk for pre-term delivery, preeclampsia and intra-uterine growth restriction
- It is currently unknown whether treatment changes the risks associated with untreated depression
- Most SSRIs are not associated with increased risk of congenital malformations; however, paroxetine carries warnings for use during pregnancy
- Discontinuation of antidepressants during pregnancy may result in relapse

**TREATMENT RECOMMENDATIONS BASED ON DEPRESSION SEVERITY**

- Helpful Lactation & Drug Exposure Resources
  - Motherisk.org
  - Infantrisk.org

- Postpartum
  - Treated depression improves health of mother and child
  - SSRIs may be used during lactation

- There is an increased risk of new onset or recurrence of bipolar disorder during pregnancy/postpartum

- Preventive measures during pregnancy

- **FURTHER ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING**

- Additional assessment and diagnosis are necessary for other psychiatric symptoms and conditions

- Tobacco, alcohol and other drugs
- Interpersonal violence
- History of trauma or abuse

- Social support
- Balanced Nutrition
- Physical Activity
- THERAPY: Stress
- Anxiety
- Depression
- Mindfulness Practice
- Sleep

**ALWAYS ADDRESS LIFESTYLE FOR PREVENTION AND TREATMENT**

- Physical Activity
- Balanced Nutrition
- Social Support
- Stress
- Anxiety
- Depression
- Mindfulness Practice
- Sleep
- Tobacco Use
- Drug & Alcohol Use

Updated 3/2017