



# **Updates in Perinatal Anxiety and Sleep Management and New Innovations in Post-Partum Depression Treatment**

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# Today we will review

- The clinical presentation and treatment of perinatal anxiety
- The clinical presentation and treatment of perinatal sleep disturbance
- New strategies to treat perinatal depression

# Perinatal Anxiety



# Anxiety is a common complication of the peripartum period

**20%** of women  
will experience an  
anxiety disorder  
during this time



# Perinatal anxiety is linked with adverse maternal, obstetric, and neonatal outcomes

## Mom

- Poor self-care
- Increased risk for post-partum depression

## Obstetric

- Miscarriage
- Preeclampsia
- Pre-term delivery
- Low birth weight

## Child

- Disrupted attachment
- Increased risk for anxiety, ADHD

# **Pregnancy related anxiety is focused on the perinatal period and is linked to poor obstetric and childbirth outcomes**

**Including worries related to pregnancy, childbirth, the maternal role**



# **Maternal anxiety is also associated with impaired adaptability and difficulty with infant soothing**

**Trouble responding to novel situations**

**Difficulty with infant interaction and communication**

**Impaired mother-baby attachment**



# Anxiety during the prenatal period is a major risk factor for post-partum depression

**About 2/3 women with perinatal depression also have anxiety**





# ACOG recommends screening for anxiety at least once during perinatal period

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over 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's 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
<i>Add the score for each column</i>	+	+	+	
Total Score ( <i>add your column scores</i> ) =				

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 \_\_\_\_\_

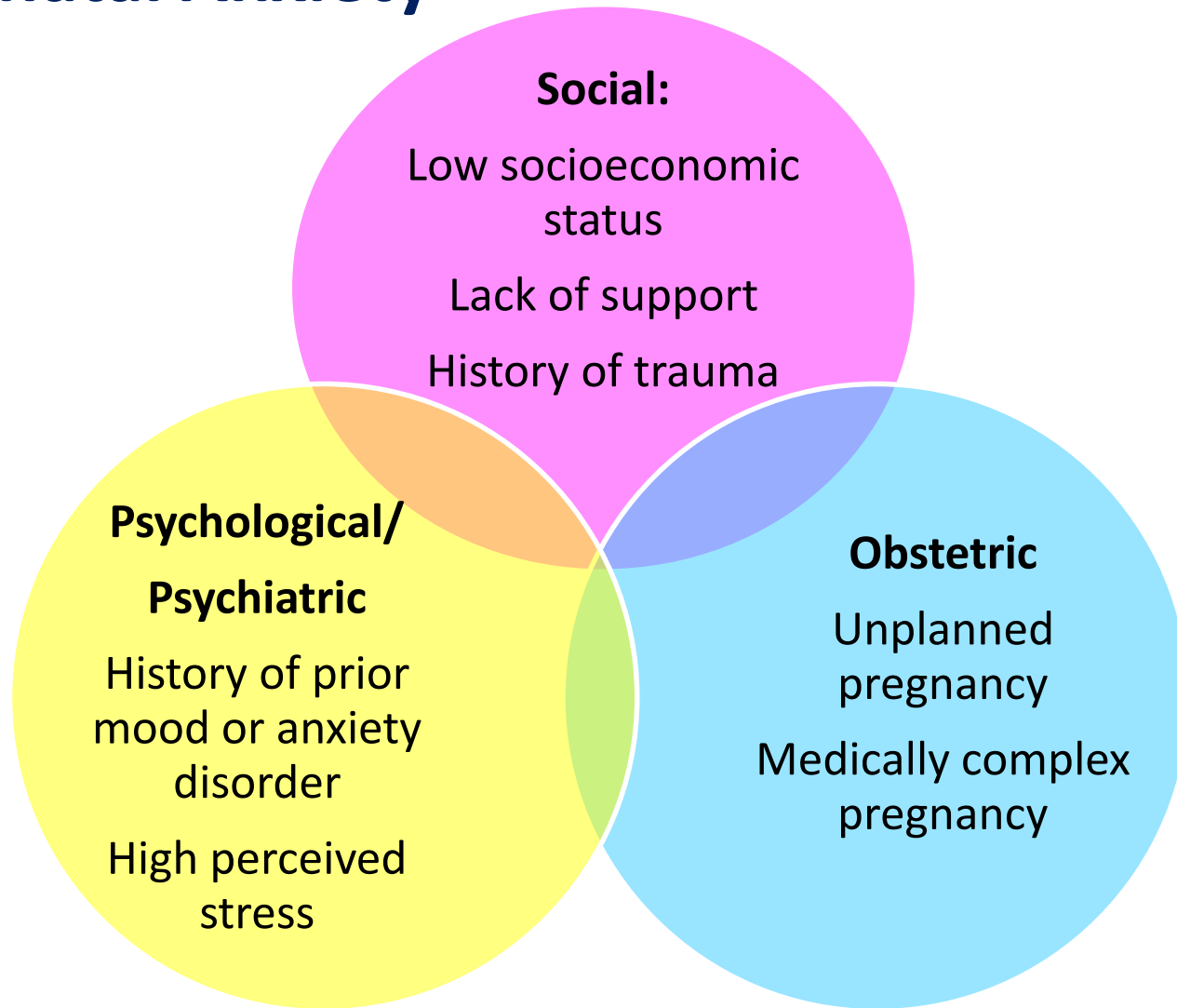
Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

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

# Multiple Overlapping Factors Contribute to Risk for Perinatal Anxiety



# Anxiety disorders present in many different ways

**Panic Disorder**

**Specific Phobia**

**Social Anxiety**

**Generalized Anxiety Disorder**

***Obsessive Compulsive Disorder***

***Post-traumatic Stress Disorder***

***Acute Stress Disorder***



# Symptoms of an anxiety disorder can be both psychological and physical

## Psychological:

- Excessive worry
- Feeling on edge
- Difficult to reassure
- Sleep disruption
- Intrusive thoughts



## Physical:

- Muscle tension
- Heart racing or palpitations
- GI upset
- Shortness of breath
- Headache



# Intrusive thoughts are one of the most distressing symptoms of anxiety

## Anxiety (including OCD)

- Insight is preserved
- Thoughts are intrusive and scary
- No psychotic symptoms



**Low risk**

## Postpartum Psychosis

- Poor insight
- Psychotic symptoms
- Delusional beliefs or distorted reality present



**High risk**

# Consider PTSD in the differential when evaluating anxiety symptoms

**Nightmares**

**Flashbacks**

**Intrusive thoughts**

**Avoidance**

**Hyperarousal/hypervigilance**

**Anxious or depressed mood**

**Dissociative symptoms**



# There are multiple PTSD Screening tools available

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?  
YES / NO
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)?  
YES / NO
3. Been constantly on guard, watchful, or easily startled?  
YES / NO
4. Felt numb or detached from people, activities, or your surroundings?  
YES / NO
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?  
YES / NO

# **Women with OCD are at high risk of exacerbation during the perinatal period**

**Onset of illness can occur during this time**

**Linked with shame and embarrassment**

**Treated with SSRIs/therapy**





# There are multiple evidence-based treatments available

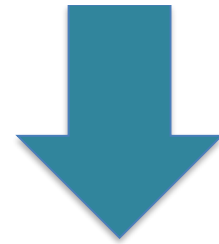
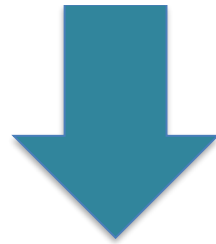
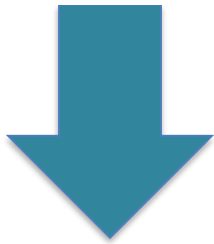


**Education about treatment and support options is essential**

Massachusetts Child Psychiatry Access Program

**MCPAP**

**For Moms**



**Education**

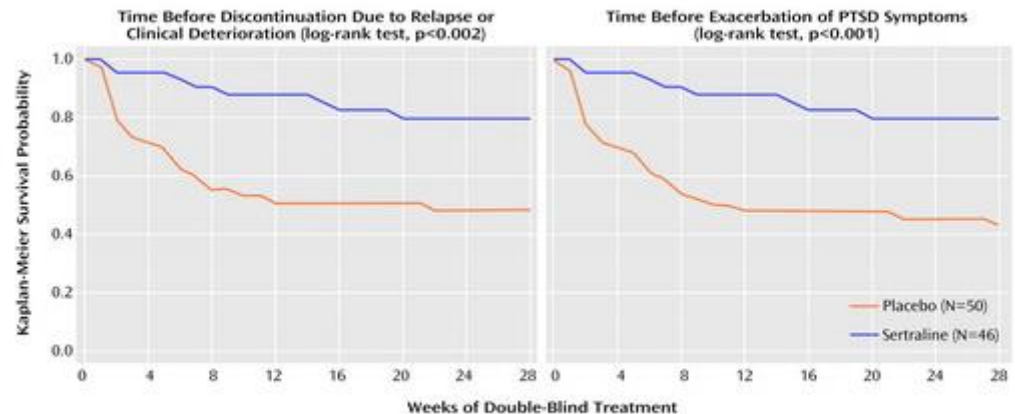
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**Care  
Coordination**

# Pharmacologic treatment for anxiety disorders, PTSD and OCD are similar to treatments for perinatal depression

**SSRIs are considered first line medications**

**Trauma focused therapy is another evidenced-based treatment**



# Antidepressants are generally the first-choice pharmacological treatment of anxiety

**SSRIs are very well studied**



# **Prescribing principles for preconception, pregnancy and breastfeeding**

**Use what has previously worked  
(considering available reproductive safety information)**

**Use lowest EFFECTIVE dose**

**Minimize switching**

**Monotherapy preferable**

**Be aware of need to adjust dose with advancing pregnancy**

**Discourage stopping SSRIs prior to delivery**

# When possible, slowly taper benzodiazepines, with goal to be on lowest possible dose

## Possible risks

Cleft lip/palate

Preterm birth

Low birth weight

Neonatal withdrawal syndrome/rare risk of floppy infant

## Guidelines

Monotherapy preferable to polypharmacy, so optimize SSRI first

Fewer/no active metabolites (lorazepam) may be safer

Try to avoid longer-acting benzos, e.g. diazepam



# Cognitive Behavioral Therapy (CBT)



# Non-pharmacological options

**Meditation**

**Mindfulness**

**Progressive Muscle Relaxation**

**Yoga**

**Acupuncture**





## Encourage exercise (when able)

- May prevent or reduce anxiety
- Recommended by ACOG

## Protect sleep

- Daytime naps
- Support from family/friends



# **Infant feeding can be a source of anxiety and stress during the post-partum period**

**Support the mother's choice of feeding**

**Encourage support from family and friends**



# Perinatal Sleep Disturbance



# **Sleep disturbance is one of the most common perinatal complaints**

**>60% of women report sleep difficulty during pregnancy**

**A major risk factor for post-partum depression and anxiety**



# Ask About

**Sleep onset and duration**

**Quality of sleep**

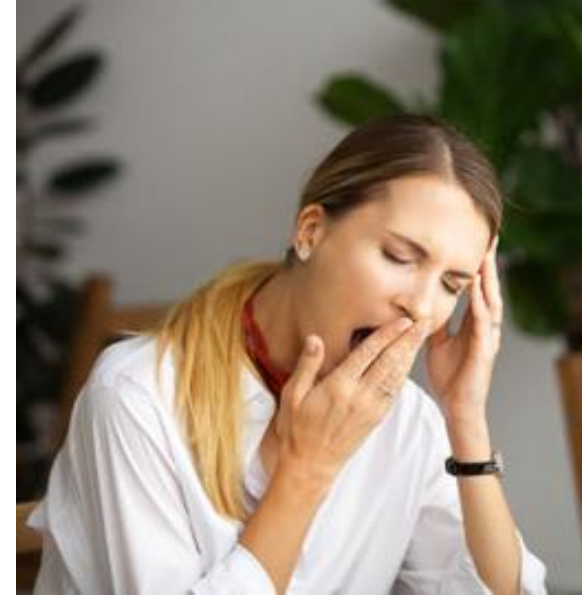
**Number of awakenings**

**Difficulty falling back asleep**

**Daytime alertness**

**Snoring/limb movements**

**If symptoms impact daily functioning**



# Evaluate for medical causes of poor sleep

**TSH**

**Iron Studies**

**Polysomnography**



# Screen for depression and anxiety

Poor sleep quality is a common symptom of PPD and anxiety

Less total sleep time

Longer time to fall asleep

Spend less time in REM

Non-restorative sleep

**Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
- ☒ Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often      Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things	*6. Things have been getting on top of me
<input type="checkbox"/> As much as I always could	<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all
<input type="checkbox"/> Not quite so much now	<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual
<input type="checkbox"/> Definitely not so much now	<input type="checkbox"/> No, most of the time I have coped quite well
<input type="checkbox"/> Not at all	<input type="checkbox"/> No, I have been coping as well as ever
2. I have looked forward with enjoyment to things	*7. I have been so unhappy that I have had difficulty sleeping
<input type="checkbox"/> As much as I ever did	<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Rather less than I used to	<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Definitely less than I used to	<input type="checkbox"/> Not very often
<input type="checkbox"/> Hardly at all	<input type="checkbox"/> No, not at all
*3. I have blamed myself unnecessarily when things went wrong	*8. I have felt sad or miserable
<input type="checkbox"/> Yes, most of the time	<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, some of the time	<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Not very often	<input type="checkbox"/> Not very often
<input type="checkbox"/> No, never	<input type="checkbox"/> No, not at all
4. I have been anxious or worried for no good reason	*9. I have been so unhappy that I have been crying
<input type="checkbox"/> No, not at all	<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Hardly ever	<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Yes, sometimes	<input type="checkbox"/> Only occasionally
<input type="checkbox"/> Yes, very often	<input type="checkbox"/> No, never
*5. I have felt scared or panicky for no very good reason	*10. The thought of harming myself has occurred to me
<input type="checkbox"/> Yes, quite a lot	<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Yes, sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> No, not much	<input type="checkbox"/> Hardly ever
<input type="checkbox"/> No, not at all	<input type="checkbox"/> Never

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>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.



# Poor maternal sleep is linked to poor neonatal sleep

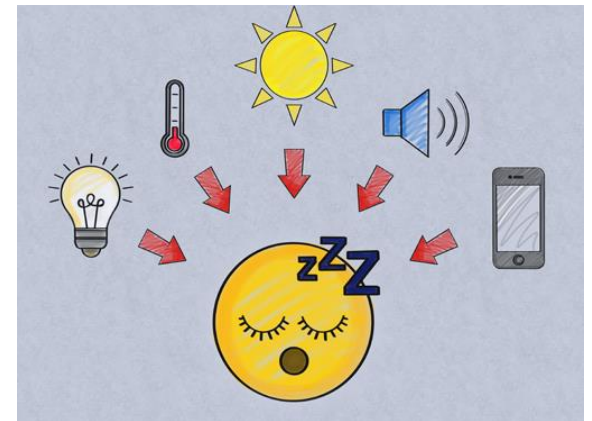
Addressing perinatal sleep disturbance can have positive outcomes for both mom and baby





# Treatment depends on the *cause* of the sleep disruption

Can be addressed through therapy, sleep hygiene, and medication in certain circumstances



# Healthy Sleep Habits ( sleep hygiene)

**Keep the room dark and cool**

**Limit screen time**

**Minimize caffeine and alcohol**

**Don't watch the clock**

**Use the bedroom only for sleep and sex**

**Get out of bed if unable to fall asleep**

**Have a regular sleep schedule (when possible)**



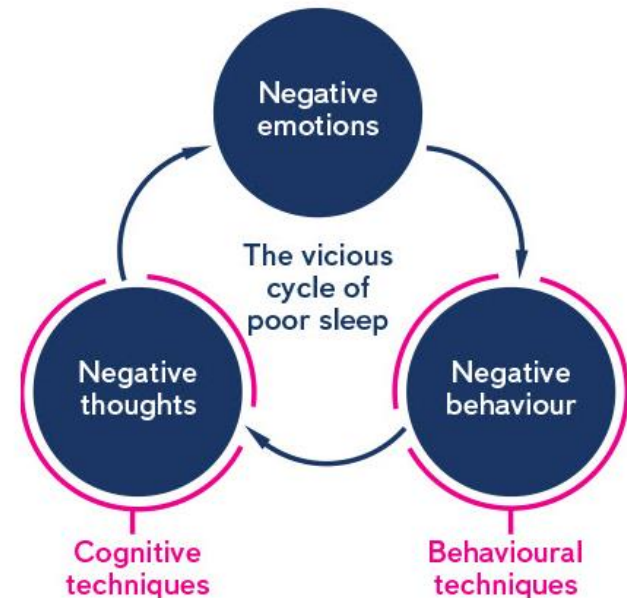
# CBT for insomnia

**Demonstrated benefit  
for sleep disturbance  
during pregnancy**

**Understudied in women  
with anxiety/depression**

**May be difficult to  
implement in the PP**

Fig 1.  
The vicious cycle of poor sleep and how CBT for insomnia can help overcome it.



# **Other sleep promoting strategies**

**Meditation or guided imagery**

**Mindfulness**

**Exercise**

**Support with infant feeding**

# Pharmacological Options

Antidepressants (SSRIs, TCAs, mirtazapine)



# Sedative-hypnotic agents have limited safety data



# New Treatments for Postpartum Depression



# **Current options for perinatal depression include antidepressants, psychotherapy, supportive strategies**

**Previously there were no treatments that directly targeted the pathophysiology underlying postpartum depression**



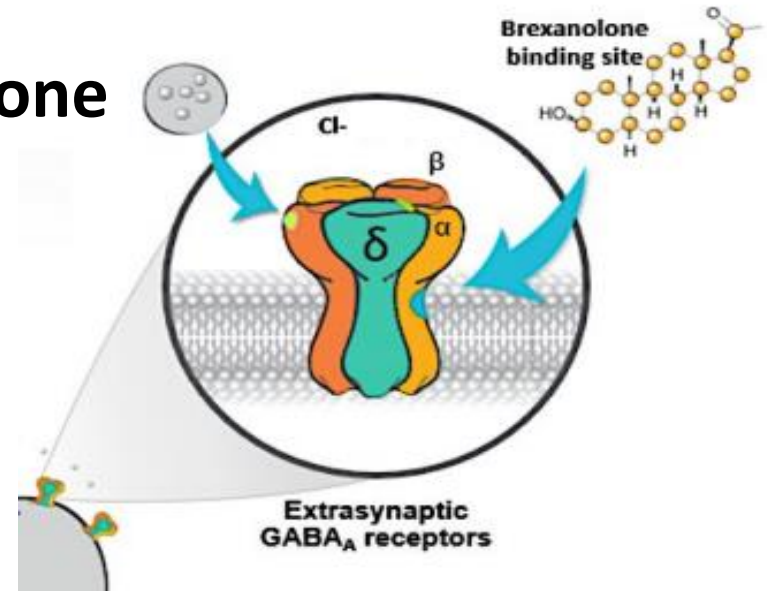


**Brexanolone is a new medication specific for moderate to severe postpartum depression**

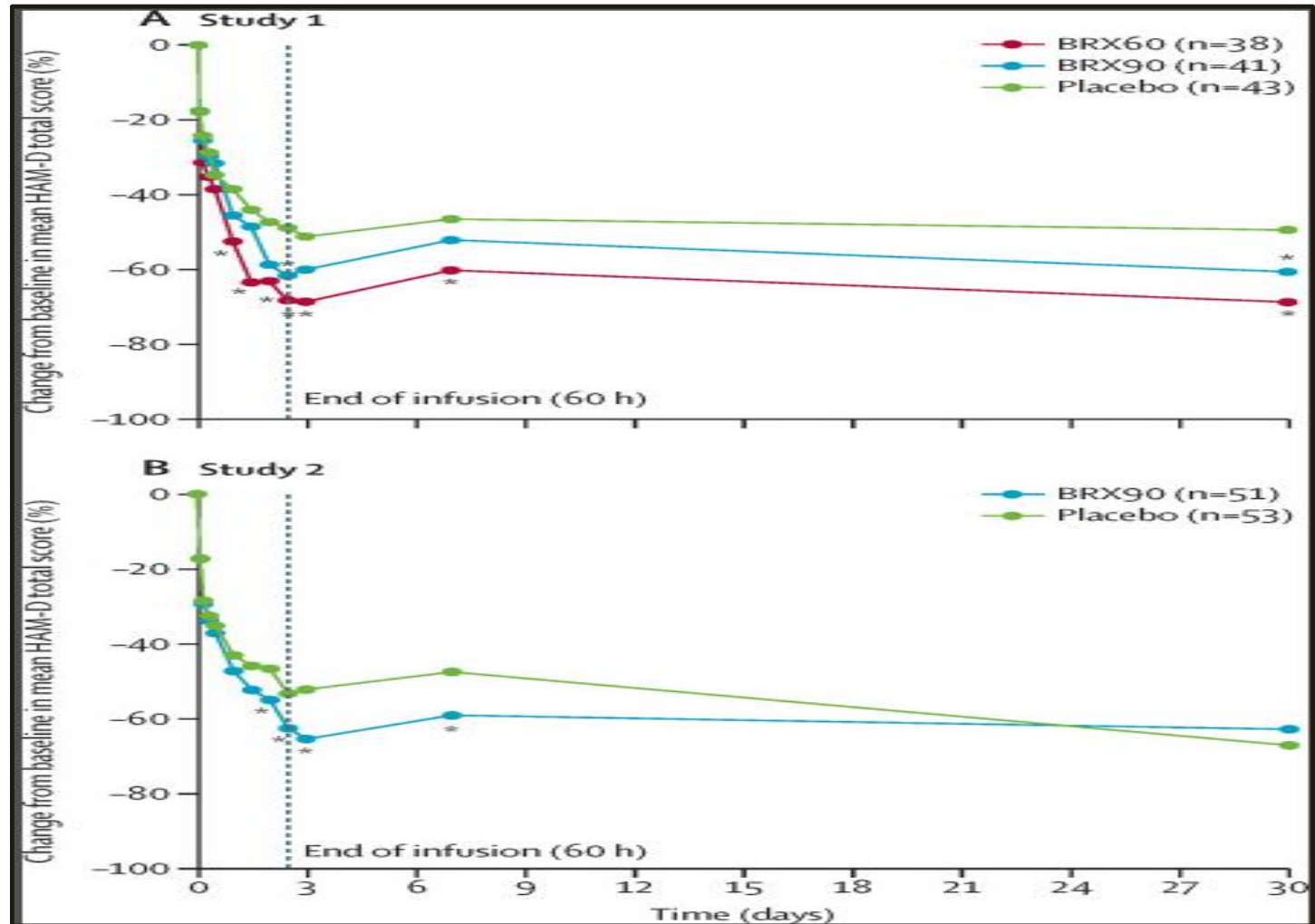
**A formulation of allopregnanolone that acts on GABA<sub>A</sub> receptors**

**Fast onset of action**

**Clinical benefit in 1-2 days**



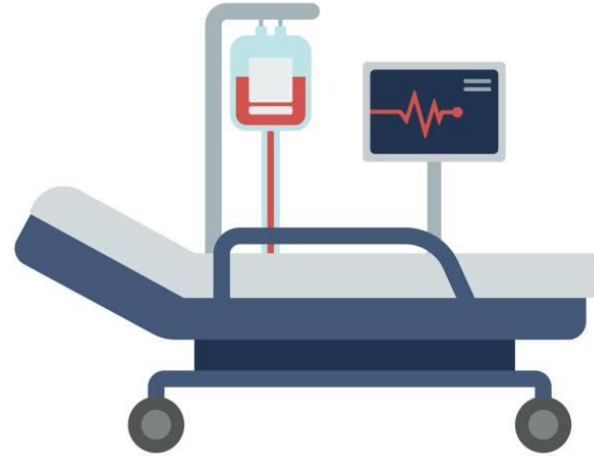
# Reduction in depressive symptoms is maintained at 30 days in 3 placebo-controlled trials



# Need for continuous infusion and monitoring necessitate administration in an inpatient setting

## Common Side Effects

- *Loss of consciousness*
- Headache
- Dry mouth
- Sedation
- Dizziness



Several centers in Massachusetts are establishing procedures for providing Brexanolone

# Conclusion

**Perinatal anxiety is common and treatable**

**There are multiple screening tools available**

**Evidence based treatments include medications, therapy, and supportive strategies**

# Conclusion

**Evaluating the cause of perinatal sleep disturbance (medical, environmental) guides treatment**

**Improving sleep helps both mother and baby**

# Conclusion

**New treatments for postpartum depression which target the pathophysiology underlying the illness will be available soon**

# Acknowledgements

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**Thank you!**

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**Thank you!**