



Risk Factors and Prevention for Perinatal Depression and Anxiety

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Today we will discuss

- Risk factors for developing perinatal anxiety and depression
- Risks associated with perinatal anxiety and depression
- Strategies to prevent perinatal depression and anxiety

Perinatal depression is the most common complication of pregnancy

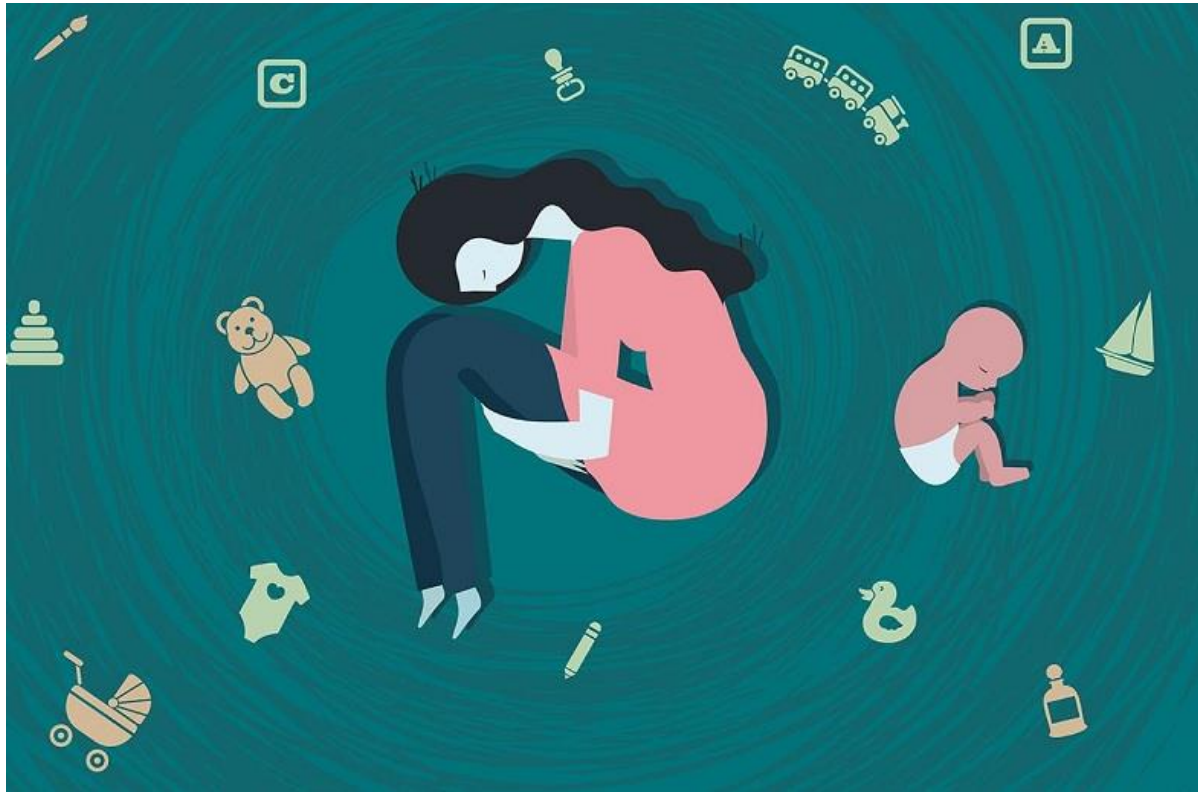


Perinatal depression affects as many as
one in seven women.

Postpartum depression affects about 1 in 3 low income mothers



Over 40% of women experiencing a postpartum depressive episode may experience a recurrent episode in subsequent pregnancies



<http://aboutislam.net>

Perinatal depression is associated with significant risks

Poor health care

Substance abuse

Preeclampsia

Non-suicidal self-harm

Suicide



Preterm Labor

Low birth weight

Perinatal depression is associated with more negative maternal behaviors, less positive maternal behaviors

Less likely to comply with safety practices

Lower rates of preventive healthcare and vaccination

More problems with breastfeeding

Impaired mother-infant bonding

Increased risk for long-term cognitive impairment, emotional difficulties and behavior problems



Perinatal depression can present in different ways



Baby Blues

**Subclinical
Depression
Adjustment
Disorder**

**Major Depressive
Episode**

Baby blues

Mood lability, tearfulness, anxiety, irritability

No functional impairment

<2 weeks

No SI

No specific treatment



<http://mindbodypregnancy.com/how-to-recognize-postpartum-depression>

Major Depressive Episode

Depressed mood or for at least 2 weeks and/or significantly decreased interest or pleasure

Significant change in appetite

Significant change in sleep

Loss of energy

Feelings of worthlessness/guilt

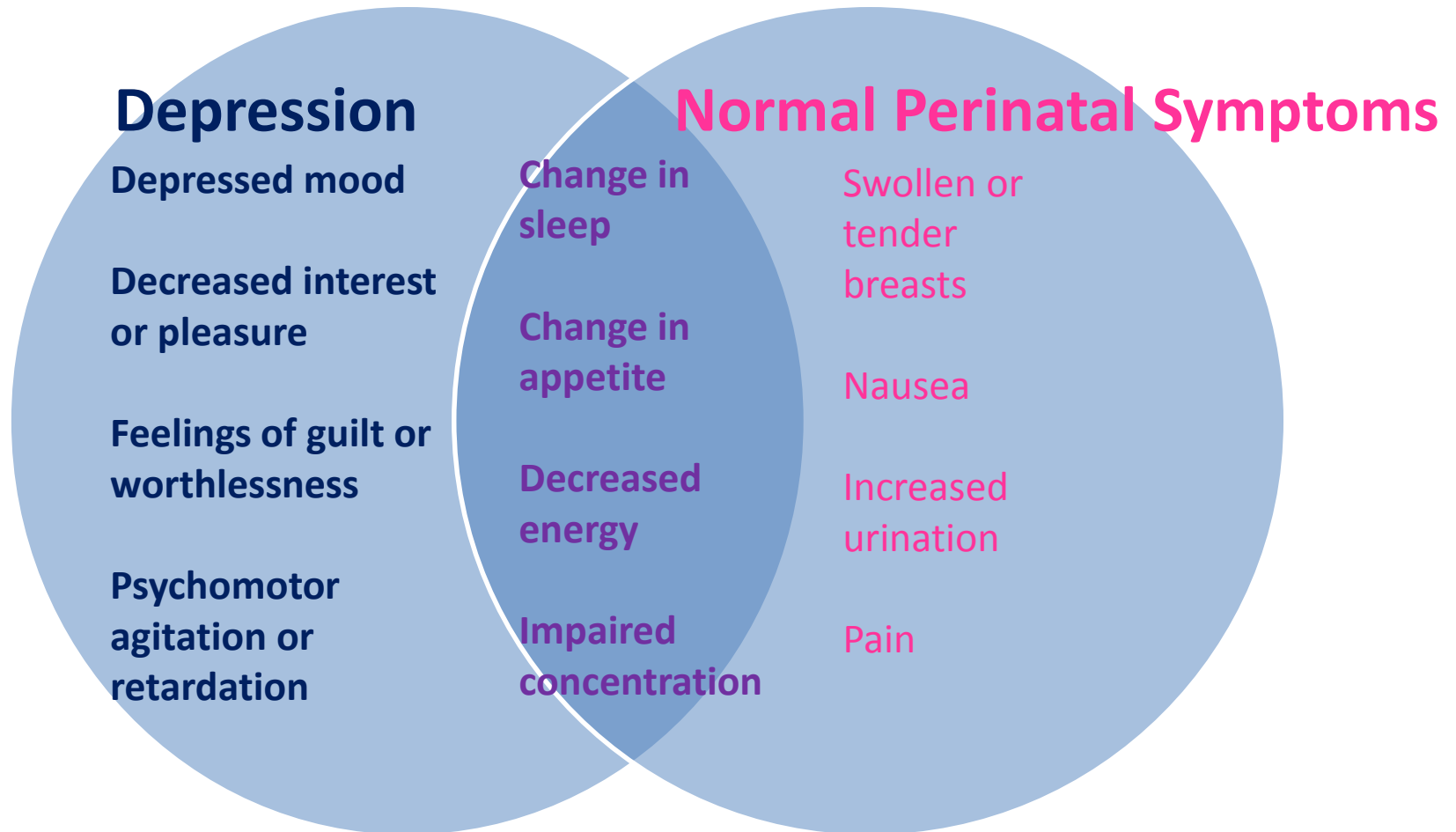
Impaired concentration

Slowed down thinking and motor activity or
restlessness/agitation

Recurrent thoughts of death or SI



There is significant overlap between depressive symptoms and normal perinatal symptoms.



Edinburgh Postnatal Depression Scale¹ (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:

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"><input type="checkbox"/> As much as I always could<input type="checkbox"/> Not quite so much now<input type="checkbox"/> Definitely not so much now<input type="checkbox"/> Not at all <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"><input type="checkbox"/> As much as I ever did<input type="checkbox"/> Rather less than I used to<input type="checkbox"/> Definitely less than I used to<input type="checkbox"/> Hardly at all <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, some of the time<input type="checkbox"/> Not very often<input type="checkbox"/> No, never <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"><input type="checkbox"/> No, not at all<input type="checkbox"/> Hardly ever<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> Yes, very often <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, quite a lot<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> No, not much<input type="checkbox"/> No, not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<input type="checkbox"/> No, most of the time I have coped quite well<input type="checkbox"/> No, I have been coping as well as ever <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> Not very often<input type="checkbox"/> No, not at all <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, quite often<input type="checkbox"/> Not very often<input type="checkbox"/> No, not at all <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, quite often<input type="checkbox"/> Only occasionally<input type="checkbox"/> No, never <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, quite often<input type="checkbox"/> Sometimes<input type="checkbox"/> Hardly ever<input type="checkbox"/> Never |
|--|--|

Administered/Reviewed by _____ Date _____

¹Source: 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.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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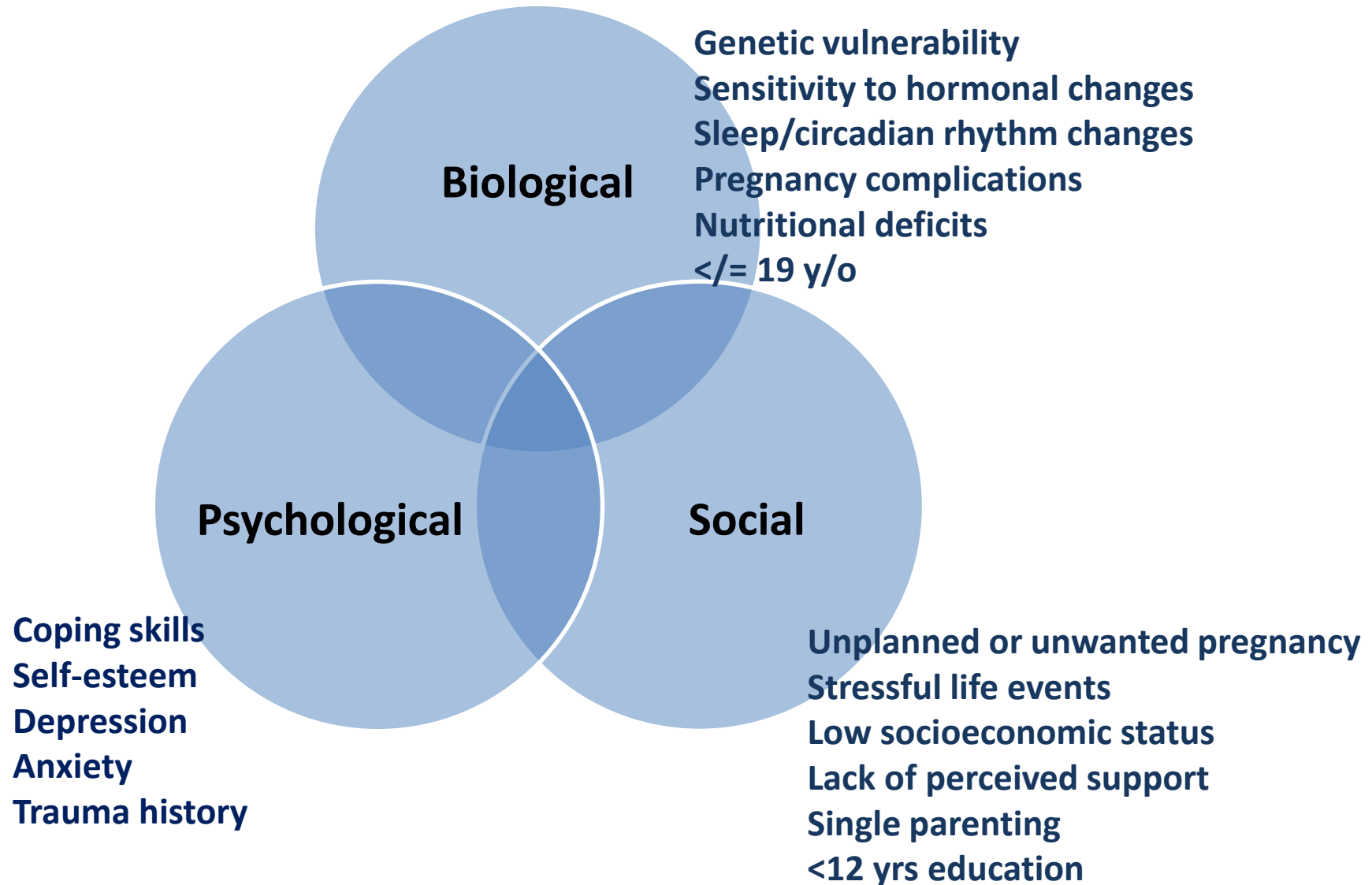
Although PPD is common and can have devastating consequences, providers focus on identifying and treating it rather than preventing it.

February 2019

U.S. Preventive Services Task Force (USPSTF) issued recommendation on interventions to prevent perinatal depression

Pregnant or postpartum person less than 1 year postpartum without current diagnosis of depression but at increased risk of developing depression

Risk for postpartum depression and anxiety is multifactorial



USPSTF recommendations

Provide or refer persons at increased risk of perinatal depression to **counseling** interventions with one or more of the following risk factors:

History of depression

Current subclinical depression

Significant anxiety

SES risk factors

low income

adolescent or single parenthood

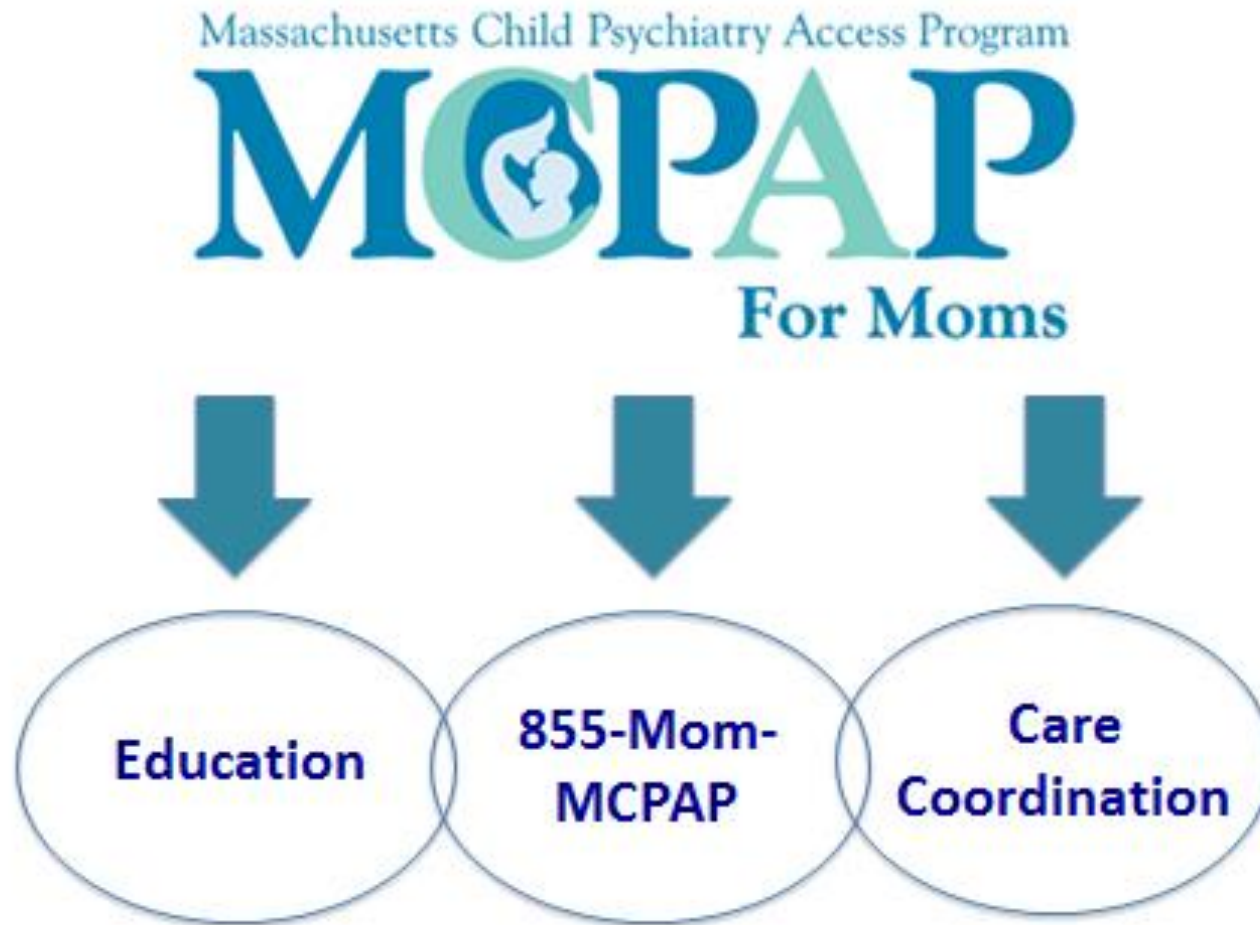
recent intimate partner violence

significant life events



<https://www.healthline.com>

MCPAP for Moms can help

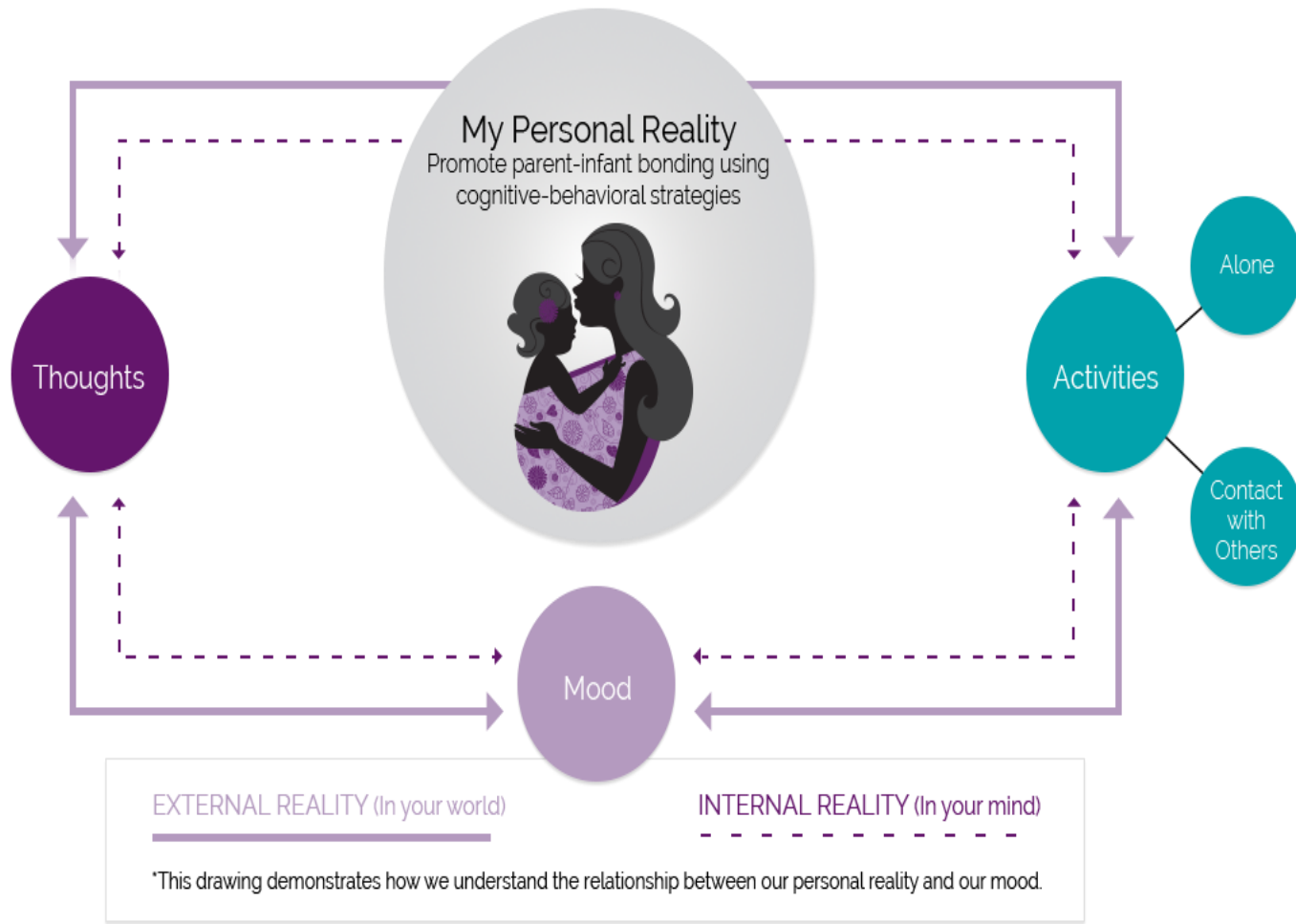


Cognitive behavioral therapy (CBT)



<https://www.inspiremalibu.com/blog/non-12-step/whats-the-difference-between-cbt-and-dbt/>

“Mothers and Babies” Program



USPTF. JAMA 2019

<http://www.mothersandbabiesprogram.org/>

Interpersonal therapy (IPT)

Aims to improve quality of interpersonal relationships and social functioning to reduce distress



Reach Out, Stand Strong, Essentials for New Mothers (ROSE) program

Psychoeducation on baby blues
and postpartum depression

Stress management

Development of a social
support system

Discuss role transitions and
interpersonal conflicts around
childbirth

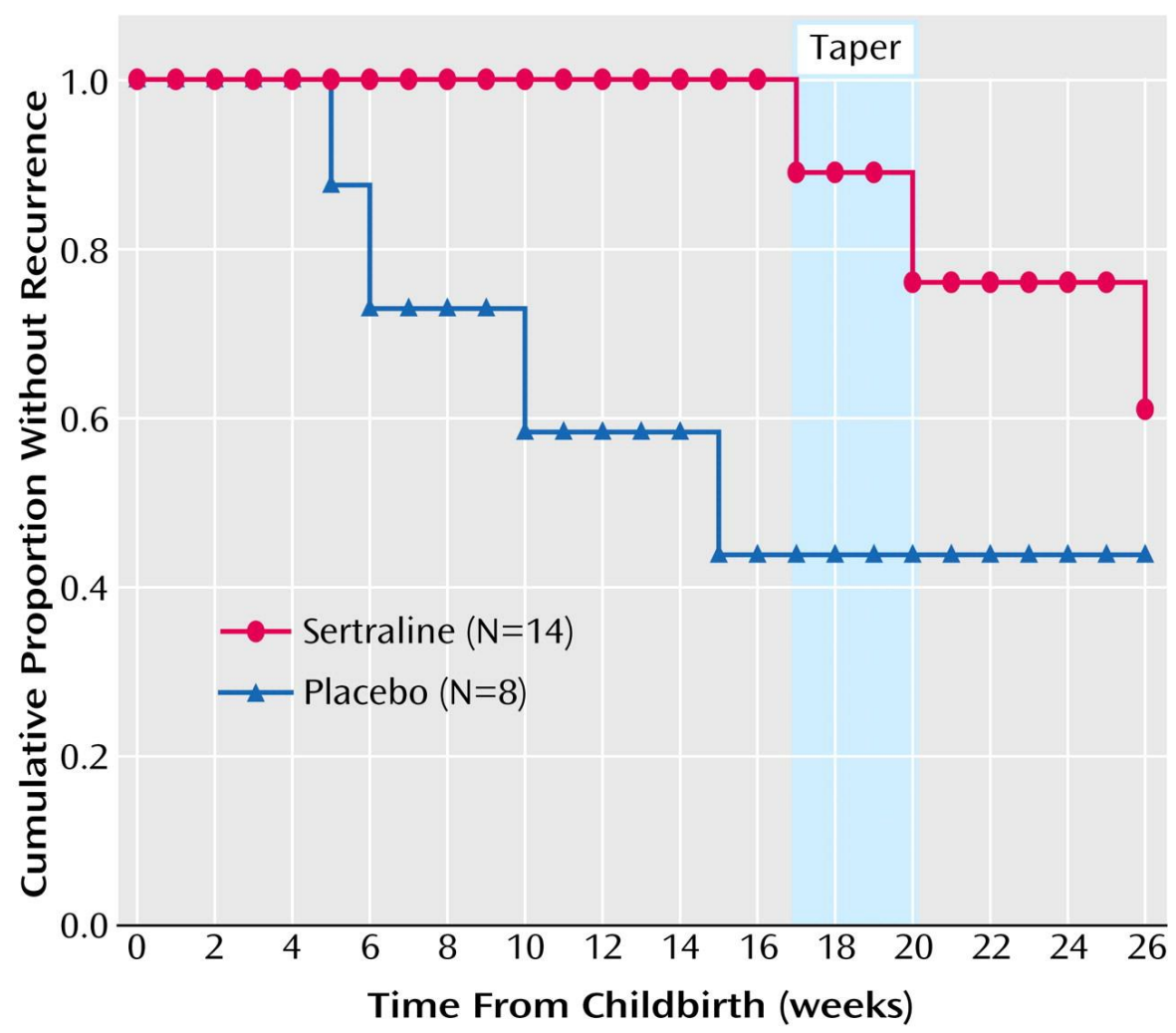
Role-playing



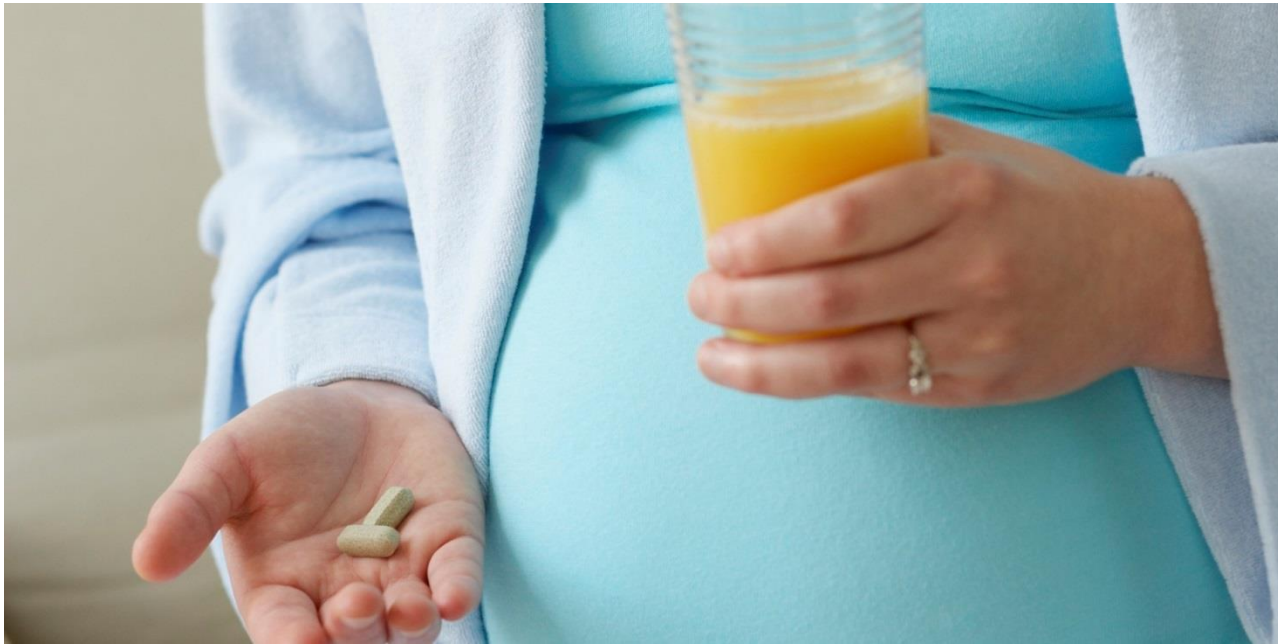
Other potentially beneficial interventions

- **Exercise**
- **Perinatal education**
- **Peer counseling**
- **Integrated behavioral health**
- **Medications**
- **Supplements**
- **Infant sleep education**
- **Acupuncture**

Occurrence of Depression During 17 Weeks of Postpartum Sertraline or Placebo Treatment Among Women With Past Episodes of Postpartum Depression (Wisner et al. *Am J Psychiatry* 2004)



We must weigh the risks of relapse against the potential risks of medication exposure during pregnancy.



While direct evidence is lacking in regards to protection against PPD, evidence that adequate levels of omega 3, folate and iron protect against depression in general is relatively strong.



Anxiety disorders are comorbid in up to 2/3 of woman with PPD

Excessive worries

Intrusive thoughts

Compulsive behaviors

Panic attacks

Sleep disturbance

Muscle tension, HAs, GI sx

Impaired concentration

Irritability



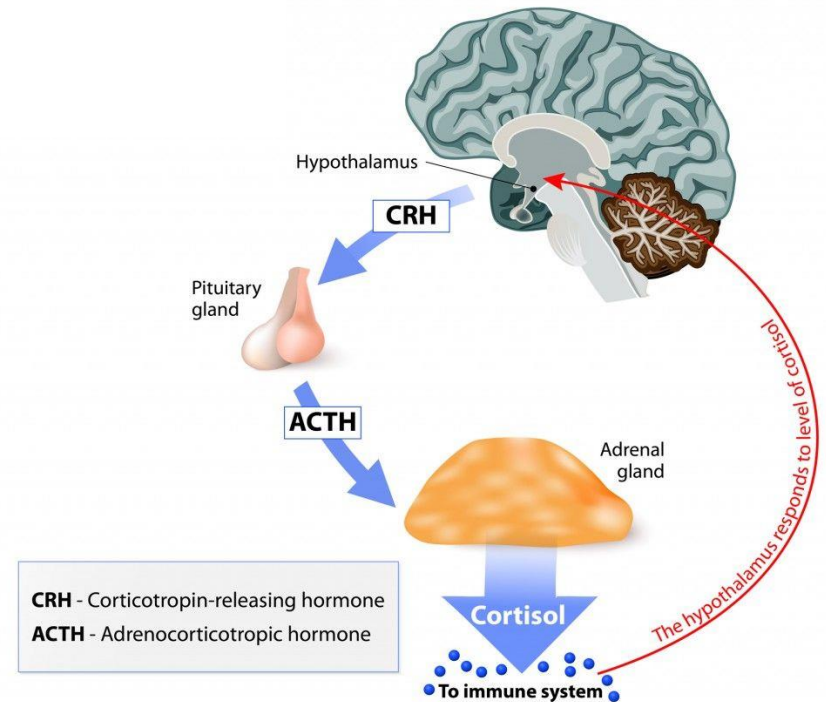
Perinatal anxiety is associated with negative outcomes

Preterm labor

Low birthweight infants

Preeclampsia

May affect infant's response to stress and vulnerability to mood and anxiety disorders



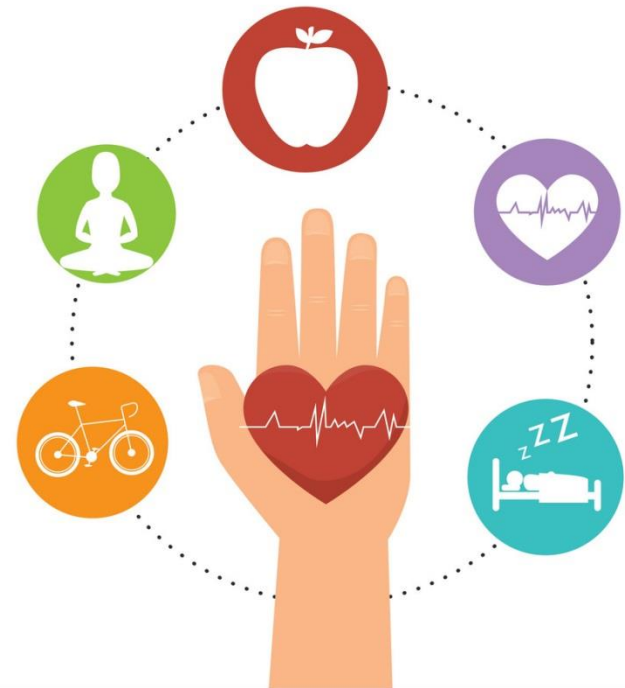
<http://www.drjoetatta.com/how-your-brain-changes-with-pain/>

<https://womensmentalhealth.org/posts/anxiety-during-pregnancy-how-does-it-affect-the-developing-fetal-brain/>

Evidence based prevention strategies for perinatal anxiety are lacking

But all women benefit from

- Information
- Exercise
- Rest
- Nutrition
- Support



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Non-pharmacological options that could reduce risk of perinatal anxiety

Mindfulness

Progressive muscle relaxation

Yoga

Guided meditation

Massage

Acupuncture

Psychotherapy



Higher levels of physical activity during pregnancy may reduce risk of postpartum depression and anxiety

ACOG recommends \geq 30 minutes of moderate exercise on most days



www.cosmopolitan.com/uk/body/fitness

Assess for medical risk factors for depression and anxiety

TSH

CBC

B12

Folate

Vitamin D



Sleep disturbance is a significant predictor of PPD

Awake >2 hours between 12 am and 6 am

<1 hr daytime sleep

More subjective daytime sleepiness



<https://ihelpmoms.com/how-i-finally-overcame-insomnia/>

General sleep hygiene

- Optimize sleep environment
- Reserve the bed for sleep and sex
- Limit screen time before bed
- Do not *try* to fall asleep
- Don't Watch the Clock
- Set a regular sleep schedule
- Sleep only as much as you need to feel refreshed during the following day
- Limit naps to no more than 30 minutes/day
- Minimize caffeine, nicotine, alcohol

Sleep tips specific to postpartum period

Daytime naps

Elicit support with infant feedings to increase sleep opportunity

Breastfeeding can be relaxing or stressful or both



Provide lactation support for women who want to breastfeed.

Support a woman's decision not to breastfeed.

Unplanned pregnancy increases the risk of perinatal depression and anxiety

~1/2 of pregnancies are unplanned.



Women with depression and anxiety are less likely to use contraception consistently or at all.

A top-down view of various medical supplies and pharmaceuticals arranged on a white surface. The items include several pill containers (some open, showing pills), syringes, vials, and other medical equipment. The colors are vibrant, with a mix of blues, pinks, and whites. The arrangement is somewhat chaotic, with items scattered across the frame.

Provide proactive and non-coercive family planning counseling

Consider potential psychiatric side effects and other potential barriers to using contraception

Conclusion

Perinatal depression and anxiety are common and can be associated with significant risks to mom and baby.

More research is needed to identify effective strategies to prevent perinatal depression and anxiety.

Current evidence supports IPT and CBT as effective prevention strategies for perinatal depression.

Conclusion

Preventive efforts such as strengthening social support; improving diet, exercise, and sleep hygiene; and stress reduction can enhance resiliency and have minimal risk.

Certain medications and supplements may also play a role in prevention of perinatal depression and anxiety but more research is needed.

Acknowledgements

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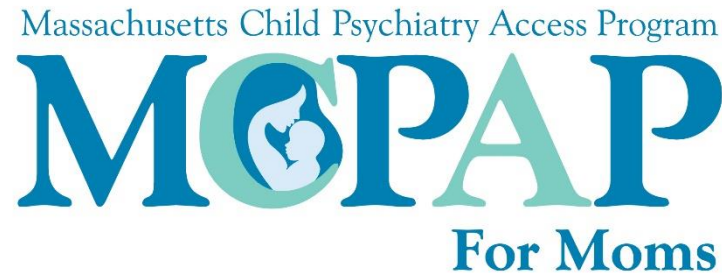
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