Integrating Screening, Assessment, and Management of Perinatal Anxiety into Practice

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UMass Chan MEDICAL SCHOOL | Lifeline for families

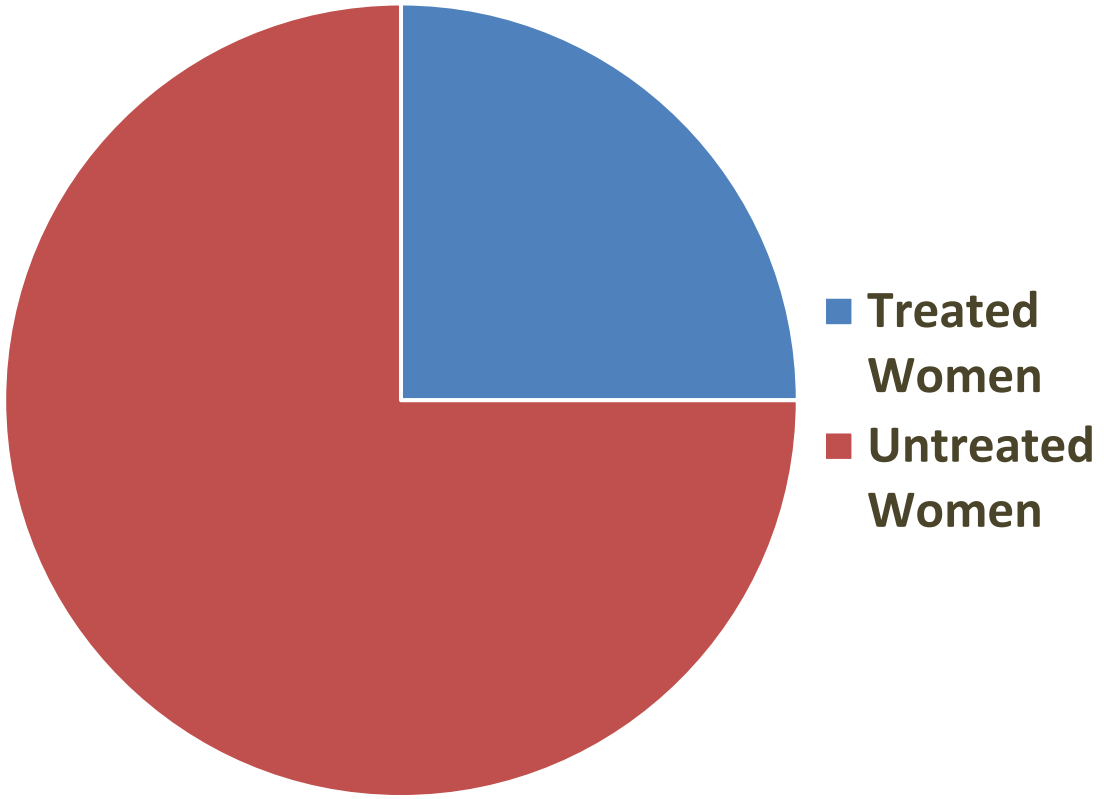
Disclosure: Nancy Byatt, DO, MS, MBA

In the 24-months prior to this presentation, I declare the following ineligible company financial relationships:

- **Global Learning Collaborative, speaker honorarium**
- **The Kinetix Group, consultant**
- **JBS, consultant**
- **VentureWell, consultant**

Perinatal mental health affects all of us

Perinatal mood and anxiety disorders are common and undertreated



Women with depression symptoms

Mental health conditions are the underlying cause of 23% of maternal deaths in the US

Perinatal depression and anxiety affects mom, child, and family

Preterm delivery
Low birth weight
NICU admissions

Cognitive delays
Motor & Growth issues
Behavioral problems
Mental health disorders




Less engagement in medical care
Smoking & substance use

Lactation challenges
Bonding issues
Adverse partner relationships

Family relationships play a pivotal role in physiology, biology, and physical and mental well-being

For children, mental health is a component and result of positive caregiving relationships

Child mental health is most malleable to safety, stability, and nurturing by caregivers

Maternal mental health is critical for caregiving

Perinatal mood and anxiety disorders are recognized as a major public health problem

The perinatal period is ideal for the detection and treatment of mood and anxiety disorders

ACOG
The American College of Obstetricians and Gynecologists

CLINICAL PRACTICE GUIDELINE

NUMBER 4

JUNE 2023

REPLACES COMMITTEE OPINION 757, NOVEMBER 2018

Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum

Committee on Clinical Practice Guidelines—Obstetrics. This Clinical Practice Guideline was developed by the ACOG Committee on Clinical Practice Guidelines–Obstetrics in collaboration with Tiffany A. Moore Simas, MD, MPH, MEd; M. Camille Hoffman, MD, MSc; Emily S. Miller, MD, MPH; and Torri Metz, MD, MS; with consultation from Nancy Byatt, DO, MS, MBA; and Kay Roussos-Ross, MD.

The Society for Maternal-Fetal Medicine endorses this document.

The Committee on Women's Mental Health of the American Psychiatric Association reviewed and provided feedback on this document.

ACOG
The American College of Obstetricians and Gynecologists

CLINICAL PRACTICE GUIDELINE

NUMBER 5

JUNE 2023

REPLACES PRACTICE BULLETIN NUMBER 92, APRIL 2008

Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum

Committee on Clinical Practice Guidelines—Obstetrics. This Clinical Practice Guideline was developed by the ACOG Committee on Clinical Practice Guidelines–Obstetrics in collaboration with Emily S. Miller, MD, MPH; Torri Metz, MD, MS; Tiffany A. Moore Simas, MD, MPH, MEd; and M. Camille Hoffman, MD, MSc; with consultation from Nancy Byatt, DO, MS, MBA; and Kay Roussos-Ross, MD.

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It is recommended that perinatal individuals be screened for depression and anxiety

2015, 2018

Depression & Anxiety → At least once during the perinatal period

2016

Depression → At least once during pregnancy and again pp

2023

Depression & Anxiety → Twice in pregnancy and again pp

Screening needs to be coupled with adequate systems to ensure accurate diagnosis, effective treatment, and appropriate follow-up

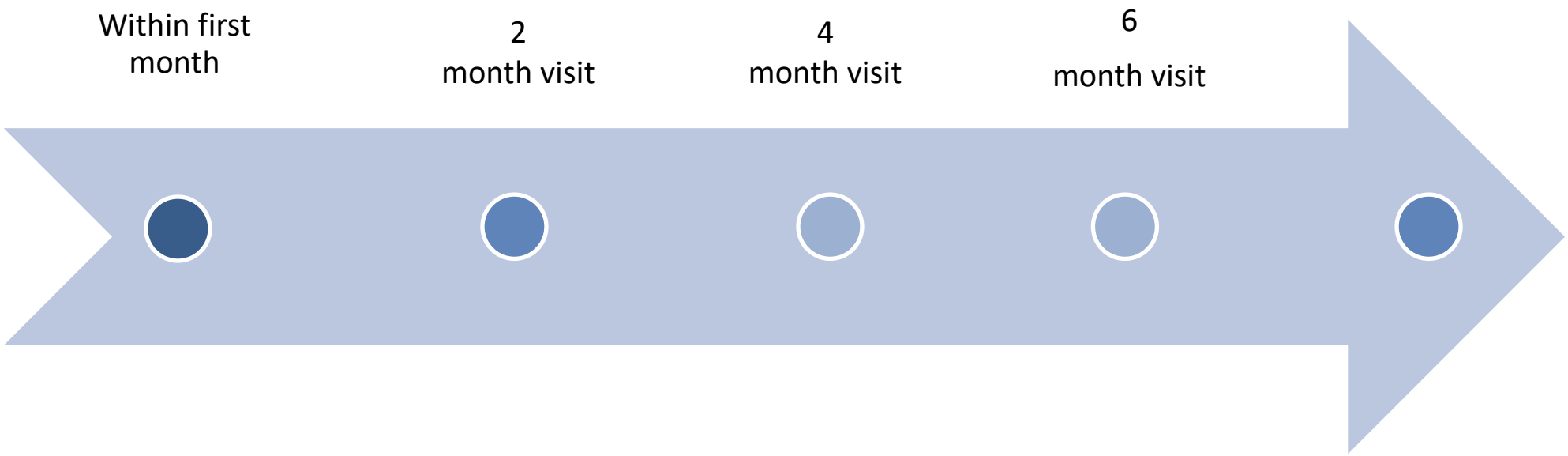
Pediatricians have a unique opportunity to identify mood and anxiety disorders

"… to help prevent untoward development and mental health outcomes."

***Bright Future, the AAP, USPTF and CMS all* recommend integrating depression screening into well-child visits**

 American Academy Pediatrics 2010, *Pediatrics.* https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx.

AAP recommends parental depression screening during pediatric visits



SWYC/MA (Massachusetts Survey of Wellbeing of Young Children) OR EPDS or PHQ-9

Download SWYC/MA at www.MCPAP.org

Earls et al. AAP Policy Statement: Incorporating Recognition and Management of Perinatal Depression into Pediatric Practices

Score on screeners correlates with illness severity

EPDS 10-14 PHQ-9 10-14 GAD-7 5-9 PC-PTSD Yes<3	• Mild
EPDS 15-19 PHQ-9 15-19 GAD-7 10-14 PC-PTSD Yes≥3	• Moderate
EPDS ≥ 19 PHQ-9 ≥ 19 GAD-7 ≥ 15 PC-PTSD Yes≥3	• Severe

Symptom severity directs treatment intensity

Considering the differential diagnosis is an important aspect of the assessment

Depression

Anxiety

OCD

PTSD

Bipolar D

Psychosis

Anxiety can present in different ways

Panic Disorder

Social Anxiety Disorder

Generalized anxiety disorder

PTSD

Generalized Anxiety Disorder (GAD) Symptoms

Excessive anxiety and worry

Increased muscle aches or soreness

Impaired concentration

Fatigue

Irritability

Restlessness

Difficulty sleeping

verywell

https://www.verywellmind.com/dsm-5-criteria-for-generalized-anxiety-disorder-1393147

GAD-7 is a validated anxiety screening tool for use in general and perinatal populations

GAD-7 ≥ 5 is a positive screen

General and perinatal populations

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

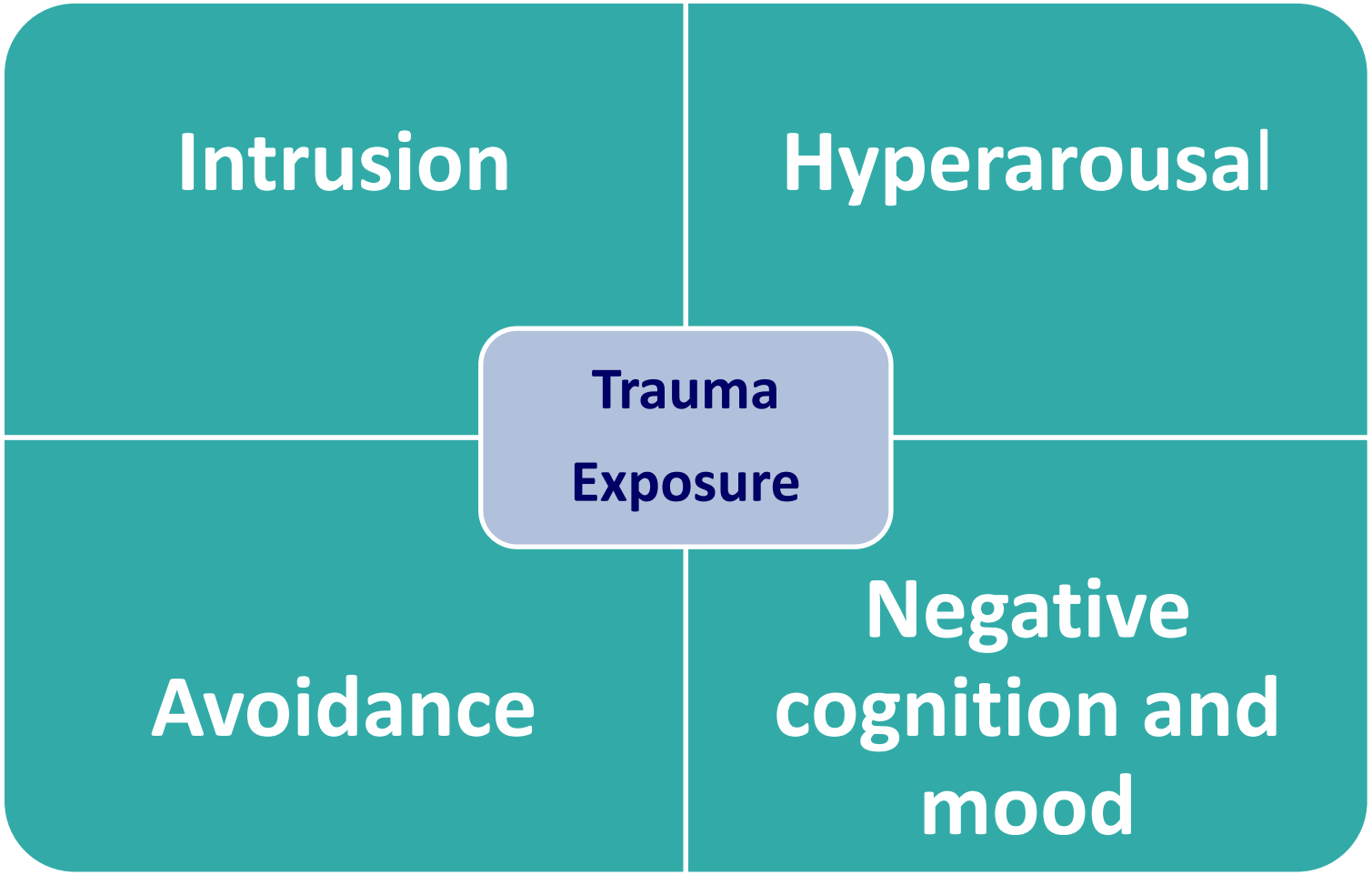
Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
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
Add the score for each column	+	+	+	
Total Score *(add your column scores)* =				

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 Inern Med.* 2006;166:1092-1097.

Posttraumatic stress disorder hijacks the natural threat detection and response system



PC-PTSD is a valid PTSD screening tool for use in general and perinatal populations

C	In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you:		
	Have had nightmares about it or thought about it when you did not want to?	No	Yes
	Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
	Were constantly on guard, watchful, or easily startled?	No	Yes
	Felt numb or detached from others, activities, or your surroundings?	No	Yes

≥ 3 "Yes" responses is a positive screen

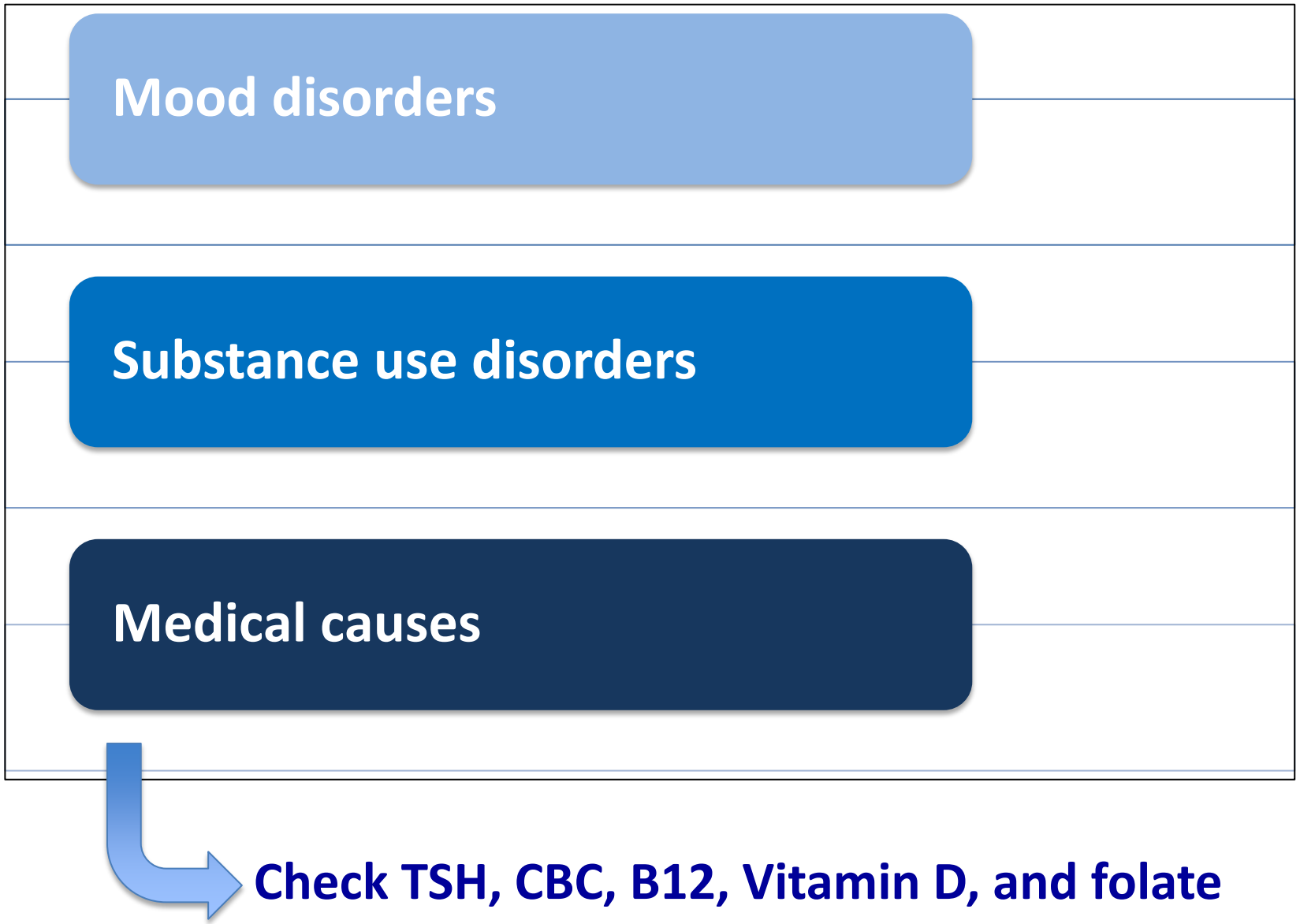
General and perinatal populations

To assess, ask about symptoms and illness severity

Recent stressors

- Duration of symptoms
- How often symptoms occur
- Feeling of hopeless, helplessness
- Current treatment (medications/therapy)
- Family history
- Prior symptoms
- Previous suicide attempt(s)
- Past psychiatric treatment (medication/therapy)
- Previous psychiatric hospitalizations
- Current suicidal ideation, plan, intent

Assess for co-morbidities and medical causes



Bipolar disorder increases risk of postpartum psychosis

1-2/1000 women

>70% bipolar disorder

24 hrs – 3 weeks postpartum

Mood symptoms, psychotic symptoms & disorientation

R/o medical causes of delirium

Psychiatric emergency

4% risk of infanticide with postpartum psychosis

Wesseloo et al (2016). *AJP*. Goodwin and Jamison (2007). *Manic Depression Illness*.

Risk of harm to baby when mother has thoughts of harming baby

OCD/anxiety/depression	Postpartum Psychosis
• Good insight • Thoughts are intrusive and scary • No psychotic symptoms • Thoughts cause anxiety	• Poor insight • Psychotic symptoms • Delusional beliefs or distorted reality present
↓	↓
Low risk	**High risk**

Education about various treatment and support options is imperative

Individual therapy is first-line treatment for mild illness

Cognitive behavioral therapy

Interpersonal psychotherapy

Group, couples, family therapy

Offer other adjunctive interventions as indicated

Self-Care Plan

Name:_____DOB / MRN: _____
Provider: _____ Date: _____

Setting goals for things that are within your control has been shown to help women feel emotionally well. Your goals should be fairly easy to start. You do not need to do all of these. Choose one or two to try in the coming weeks.

1. Stay physically active. Make sure you make time to address your basic physical needs, for walking for a certain amount of time each day.

During the week, I will spend at least_____minutes doing (write in activities) _____ _____. I will try to do these for_____(minutes each time).

2. Make time for pleasurable activities. Even though you may not feel as motivated, or get the same amount of pleasure as you used to, commit to scheduling some fun activity each day - for example, doing a hobby, listening to music, or watching a video.

Things I find pleasurable include: _____

During the week, I will spend at least_____minutes doing (choose one of more of these to try in the coming week)_____.

3. Talk or spend time with people who can support you. It's tempting to avoid contact with people when you're down, but everyone needs the support of friends and loved ones. Explain to them how you feel if you can. If you can't talk about it, that's OK - just ask them to be with you, maybe joining you for one of your activities. Ask for/accept help from others, especially during nighttime feedings.

People I find supportive and helpful include: _____

During the week, I will make contact with_____(name/s) and try to talk with them_____times.

4. Practice relaxing. For many people, the changes that come with depression - no longer keeping up our usual activities and responsibilities, feeling increasingly sad and hopeless - leads to anxiety. Since physical relaxation can lead to mental relaxation, practicing relaxing is another way to help yourself. Try deep breathing, or a warm bath, or just finding a quiet, comfortable, peaceful place and saying comforting things to yourself (like "It's OK.")

During the next week, I will practice physical relaxation by doing _____ at least_____times, for at least_____ minutes each time.

5. Simple goals and small steps. It's easy to feel overwhelmed when you're depressed. It can be hard to deal with problems when you're feeling sad and have little energy. Try setting a new goal that is different than above. Try breaking things down into small steps and give yourself credit for each step you accomplish.
The problem is:_____ My goal is: _____

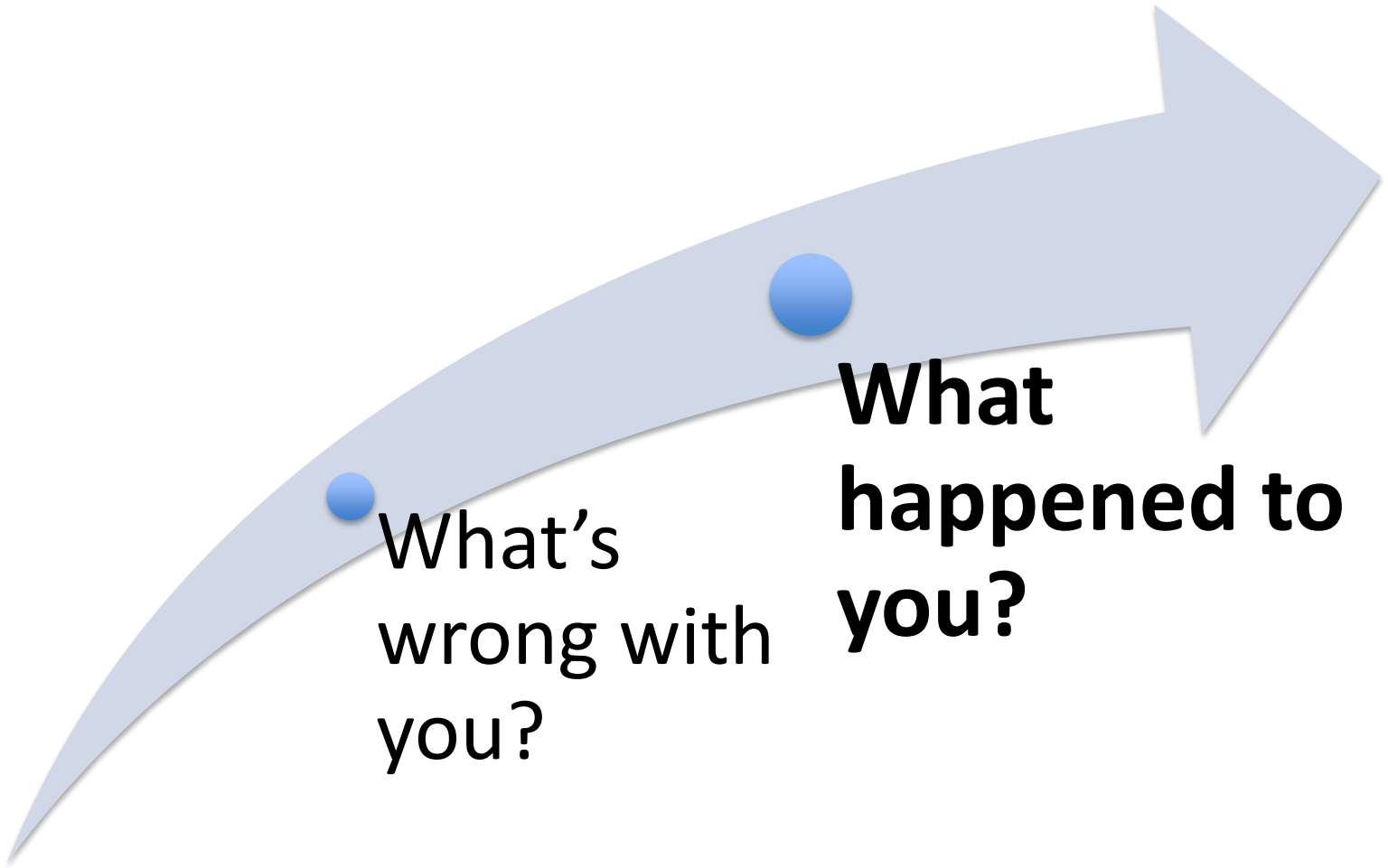
Step 1: _____ Step 2:_____

Step 3: _____ Step 4:_____

People who are experiencing symptoms of depression also have thoughts that they might be better off dead or thoughts about harming themselves. Usually, these thoughts go away once treatment has begun but if these thoughts get worse, if you feel unsafe, or feel you cannot resist the urge to act on these thoughts, please call our office or the suicide hotline at 1-800-273-8255.

Adapted from Depression Self-Care Plan developed by....., 2013

Shift the paradigm to be trauma-informed



Trauma impacts health care

A history of ACE associated with a multitude of health problems

Health care services can be (re) traumatizing

Prior trauma influences how people engage in care

Trauma informed care is good practice for all patients

Conceptual framework that acknowledges previous trauma and stressors and informs every patient-clinic interaction

Empower patients during exams.

- **Permission**
- **Communication**
- **Awareness of body language**
- **Non-judgmental listening**
- **Clinic setup**

Always consider impact of Adverse Childhood Experiences (ACEs)

No suicidal ideation

Able to care for self/baby

Engaged in psychotherapy

Depression/Anxiety has improved with psychotherapy in the past

Strong preference and access to psychotherapy

Moderate/severe depression and/or anxiety

Suicidal ideation

Difficulty functioning or caring for self/baby

Psychotic symptoms present

History of severe depression/anxiety and/or suicide ideation/attempts

Comorbid conditions (Depr + Anx)

Case example

No decision is risk free

Vs.

SSRIs are among the best studied class of medications in pregnancy

Byatt et al (2013). *Acta Psych Scand.*

Same prescribing principles for preconception, pregnancy and breastfeeding

- Use what has previously worked
- Use EFFECTIVE dose
- Minimize switching
- Monotherapy preferable
- Be aware of need to adjust dose with advancing pregnancy
- Discourage stopping SSRIs prior to delivery

Most data does not support increased risk of birth defects or teratogenicity with use of antidepressants in pregnancy

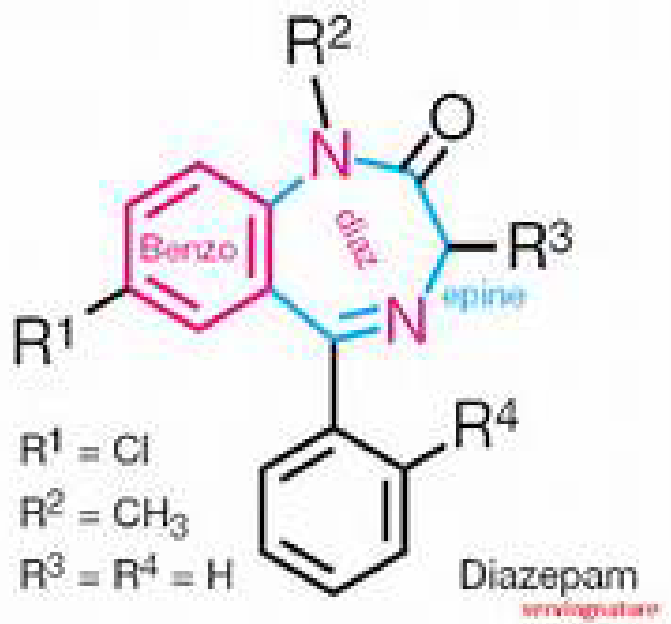
Data is inconsistent, paroxetine has been most controversial

Byatt et al (2013). *Acta Psych Scand.*

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

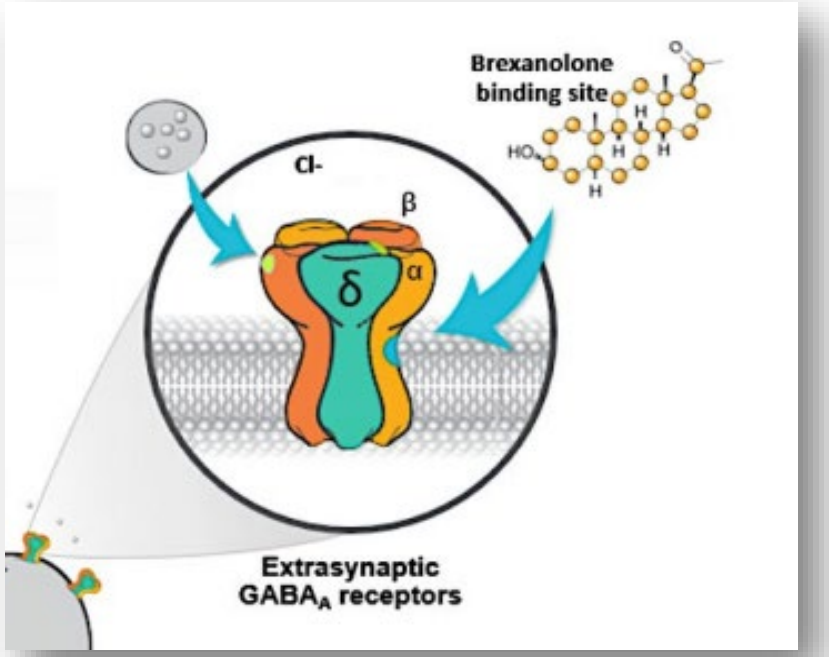
Brexanalone (Zulresso) is a new medication for moderate-severe depression with onset in the 3rd trimester or early postpartum

A formulation of allopregnanolone, a neurosteroid

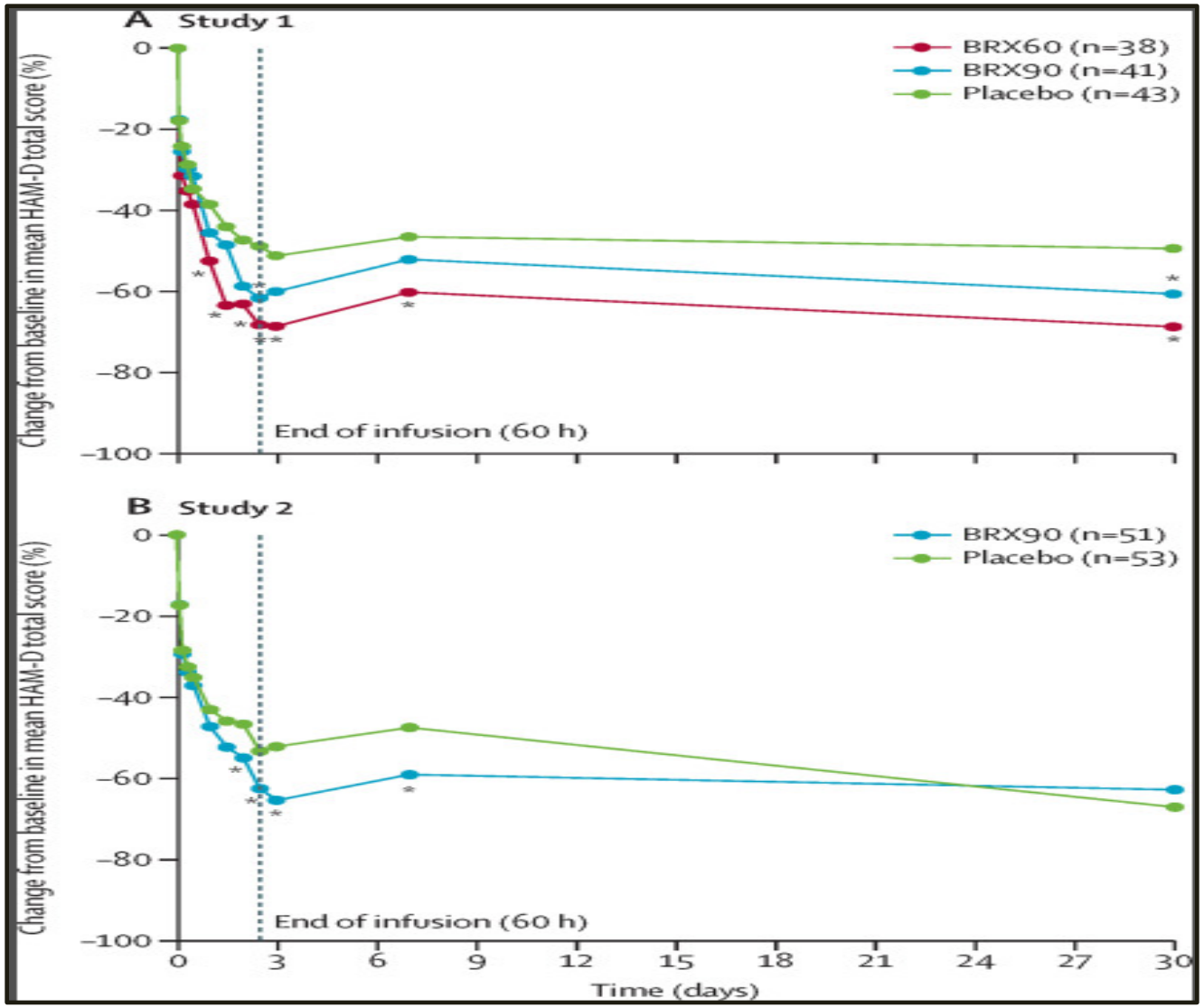
Allosteric modulator of $GABA_A$ receptors

Rapid onset of action (as soon as 1-2 days)

60-hour continuous inpatient infusion



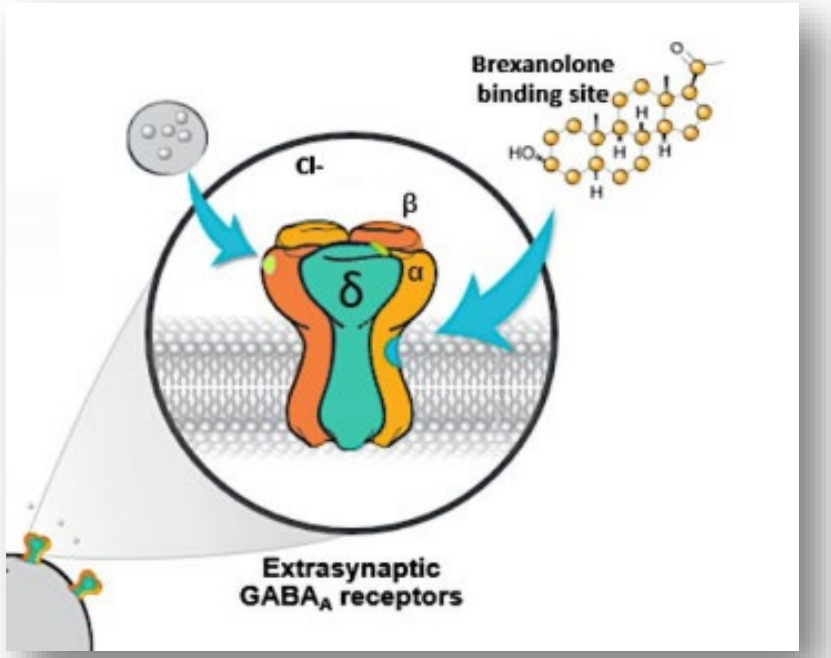
Three placebo controlled RCTs of brexanolone showed rapid reduction in depression symptoms, durable at 30 days



 Deligiannidis et al (2023). *AJP*. Deligiannidis et al (2023). *J Clin Psychiatry*.

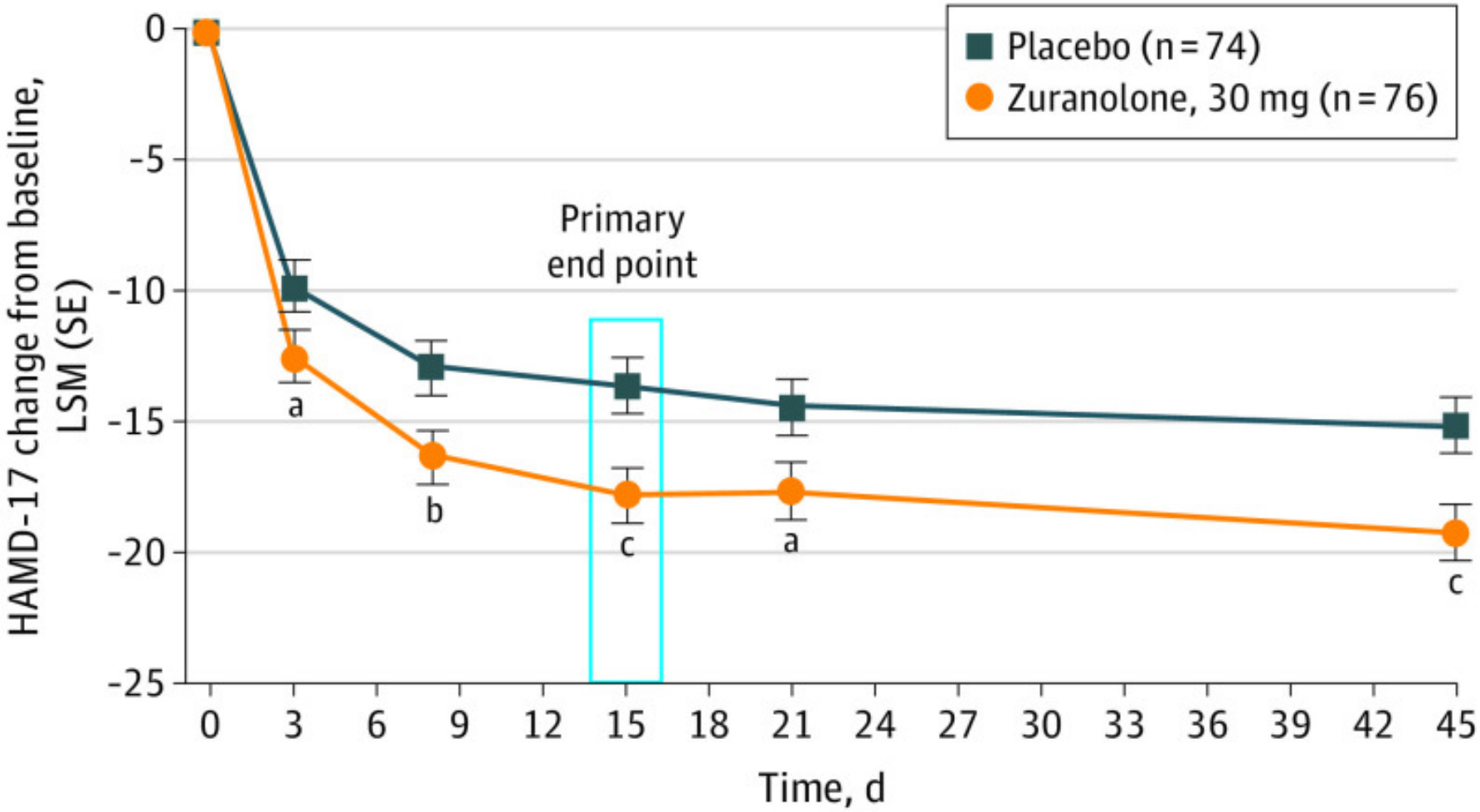
Zuranolone was recently approved by the FDA for moderate-severe depression with onset in the 3rd trimester or early postpartum

- Allosteric modulator of $GABA_A$ receptors
- Rapid onset of action (3 days)
- Greater tolerability than brexanolone
- Headache, somnolence, dizziness, sedation
- No loss of consciousness, no REMS
- 15-day course
- FDA approval in progress



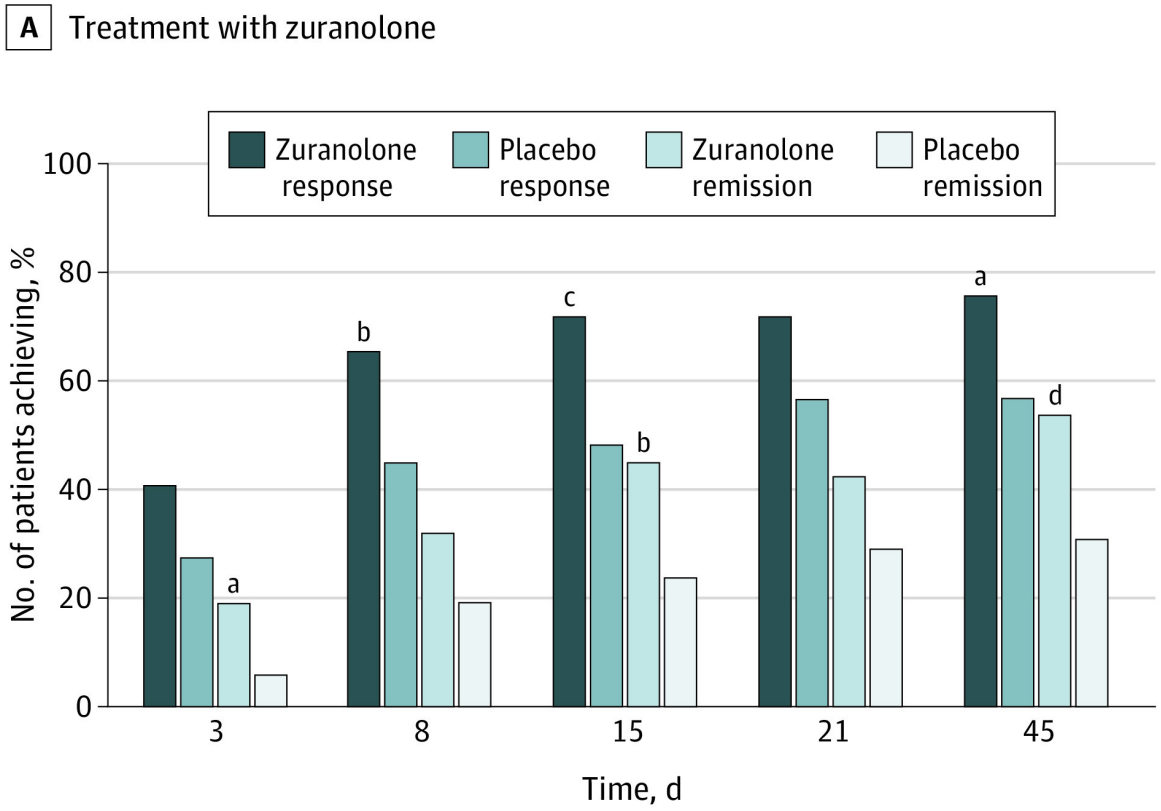
Deligiannidis et al (2023). *AJP*. Deligiannidis et al (2023). *J Clin Psychiatry*.

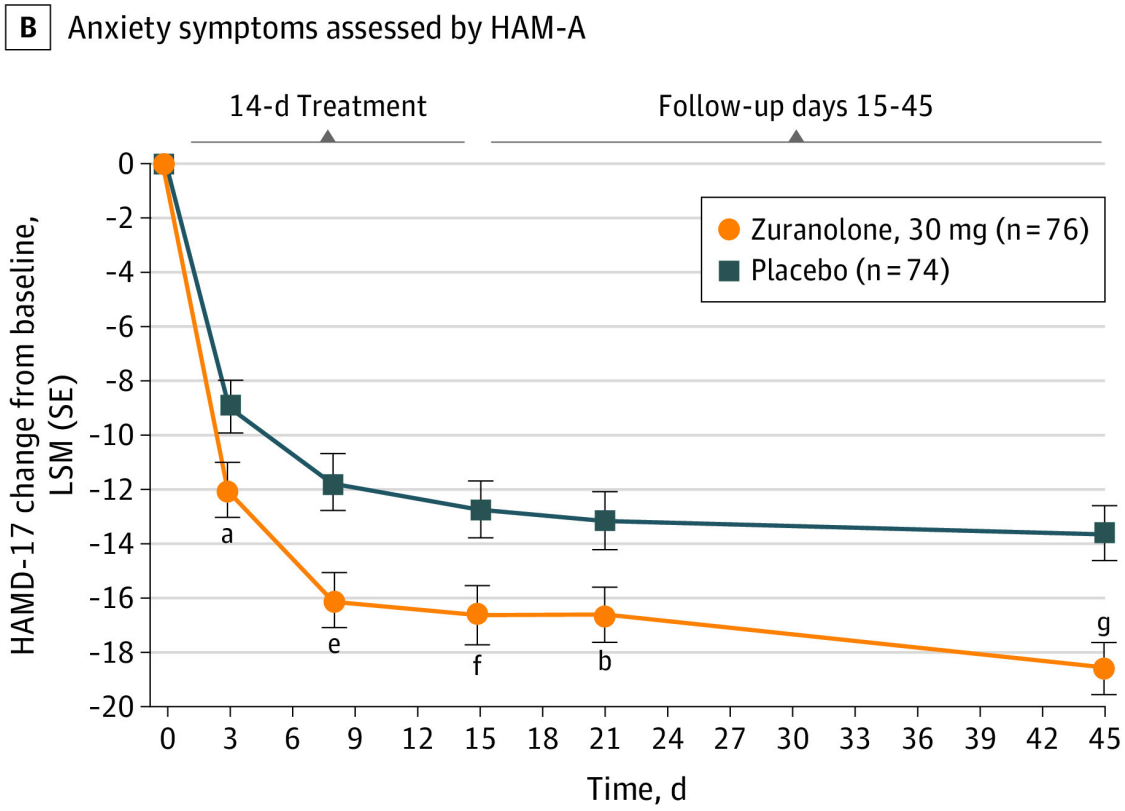
Zuranalone improves symptoms of depression at 3, 15, and 45 days



 Deligiannidis et al. (2023). *AJP*. Deligiannidis et al. (2023). *J Clin Psychiatry.*

Zuranolone improves symptoms of anxiety at 3, 15, and 45 days

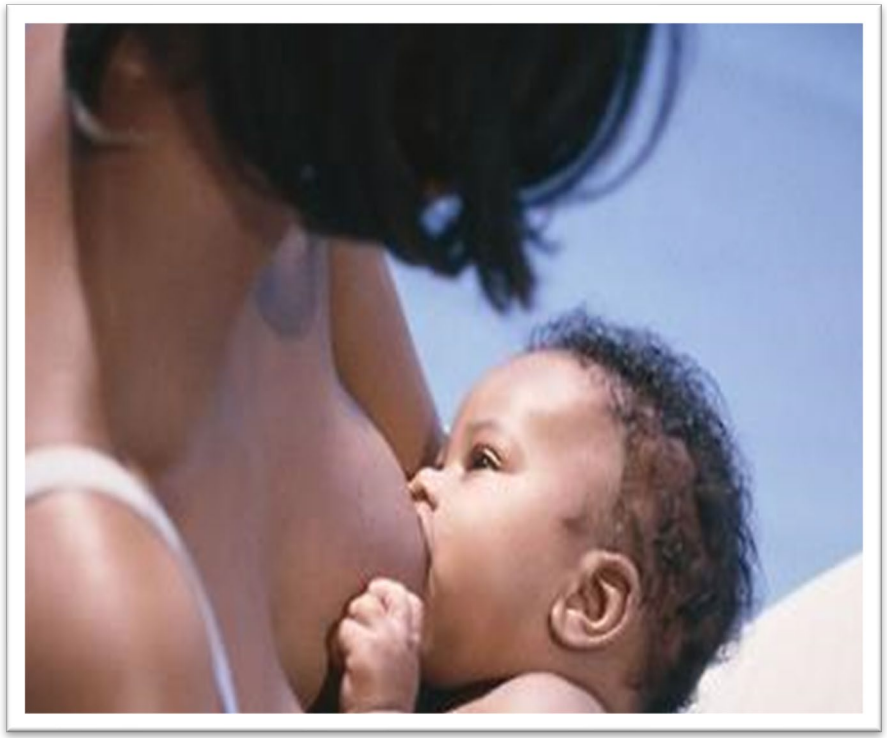




Deligiannidis et al (2023). *J Clin Psychiatry*.

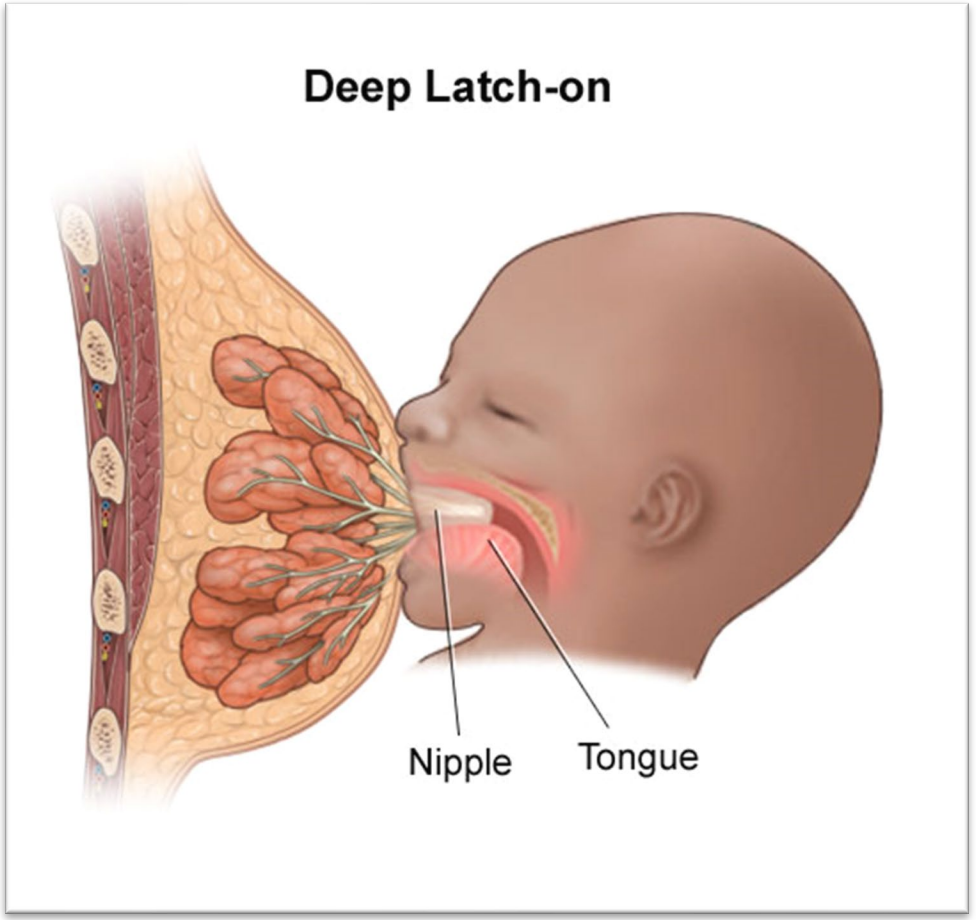
Breast is not best when it is at the expense of maternal well-being

Breastfeeding generally should not preclude treatment with antidepressants



SSRIs and most psychotropics are considered a reasonable option during breastfeeding

Sertraline, paroxetine, nortriptyline & imipramine have lowest passage into milk of the antidepressants



 Di Scalea & Wisner (2009). *Clin Ob & Gyn*.

Population-based approaches to building obstetric provider capacity can help provide a solution

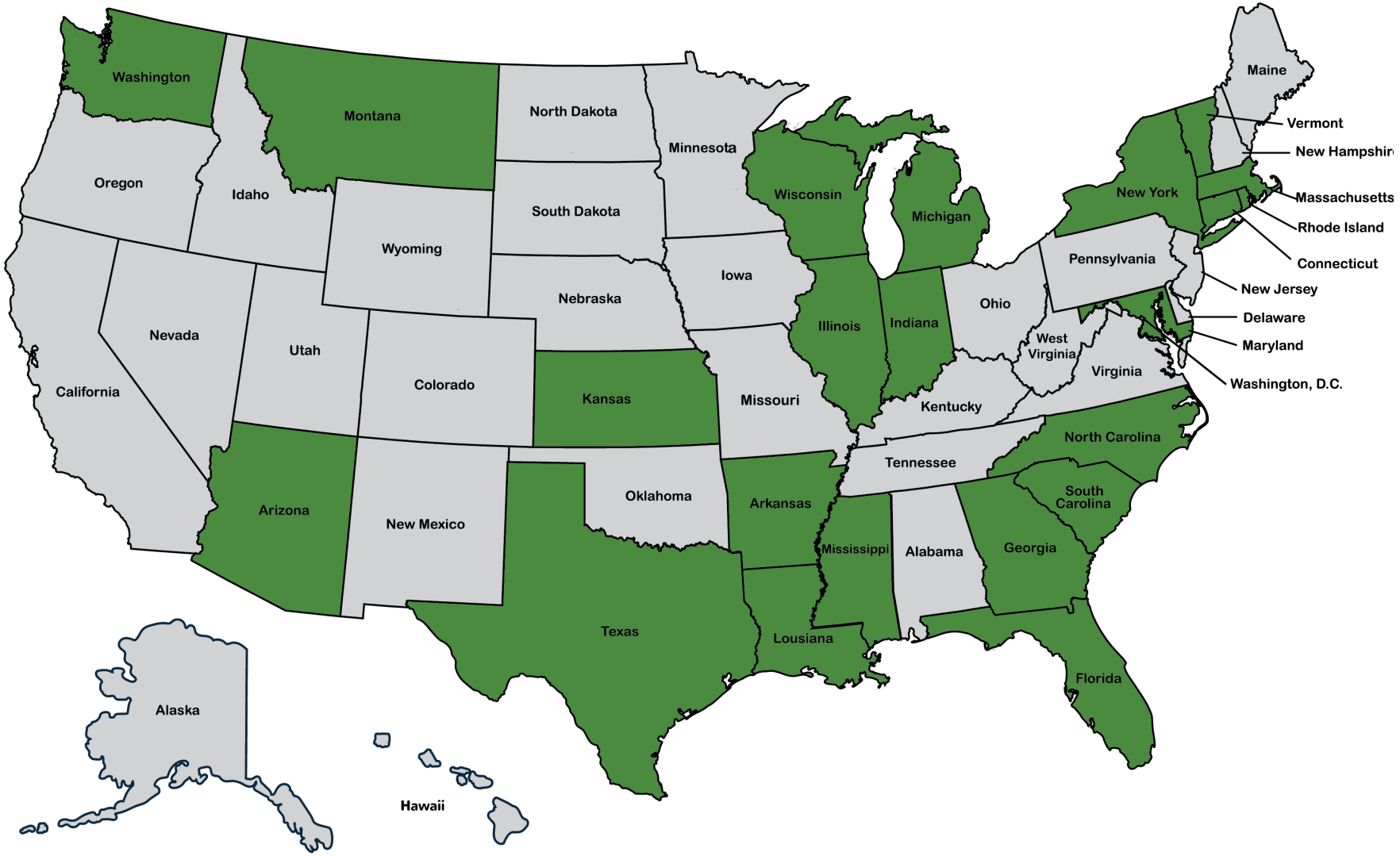
Perinatal Psychiatry Access Programs

Training and Toolkits

Psychiatric Consultation

Resources and Referrals

There are now 22 state Access Programs with the potential to cover 2.0M, or 55%, of the 3.7M births in the US



As of September 2023

Active Programs

Additional interventions are needed to fully integrate mental health care into obstetric care

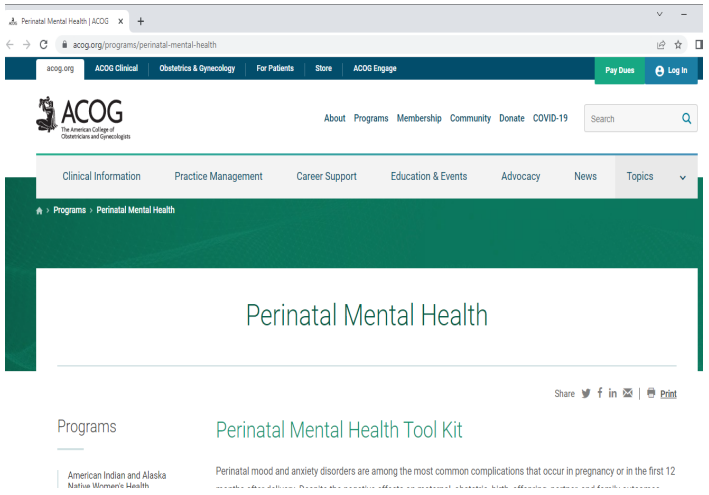
Byatt et al. (2019). *International Review of Psychiatry.*

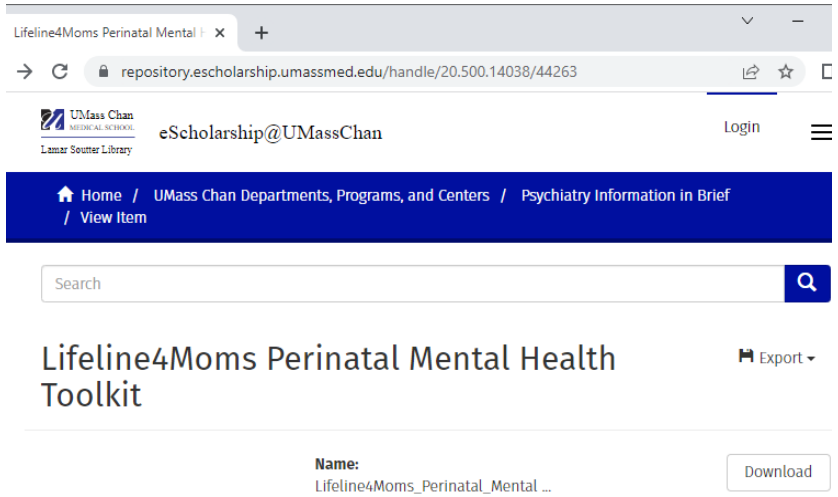
We developed a toolkit and e-modules to provide obstetric clinicians with training and tools to help them address mood and anxiety disorders

ACOG
The American College of Obstetricians and Gynecologists

Lifeline for moms

NIMH
National Institute of Mental Health





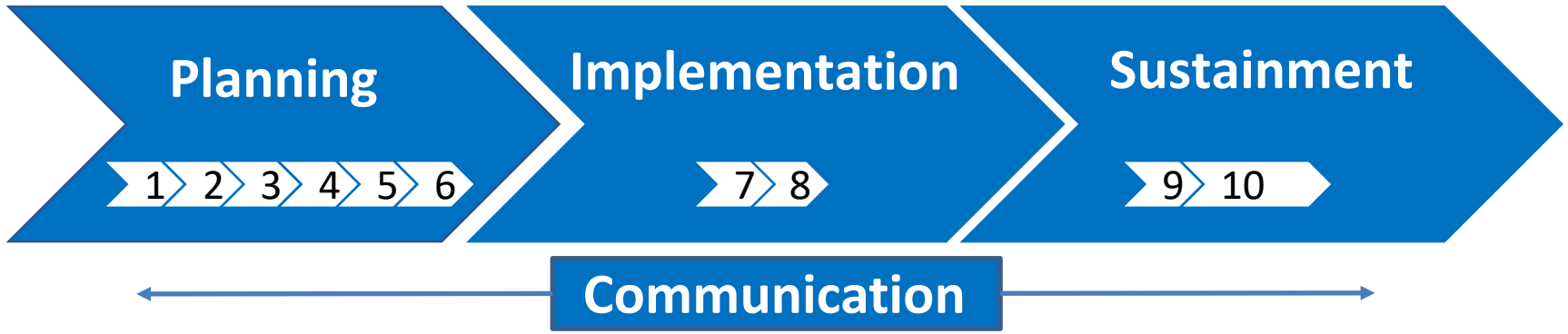
Perinatal Mental Health | ACOG

Lifeline4MomsPerinatal Mental Health Toolkit (umassmed.edu)

We developed practice-level implementation to help obstetric practices implement the mental health care pathway

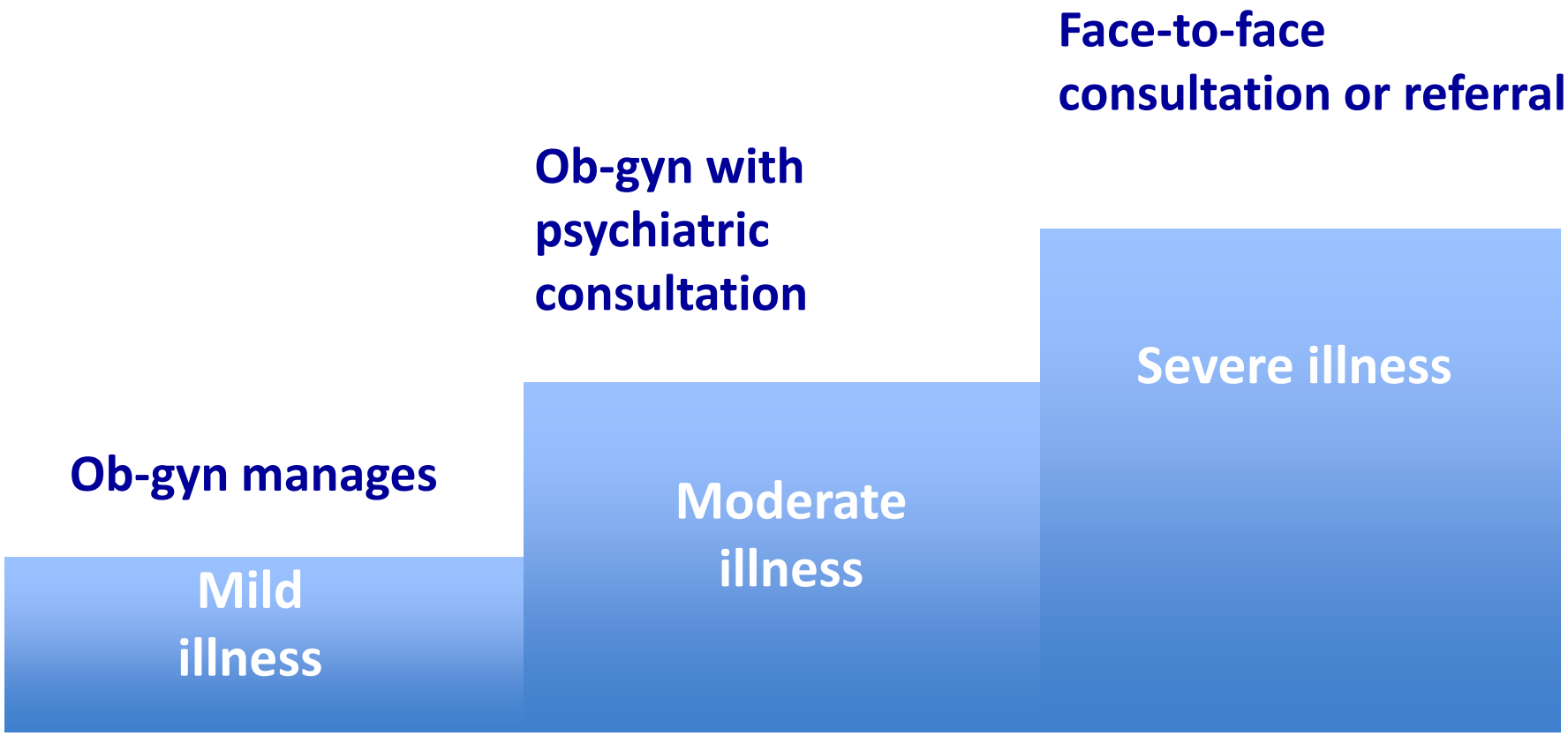
Patient care pathway

Implementation Guidance



Byatt et al. (2017). *Journal of Psychosomatics Obstetrics and Gynecology*.

Treatment is ‘stepped up’ with increasing illness severity



Navigator helps patients navigate care pathway

Byatt et al. (2017). *Journal of Psychosomatics Obstetrics and Gynecology*.

We tested the effectiveness of the MCPAP for Moms Implementation Guidance to improve depression and treatment rates in a cluster RCT

MCPAP for Moms (n=5)

VS.

Implementation Guidance for Integrating PMH into OB Practice (n=5)

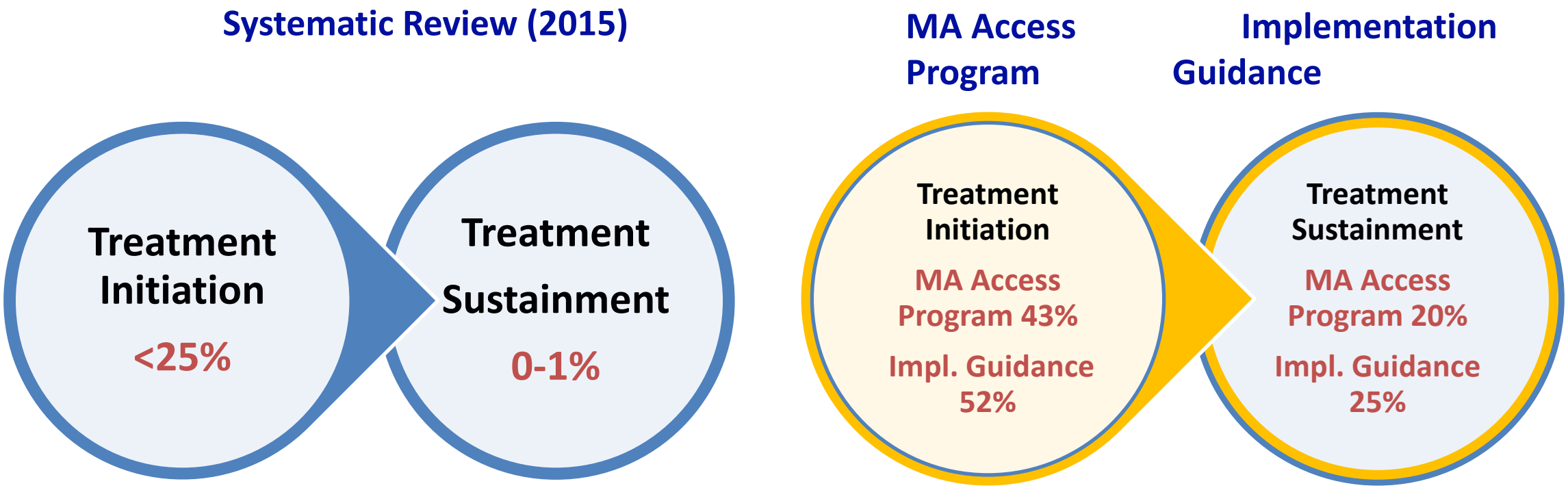
N= 10 obstetric practices

N= 312 patients (30 per practice)

EPDS ≥ 10 Followed until 1-year postpartum

Assessed quality of mood and anxiety care

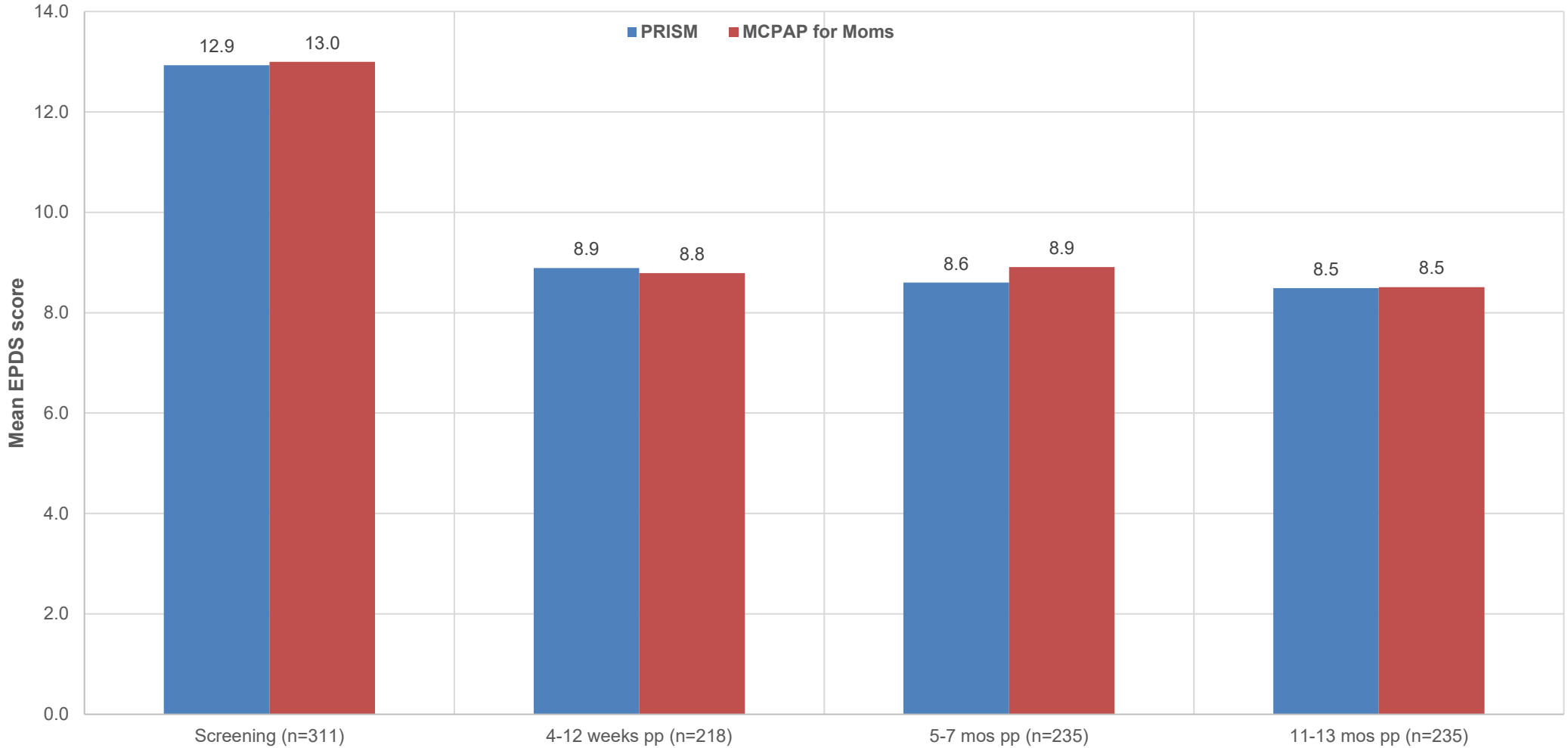
These approaches are effective in improving treatment initiation and sustainment rates, compared with previously reported outcomes



Byatt et al. (2015). *Ob Gyn*. Byatt et al. (2023). Under Revision. *The Lancet Public Health.*

CDC 1U01DP006093

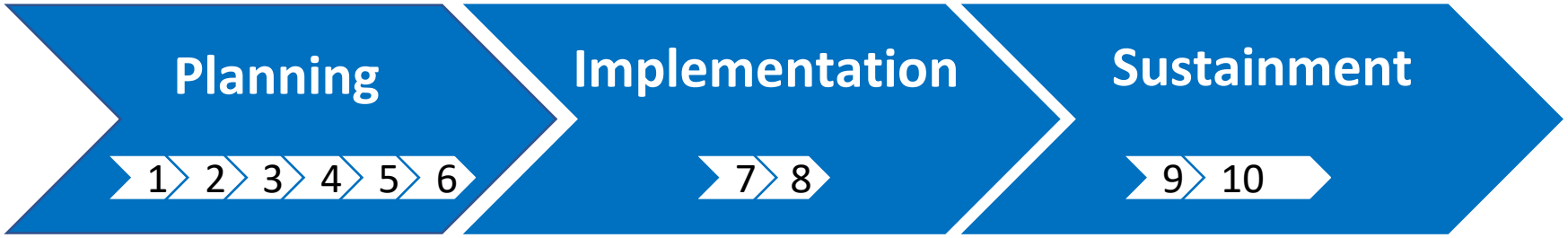
Mean differences in depression symptomatology among patient participants receiving care from both MCPAP for Moms and PRISM practices decreased significantly from recruitment to follow-up



Byatt et al. (2023). Under Revision. *The Lancet Public Health*.

CDC 1U01DP006093

We then created a Guide that provides step by step instructions and resources for integrating mental health care into obstetric practice



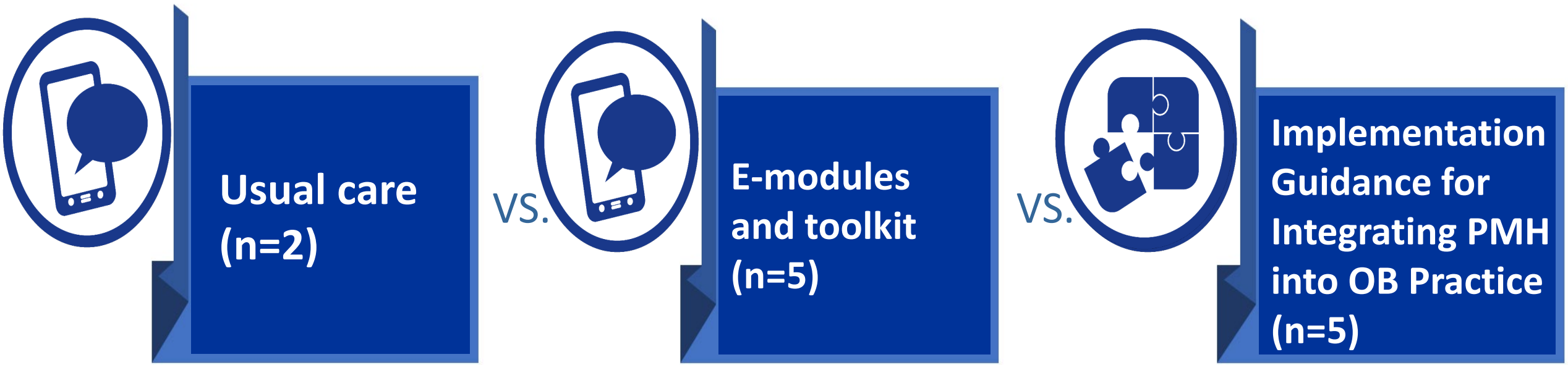
Includes:

- **Self-assessment instruments**
- **Recorded guidance**

https://www.acog.org/programs/perinatal-mental-health

https://www.umassmed.edu/lifelineformoms/MH-OB-integration-guide

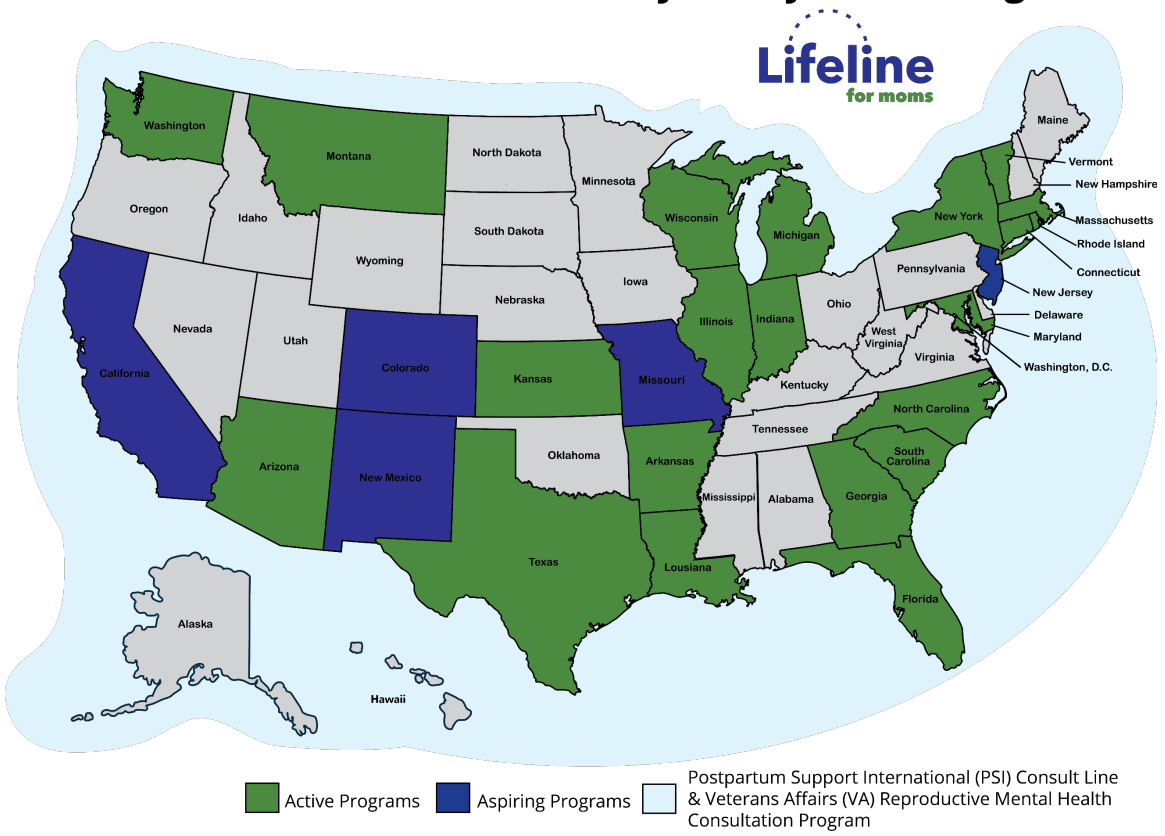
We tested the effectiveness of Implementation Guidance to improve depression and treatment rates in a cluster RCT



N= 12 obstetric practices
N= 520 patient charts
Assessed quality of mood and anxiety disorder care

We are now training Access Programs Teams how to do their own implementation with obstetric practices

National Network of Perinatal Psychiatry Access Programs



Planning 1 2 3 4 5 6

Implementation 7 8

Sustainment 9 10

The obstetric and pediatric settings are critical for addressing perinatal mental health and maternal mortality

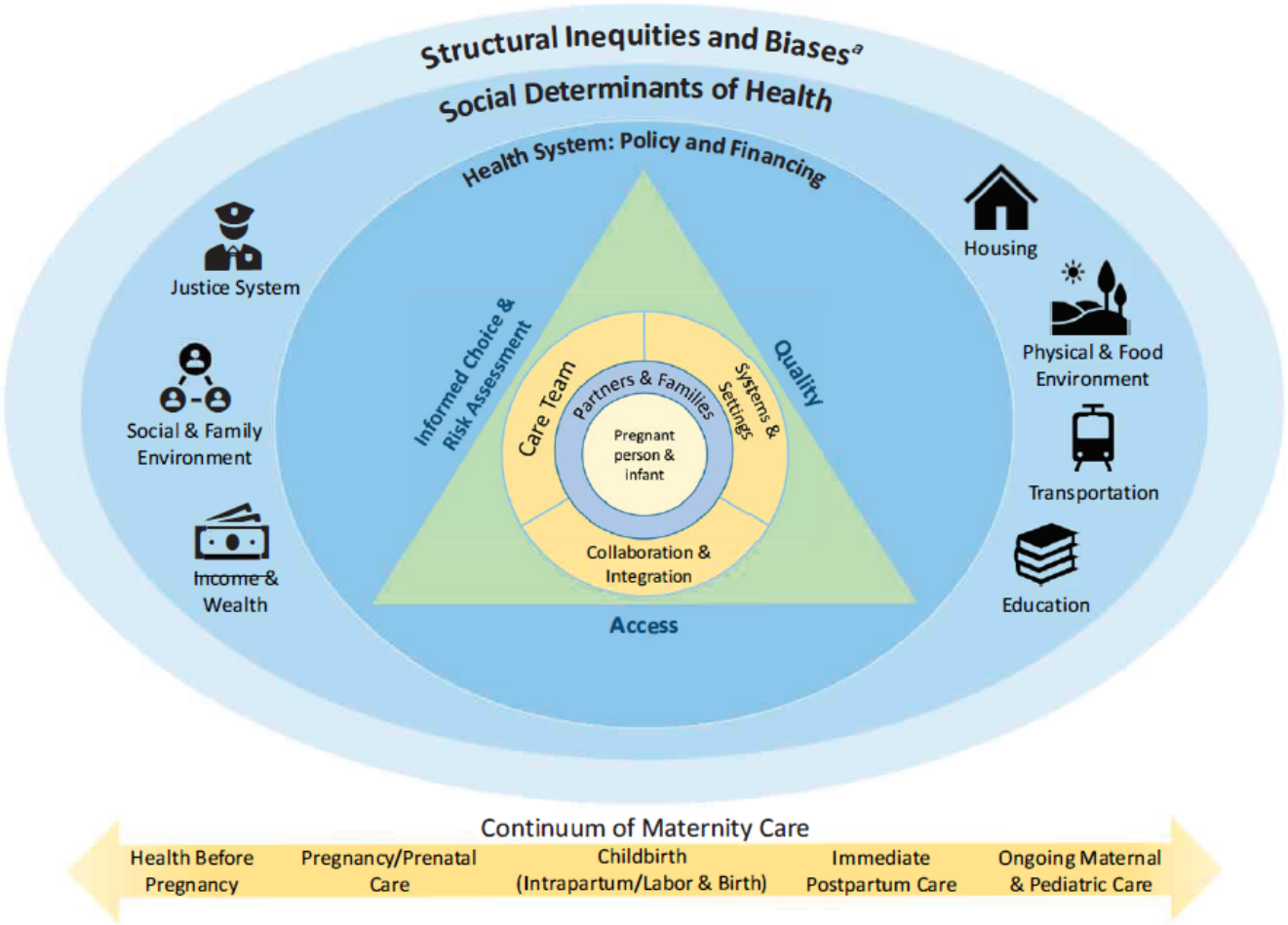


FIGURE S-1 Interactive continuum of maternity care: A conceptual framework.
[a]Structural inequities and biases include systemic and institutional racism. Interpersonal racism and implicit and explicit bias underlie the social determinants of health for women of color.

Resources

MCPAP for Moms

- Mcpapformoms.org

MGH Center for Women's Mental Health

- Womensmentalhealth.org

Reprotox

- Reprotox.org

Postpartum Support International

- Postpartum.net

Lactmed

- toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

Lifeline for Moms

- umassmed.edu/lifeline4moms

Thank you!

Lifeline for Families and Moms Teams and Collaborators:

Trainees and students
Participating Obstetric Practices
Participating Perinatal Individuals
Advisory Council Members
CDC Collaborators
APA Research Division

Funding:

CDC 1U01 DP006093, 6 U48DP006381-03-01
CDC Foundation
The Perigee Fund
NIMH 1R41 MH113381-01, 2R42 MH113381-02
PCORI IHS-2019C2-17367, EACB-23288
ACOG 6 NU380T000287-02-01
NIH KL2TR000160

Lifeline for families

UMass Chan MEDICAL SCHOOL

MCPAP for Moms:

A Primer for Pediatric Providers

Download from MCPAP.org

Be sure that you are using:

Version 3, April 1, 2018

Perinatal Health Resources from American Academy of Pediatrics (AAP)

New Perinatal Mental Health Resources

- Perinatal Mental Health and Social Support Webpage
- Integrating Postpartum Depression Screening in Your Practice in 4 Steps
- Postpartum Depression and Anxiety: How to Start the Conversation
- Postpartum Depression (PPD) Factsheet: Feeling Very Sad or Anxious? (English or Spanish)
- Is it normal to feel completely overwhelmed after having a baby?
- Animated Perinatal Depression Video Explainer (English or Spanish)

Existing Perinatal Mental Health Resources

- AAP Policy Statement: Incorporating Recognition and Management of Perinatal Depression into Pediatric Practices
- AAP Technical Report: Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice
- Perinatal Depression Curriculum on Pedialink
- Maternal Depression Interactive Role-Play Simulation
- EQIPP: Social Health and Early Childhood Well-being
- Communicating with Families