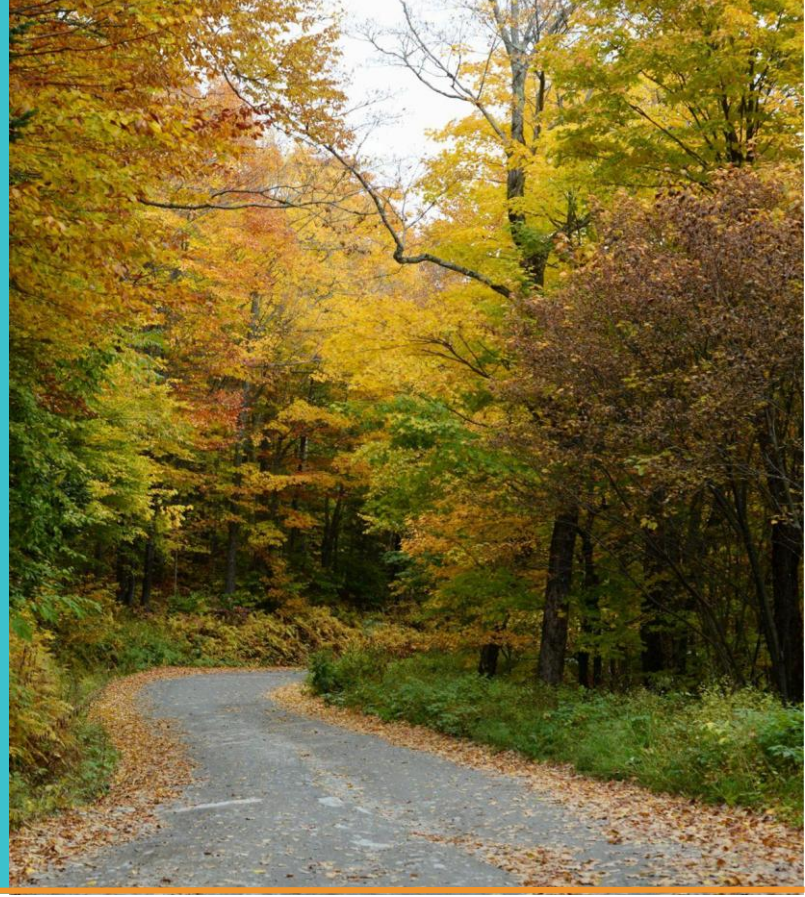
Perinatal Mood and Anxiety Disorders, Beyond SSRI's

September 16, 2025



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Sarah Guth, MD, Perinatal Psychiatrist, UVMMC
Medical Director VTCPAP Perinatal Service

Presentation Outline

- Common Scenarios
- How to choose a second line medication
- Risks associated with second line medications
- Medications in Breastfeeding

Common scenario 1:

Depression in Pregnancy, patient says SSRI's don't work for them

You have identified Predominantly Low Mood for two weeks or more, or Lack of ability to find pleasure over a similar timeframe.
EPDS= 10 or higher
PHQ9= 10 or higher

Rule out hyperemesis or anemia as root cause

Common scenario 1:

Depression in Pregnancy, person says SSRI's don't work for them

Have they had any truly adequate trials?
Were they in adolescence?
Adolescents are more likely to experience agitation.
Try again, low and slow.
Escitalopram 5 mg is well tolerated

Common scenario 1:

Depression in Pregnancy, person says SSRI's don't work for them

Have they had two fair trials that weren't helpful? Try an SNRI. (Same safety profile). Failed SNRI also?

May be heading to second line

Common scenario 1:

Depression in Pregnancy, person says SSRI's don't work for them

Consider, are they sleeping? Is there room to address sleep?

Are they in therapy? Is there room for support through therapy or support groups?

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Common Scenario 2

Depression in Pregnancy, person is already maxed out on SSRI.

Consider increasing above maximum dose.
Metabolism changes in pregnancy can decrease the level. CYP2C19 activity decreases CYP2D6 increases
May need EKG (escitalopram)

Are there any medications they have taken in the past that they stopped for pregnancy?
Stopping *stimulants* is associated with increase in depression; Stopping *mood stabilizers* can precipitate depression

What can we add or use instead?

You've addressed sleep. You've maxed SSRI
There are no other medications to restart, therapist referral in place. What next?

Bupropion in Pregnancy

- **Birth Defects:** Most large studies show no increase
- **Cardiac Malformations** (specifically): some small studies show small increase (*confounded by cigarette smoking*) ; 2.1-2.8 per 1,000 births.
- **Miscarriage rate:** within population norm.
- Neonatal Adaptation Syndrome: less than w/SSRI but increased
- **Neurodevelopment:** Small increase in ADHD in offspring related to bupropion exposure in second trimester. Small study, needs replication

Bupropion in pregnancy

Works for some,
not everyone.

Can improve energy and motivation, but can worsen anxiety and sleep.

Mirtazapine

Improves sleep and appetite. Also helps with hyperemesis

Miscarriage: risk slightly increased
Congenital Malformations: No increased risk
Pre-eclampsia and Postpartum Hemorrhage: No increased risk
Preterm Labor and Low Birthweight: No increased risk
Neonatal Adaptation Symptoms: ~30-50%
Neonatal NICU stays: No increase
Neurodevelopment: No increased risk of Autism

Antipsychotics

In case of moderate to severe depression,especially with suicidal ideation, or aggression, mood stabilizers can help.
Low dose antipsychotic is preferred:

5 mg of Abilify - when sedation is unwanted

1 mg of Risperidone (can be dosed BID)- can cause mild sedation and can be used as a PRN in case of agitated depression

Antipsychotics

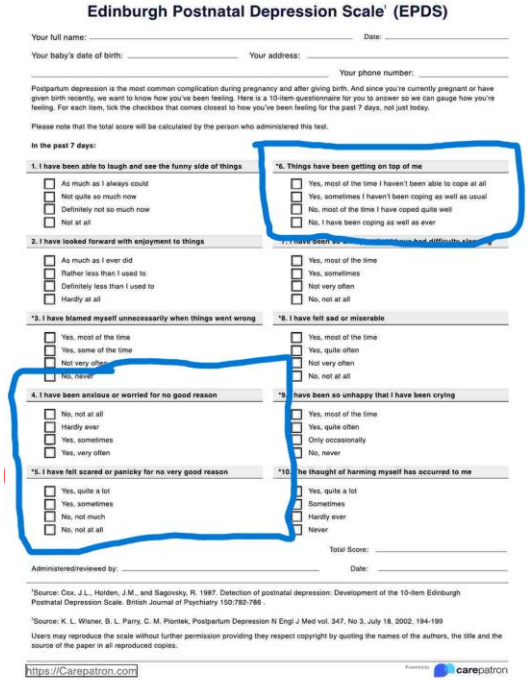
Miscarriages- no increased risk
Congenital malformations- equivocal, slightly increased according to one study, no increase in large US, Nordic and Japanese cohorts
Preterm birth: Small Increased risk
Low birthweight: No increased risk
Neonatal Complications: Small increased risk about same as with SSRIs ~30%
Neurodevelopment: no increased risk of neurodev conditions

Common Scenario 3

Patient presents with Anxiety in Pregnancy (and they are maxed out on SSRI or unable to take them).

EPDS #4, 5 and 6, Maximally Endorsed

Or GAD-7 10 or higher



Edinburgh Postnatal Depression Scale[1] (EPDS)

Your full name: _____ Date: _____

Your baby's date of birth: _____ Your address: _____

_____ Your phone number: _____

Postpartum depression is the most common complication during pregnancy and after giving birth. And since you're currently pregnant or have given birth recently, we want to know how you've been feeling. Here is a 10-item questionnaire for you to answer so we can gauge how you're feeling. For each item, tick the checkbox that comes closest to how you've been feeling for the past 7 days, not just today.

Please note that the total score will be calculated by the person who administered this test.

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, not at all
- ☐ Hardly ever
- ☐ Yes, sometimes
- ☐ Yes, very often

***5. I have felt scared or panicky for no very 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 quite well
- ☐ No, I have been coping as well as ever

7. I have been so [illegible]
- ☐ Yes, most of the time
- ☐ Yes, sometimes
- ☐ 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 a lot
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never

Total Score: _____

Administered/reviewed by: _____ Date: _____

[1]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 .

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

Common Scenario 3

You have maximized SSRI, you have made the therapy referral, you have addressed sleep. What are your second lines?

Buspar

Propranolol

Benzodiazepines: Lorazepam

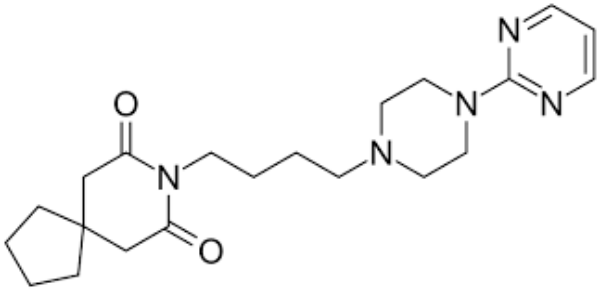
Hydroxyzine

Daily Medication: Buspirone

Buspar- A *daily* medication, known for being effective in a small percentage of people

Prospective study- 72 women taking it in first tri and no major malformations

Protects against stress and pain transmission in female rats in pregnancy, also protective against the effects of maternal alcohol use



PRN or Daily: Propranolol

Propranolol- used for HTN, Thyroid, migraines

Old data: associated with SGA, hypoglycemia and bradycardia at birth; though not preterm labor

PRN Medication: Benzodiazepines

Research is back and forth, but recent 2024 meta-analysis showed:

Miscarriage: when exposed to at least one prescription in first tri OR: 1.69, NNH 15

Congenital and Cardiac Malformations: Slight increased risk*

Preterm Labor, Low Birth weight: Slight increased risk, limited to third tri*

Low APGAR: Slight increased risk*

Neurodevelopment: No increased risk of Autism, ADHD or other effects

*Small but increased OR's (from 1.13 to 1.45) NNH between 200 and 300

PRNs: Hydroxyzine

Hydroxyzine- Prospective study, 120 women, no increased risk of birth defects but no other outcomes studied :(

Neonatal seizures 150 and 600 mg case studies

Antipsychotics

Like depression, when anxiety is severe, this class is helpful

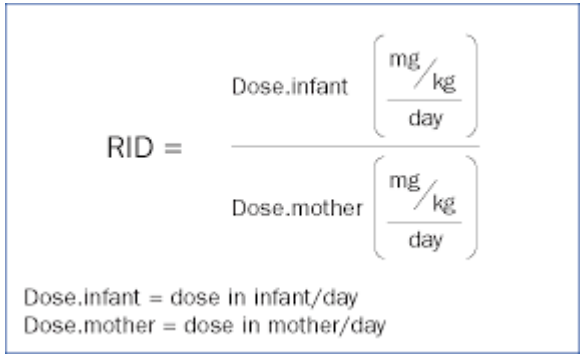
5 mg of Abilify - when sedation is unwanted

1 mg of Risperidone (can be dosed BID)- can cause mild sedation and can be used as a PRN in case of agitated depression

Postpartum Considerations

Different Considerations....

1. Sedation: medication with sedation can prevent safe baby care. People's responses vary widely to different medications so always good to have them start medications when they have help available to see how alert they are.
2. Relative infant dose



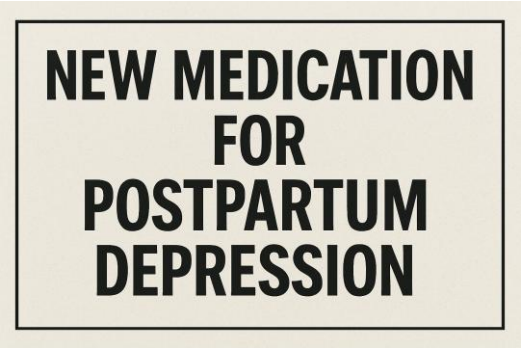
Lactmed https://www.ncbi.nlm.nih.gov/books/NBK501922/

Postpartum Considerations

Drug	RID (%)	Side Effects / Notes
Bupropion	2–5	Seizures, jitteriness, GI effects; + SSRIs
Mirtazapine	0.6–2.8	No observed sedation
Aripiprazole	0.7–12.7	May inhibit production; no infant effects
Risperidone	0–4.7	Generally tolerated; 1 preterm resp. distress
Buspirone	~1	No production effects; no infant effects
Propranolol	<1	Possibly infant sleepiness
Lorazepam	Up to 8	No sedation observed in infants
Hydroxyzine	N/A	Case reports of infant drowsiness

New Kid on the Block

Zuranolone- allopregnanolone



Different mechanism of action.

Works very quickly (relief on day 3).

Individuals take it 14 nights in a row and then stop and the effect continues afterwards.

Not trialed in breastfeeding, but low RID

Zuranolone

Who is eligible?-

- Strict requirement, depression began no earlier than third trimester, no later than one month postpartum (though they can start it later than that, the symptoms had to have begun)
- Depression must be **severe**
- Okay to be on other medications, okay to have psychosis but won't help psychosis
- Because of sedation, must have help with baby at night, no driving 12h after taking

VTCPAP 802-488-5342

Perinatal Psychiatric Consultation

Sarah E. Guth, MD
Psychiatrist &
Perinatal Program
Medical Director

Eliza Pillard, LICSW
(she/her)
Pediatric & Perinatal
Liaison Coordinator

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Resource & Referral

Our Team Of Liaison Coordinators can assist with:

- **Psychoeducational materials** and resources
- **Referral information** to therapists and other mental health services
- Information on **community-based resources**

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Survey. Thanks

https://redcap.link/4akubr75

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