

Prevention of Perinatal Mood Disorders

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Why is prevention so important?

- Mental health disorders are **common** during the perinatal period.
 - 15-20% of birthing people experience anxiety and depression
- A history of mental health disorders puts patients at increased risk
 - 30-50% of those with a history of depression will have postpartum depression
- Mental health disorders can be **exacerbated** by pregnancy and the postpartum period.
- Untreated mental health disorders increase the risk of substance use and risky behaviors.

Prevention Strategies

1. Encourage **3 months of stability** before trying to conceive
2. Increase **healthy behaviors**: daily movement, balanced diet, and stress reduction.
3. Minimize the use of **substances**
4. Educate patients/families on the **warning signs** of mental health disorders
5. **Prescribe sleep** during the postpartum period
6. Maximize patients' **support network**. Consider prophylactic counseling for high-risk patients.
7. Decide whether to continue psychiatric **medications**. Avoid stopping medications abruptly.

Mild to moderate **daily exercise** has been shown to reduce the chances of perinatal depression and anxiety.

Many people assume **cannabis** is safe but it negatively affects neurodevelopment of the fetus and can worsen depression and anxiety.

Should you continue psychiatric medications? Weigh the **risk of medications** vs the **risk of untreated mental illness**.

Medication risks: Many psychiatric medications are relatively safe during pregnancy. Use resources like mothertobaby.org to print medication fact sheets for your patients.

Risk of relapse when stopping medications:

- Antidepressants: 2.5x risk of depression relapse
- Mood stabilizers: 2x risk of bipolar relapse
- Antipsychotics: 2-3x risk of psychosis relapse

Risk of untreated mental illness

- Depression/anxiety increase the risk of preterm birth, preeclampsia, complications during delivery, postpartum depression, impaired bonding and attachment, and emotional problems in children.
- Bipolar disorder increases the risk of postpartum psychosis, substance use, self-harm, and missed prenatal visits.

For patients interested in supplements, vitamin B6 has some evidence for post-partum depression but should not replace medications.

Prescribing sleep: High-risk patients (e.g. bipolar disorder and severe depression) should get a continuous segment of 5-6 hours of sleep (e.g. by having someone else do a nighttime feeding).

If stopping meds, **taper slowly**. Abrupt discontinuation can increase the risk of relapse and/or withdrawal.

Perinatal Mental Health Prevention (Continued)

Increasing supports and counseling

- Encourage patients to maximize their support system during the postpartum period. Having friends/family cook meals and help with housekeeping reduces stress and allows for more quality bonding time.
- Joining a support group can help normalize and validate experiences.
- Prophylactic cognitive behavior therapy (CBT) and interpersonal therapy (IPT) have been shown to reduce the risk of perinatal depression in high-risk populations by 39%.

Ways to reduce stress:

- Progressive muscle relaxation
- Deep breathing
- Mindfulness practices

Remind your patients that it's not their fault if they develop psychiatric symptoms. Even taking all these preventative measures is not a guarantee!

References and Resources

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