

Mental Health in Pregnancy

Sara Weeks

Lotofale Pacific Mental Health
Service ADHB

Outline

- What is different in pregnancy and post partum
- Risk Factors
- Disorders
- Assessment and screening
- Management
- Cultural aspects

SO WHAT'S DIFFERENT?

- Hormone related mood disorders
- 'When you're good you don't feel you need to ask for help, when you're bad you just can't ask for help'
- Symptom modulation by society's expectations
- Two (or more) patients
- Medication issues

Risk Factors

- Past history PND, PPP etc
- Past or family history Bipolar Disorder
- Past history depression
- Lack of social support
- PMS
- Relationship with mother
- Ambivalence about work
- Sexual or reproductive trauma

BIPOLAR DISORDER

- Hormonal vulnerability/triggering
- Clinical 'roughening' during pregnancy
- Implications of medication during pregnancy and breastfeeding
- Prevention strategies

Antenatal Depression

- Occurs in about 10% of women
- A third of women with PND were depressed antenatally
- Difficult to diagnose?
 - Societal and personal expectations
 - Hyperemesis
- Challenging to treat?

Antenatal anxiety

- Occurs in about 15% of pregnant women
- Implications for baby
- Difficult to diagnose?
 - Personal and societal expectations
 - hyperemesis
- Barrier to treatment
- PTSD/Tokophobia

ART

- “stress” is major reason for stopping treatment
- Expectations vs reality
- Process probably more important than hormonal/treatment effects
- Premorbid personality

“PND”

- Commonly used to describe everything from third day blues to post partum psychosis
- Important to characterise what a woman means by this
- Possibly less stigmatised than other psychiatric diagnoses

- Post Natal Depression (10%)
- Post Partum Psychosis (0.5%)
- Management of chronic or relapsing illness during pregnancy and post partum
- Other syndromes – PPPTSD, PPOCD, anxiety disorders
- Third day blues (80%)
- The vicissitudes of motherhood

Post Partum OCD

- Specifically post partum OCD
- Recurrent intrusive worries about harming the baby, generally accompanied by anxiety and guilt
- Safety implications
- Treatment
 - SSRIs +/- low dose atypical antipsychotic
 - CBT

PPPTSD

- 'getting the diagnosis right'
- Not just a diagnosis of exclusion
- Implications
 - Tokophobia
 - Effects on relationships
 - Litigation
 - Comorbidities

PPPTSD

- Traumatic birth experience
- Intrusive phenomena
- Hyperarousal
- Emotional numbing

PPPTSD

- Treatment
 - SSRIs +/- low dose atypical antipsychotics
 - CBT
 - EMDR
 - Validation, explanation, “knowledge is power”.

Any questions?