



PERINATAL MOOD AND ANXIETY DISORDERS: PREVALENCE, RISKS, AND TREATMENT

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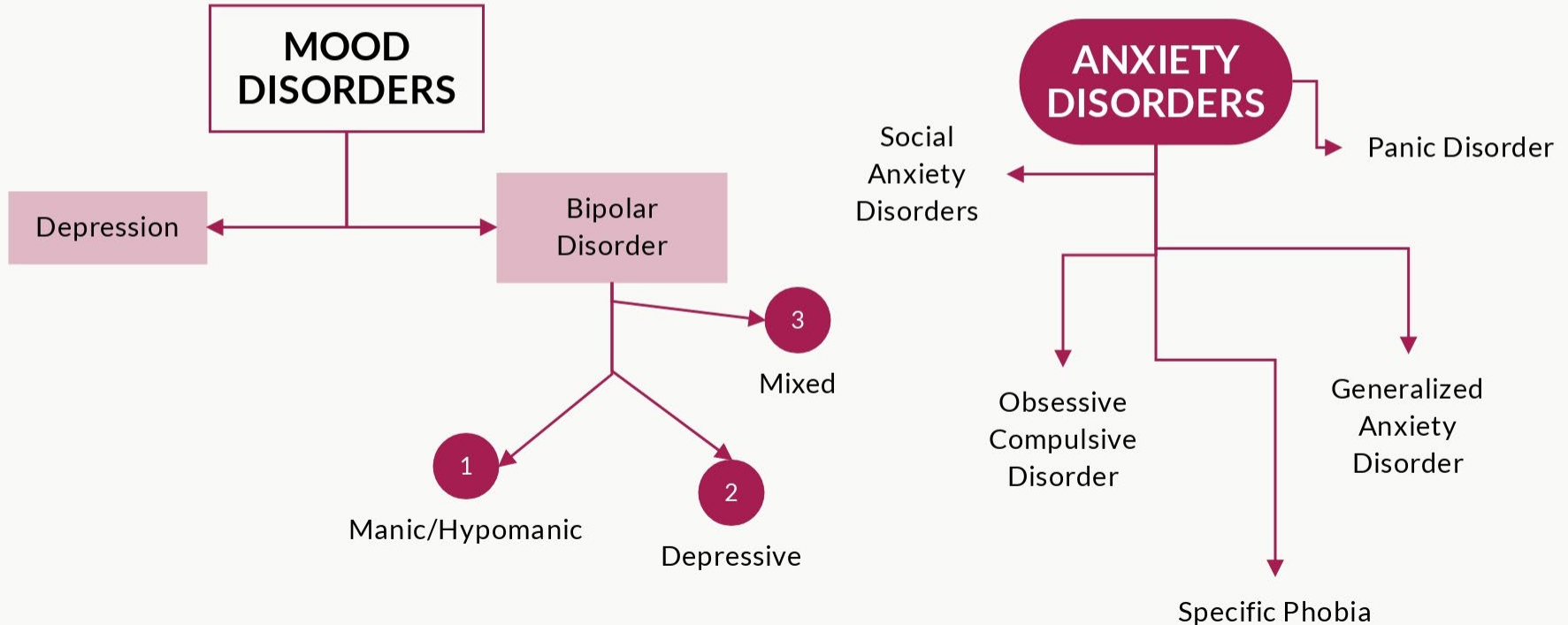
DISCLOSURES

- Biogen
- Seven Starling
- Six Sense Strategy

MOOD AND ANXIETY DISORDERS

Around 20% of Americans experience a mental illness every year, mostly mood and anxiety disorders.

<https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases>





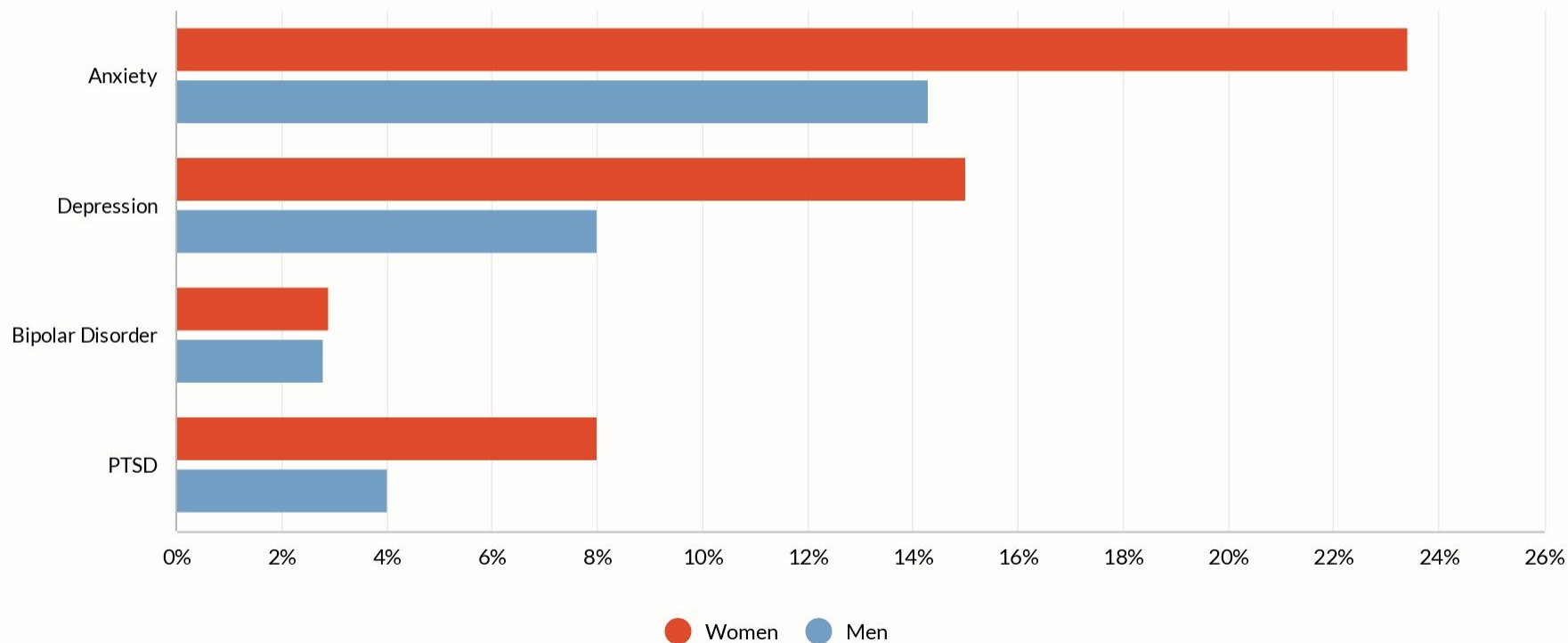
POST-TRAUMATIC STRESS DISORDER (PTSD)

According to the National Center for PTSD, 5 of every 100 U.S. adults have PTSD in any given year.

- PTSD - PTSD symptoms may start soon after a traumatic event or may not start for years. Symptoms last > 4 weeks, cause great distress, or interfere with work or home life and include:
 - Reliving the event
 - Avoiding things that are reminders of the event
 - Having more negative thoughts and feelings than before the event occurred
 - Feeling on edge

[How Common is PTSD in Adults? - PTSD: National Center for PTSD \(va.gov\)](#)

MOOD AND ANXIETY DISORDERS IN WOMEN COMPARED TO MEN



PERINATAL MOOD AND ANXIETY DISORDERS (PMADS)

PERINATAL (PREGNANCY AND THE POSTPARTUM PERIOD) IMPACTS 1 IN 5

BECAUSE FEMALES HAVE ONSET AT PUBERTY/LATE ADOLESCENT - THE MAJORITY IMPACTED BY MENTAL ILLNESS ARE OF CHILDBEARING AGE

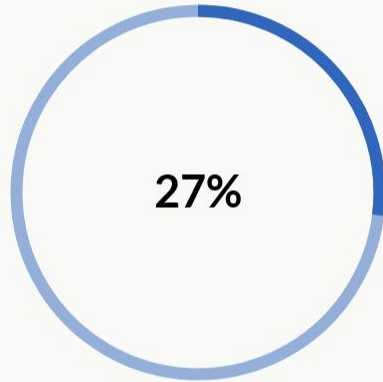
20%



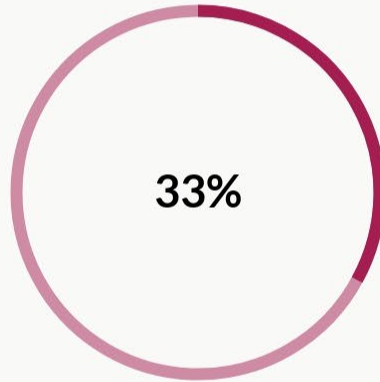
during pregnancy or within 1 year post-birth

Launch of the WHO guide for integration of perinatal mental health in maternal and child health services

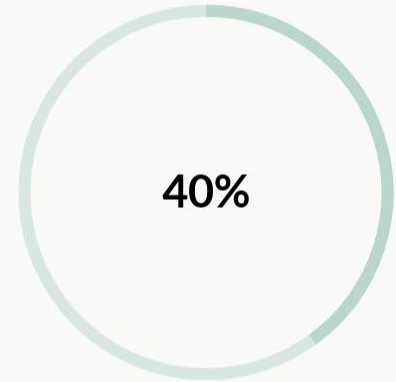
"POSTPARTUM" DEPRESSIVE EPISODE ONSET



Preconception



During Pregnancy

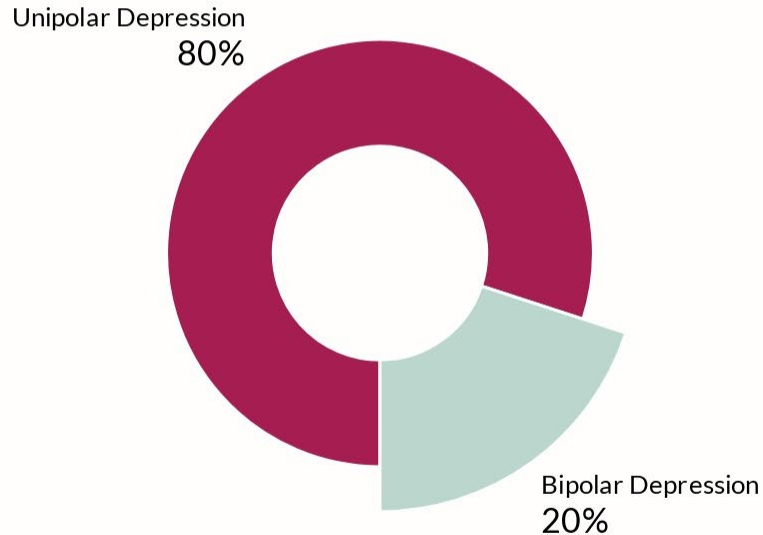


Postpartum

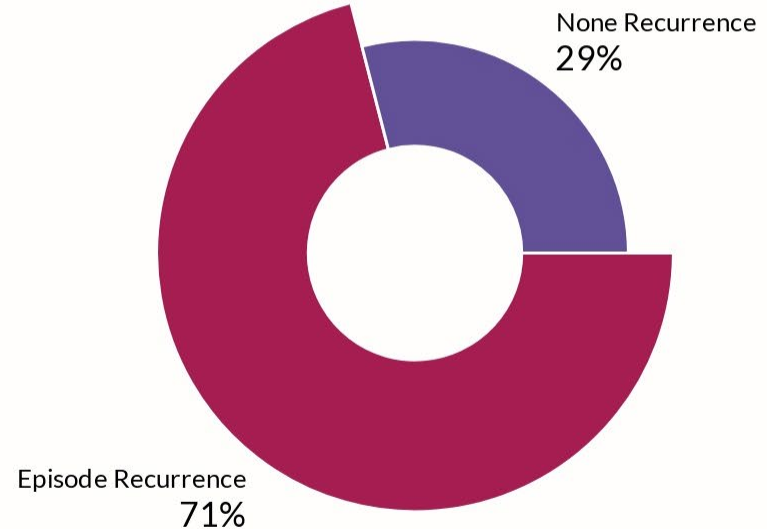
BIPOLAR DISORDER DURING THE PERINATAL PERIOD

Affects 4 million birthing people in the U.S. including 2.6% of birthing individuals of childbearing age

Screening



Recurrence



Kessler RC et al. Arch Gen Psychiatry. 2005;62(6):617-627; Viguera AC et al. AM J Psychiatry. 2000 Feb; 157(2):179-84; Viguera AC et al. Am J Psychiatry. 2007 Dec; 164 (12):1817-24; Wisner et al. JAMA Psychiatry. 2013;70(5):490-8.

PSTD AND THE PERINATAL PERIOD

10% LIFETIME PREVALENCE OF PTSD AMONG WOMEN

INCREASED RISK AMONG THOSE WITH A HISTORY OF CHILD OR ADULT SEXUAL/PHYSICAL ABUSE, TRAUMATIC BIRTH, OR PREGNANCY COMPLICATIONS

4%



A woman's face is shown in profile, looking towards the right. Overlaid on her face and the background is a complex, glowing digital network of white lines and dots, resembling a neural network or a data visualization. The background is a soft, out-of-focus blue and white.

POSTPARTUM PSYCHOSIS

- Characterized by symptoms of insomnia, dysregulated and fluctuating mood, irritability. Can have emergence of mania, depression, or a mix of increased energy with negative emotions or rage.
- Cognitive difficulties – disorganized, lack insight, and judgement
- Psychiatric emergency
- Increased is risk of infanticide
- Impacts 1/1000 women, the risk for psychosis increases 23-fold in the first 4 weeks post birth compared to any other time-period in a woman's life. 50% greater risk in those with bipolar disorder

Bergink V, et al. Am J Psychiatry, December 2016; Sit D et al. A review of postpartum psychosis. J Womens Health (Larchmt). 2006 May;15(4):352-68

A close-up photograph of a pregnant woman's midsection. She is wearing a dark grey, long-sleeved sweater and blue jeans. Her hands are gently cradling her large, rounded belly. She is wearing a gold ring on her left ring finger. The background is a soft, out-of-focus grey.

MENTAL ILLNESS IMPACTS PREGNANCY & FETAL OUTCOMES

- Intrauterine growth retardation
- Low birth-weight
- Preterm birth
- Pre-eclampsia
- Impulsivity that leads to reckless behavior and impact the fetus

MENTAL ILLNESS IMPACTS INFANT DEVELOPMENT



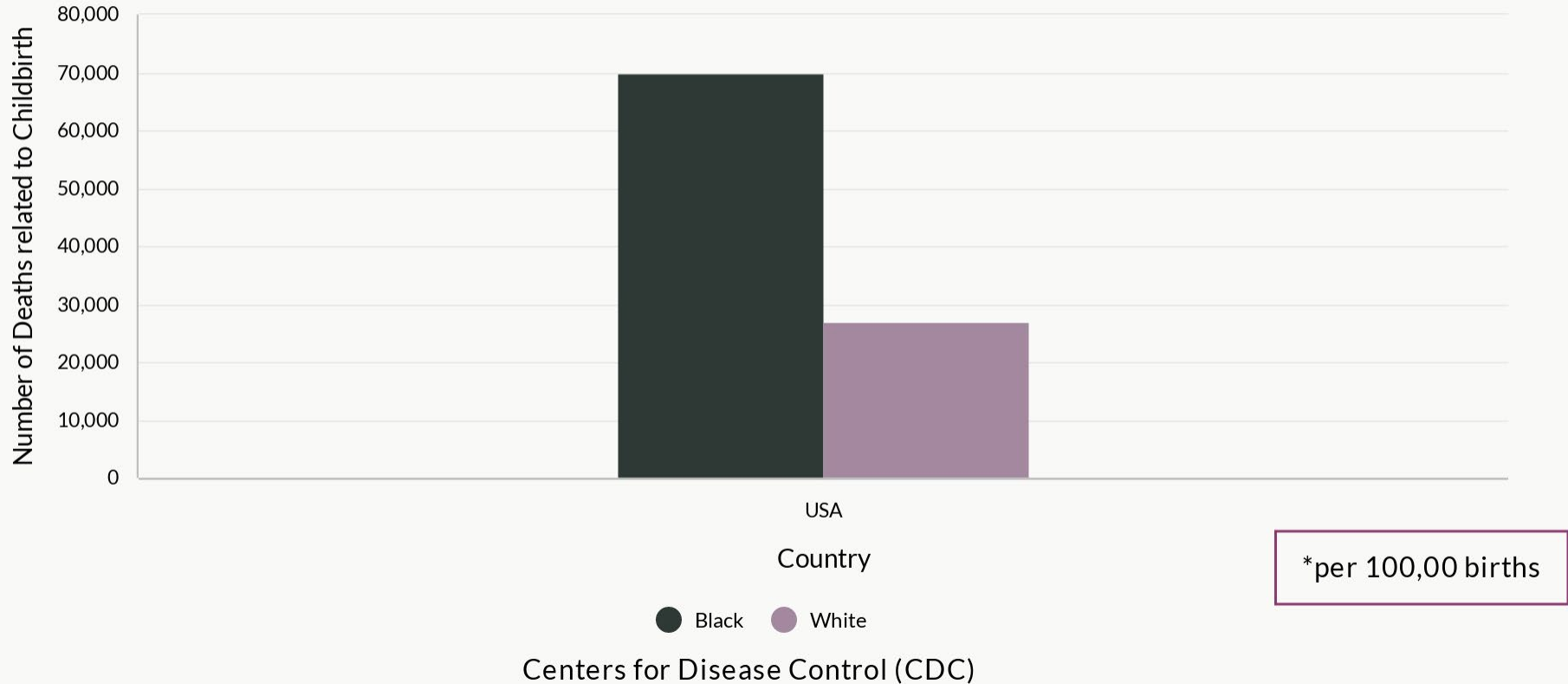
Disrupts cognitive, emotional, and social development:

- Children raised by a clinically depressed mothers perform lower on cognitive, emotional, and behavioral assessments than children of non-depressed caregivers, and are at risk for later mental health problems, social adjustment difficulties, and difficulties in school (Harvard University, 2009)

DISPARITIES IN PERINATAL MENTAL HEALTH

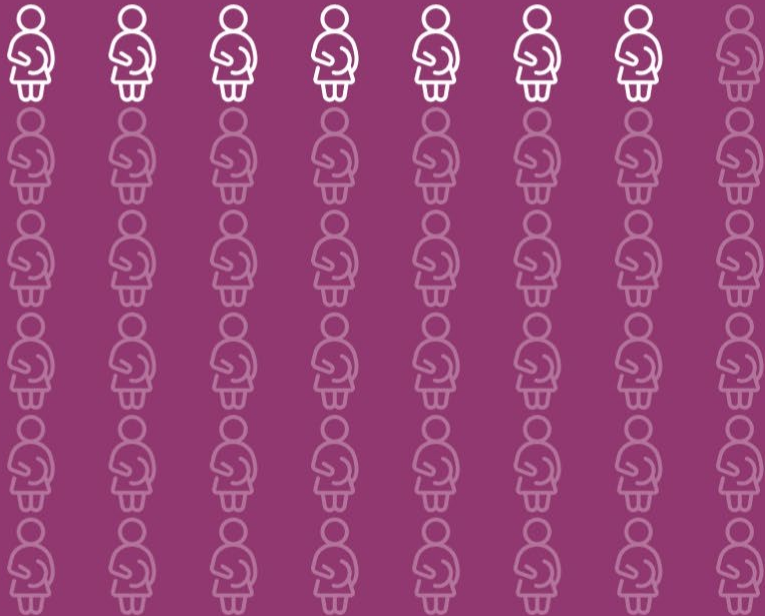
- ✓ Asian, Black, Indigenous, Middle Eastern, Native Hawaiian, North African, Pacific Islander, Southwest Asian, and Middle Eastern, as well as those that identify with multiple racial and ethnic identities have higher rates of depressive symptoms postpartum compared to White counterparts.
- ✓ Exact prevalence of specific diagnoses as well as symptom prevalence is confounded in many studies due to small sample sizes, various methodologies, and characteristics of the populations studied.
- ✓ Asian and Black specifically are less likely to receive mental health diagnoses.
- ✓ Minimal research on those that identify as LGBTQ+

BLACK MATERNAL MORTALITY IN THE USA 2020/2021



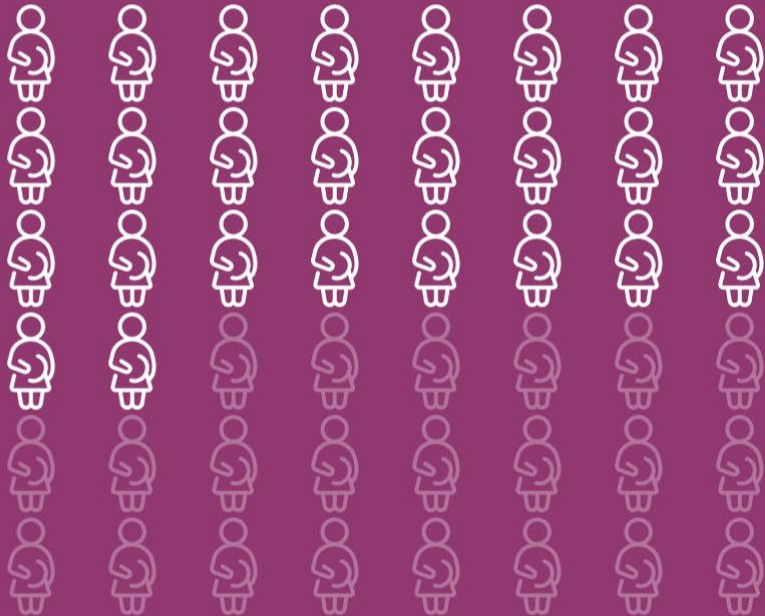
BLACK PERINATAL PEOPLE ARE ESTIMATED TO EXPERIENCE DEPRESSIVE SYMPTOMS AT GREATER THAN TRIPLE THE RATE OF WHITE PERINATAL PEOPLE

14%



General

54%



Black



MATERNAL MORTALITY AND POOR OBSTETRICAL OUTCOMES ARE LINKED TO UNTREATED MENTAL ILLNESS

Pre-eclampsia

Placental
Abnormalities

Postpartum
hemorrhage

SUICIDE

- Highest in the 9-12 months postpartum
- According to the Centers for Disease Control in the US, 23% of African American and Hispanic women committed suicide postpartum.

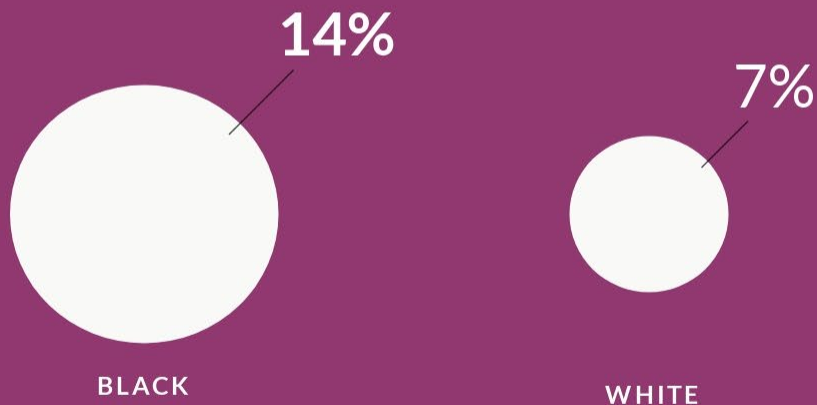
RATES OF INFANT MORTALITY AMONG BLACK PERINATAL PEOPLE IN THE U.S.

The rate of infant mortality in Black perinatal people is
2.35 times the rate of White perinatal people



RATES OF BIRTHING LOW BIRTH WEIGHT BABIES AMONG BLACK PERINATAL PEOPLE IN THE U.S.

The rate of birthing low birth weight babies in Black perinatal people is 2 times the rate of White perinatal people



Almost double the rate of preterm birth in Black perinatal patients

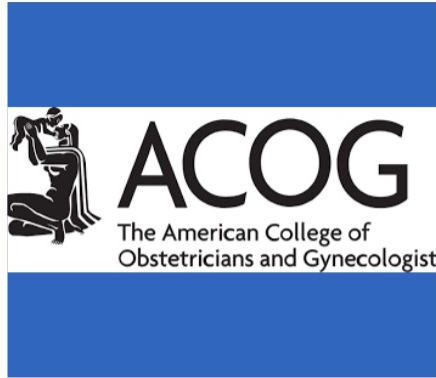


WHO'S AT RISK??

- All birthing people
- Lack of support, history of mental illness, preterm birth or other pregnancy complications, family history, sleep deprivation
- 40 - 60% risk among those who have lower socioeconomic status compared to 14 - 20% of those with higher socioeconomic status
- Marginalized groups, especially, Black and Hispanic women and birthing people have higher rates of perinatal mental illness
- Women and birthing people with a history of trauma

Robertson E, et al. Gen Hosp Psychiatry. 2004 Jul-Aug;26(4):289-95. PMID: 15234824.

SCREENING DURING THE PERINATAL PERIOD IS ESSENTIAL



ACOG & Human and Health Services (HHS) Alliance for Innovation on Maternal Health (AIM) Patient Bundle 2023

- Screen at initial visit, later in pregnancy, and postpartum (ideally at well-child visits)
- Screen for bipolar disorder before initiating treatment
- Assess for social drivers



United States Preventative Services Task Force

Depression screening for all adults including pregnant and postpartum adults



American Academy of Pediatrics (AAP)

- AAP recommends screening at well-child visits 1,2,4,6 months of age
- Training for providers
- Emphasizes early intervention for development of child

SCREENING FOR PMADS



- Edinburgh Prenatal/Postnatal Screen (EPDS) (10-item self-report questionnaire) and Patient Health Questionnaire - 9 (PHQ-9) (9-item self-report questionnaire)
- Adverse Childhood Event (ACEs) questionnaire
- Mood Disorder Questionnaire
- Not everyone is screened.
 - Black, multiracial, and American Indian/Alaska Native women are screened less often and receive fewer diagnoses.
- Resources are not available for everyone.
- Cultural sensitivity is necessary for screening.

Tabb KM et al. Gen Hosp Psychiatry. 2023;85:239–42; Admon LK et al. JAMA Psychiatry. 2021;78(2):171–6; Sidebottom A et al. Arch Womens Ment Health. 2021;24(1):133–44.

PERINATAL MOOD AND ANXIETY DISORDERS ARE TREATABLE

Psychotherapy

- Mild to moderate symptoms of depression and anxiety
- Adjunct to any medication treatment
- Cognitive Behavioral Therapy
- Interpersonal Therapy
- Behavioral Activation
- Mindfulness Based Therapy
- Trauma - Informed Care

Pharmacotherapy

- Moderate-severe to severe symptoms of depression and anxiety
- Mainstay treatment for bipolar disorder
- Depression/Anxiety
 - Antidepressants (SSRIs, SNRIs)
- Bipolar Disorder
 - Mood Stabilizers

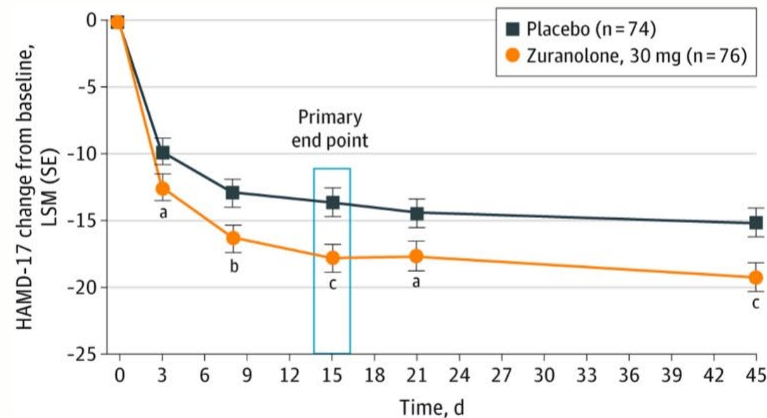
NOVEL POSTPARTUM DEPRESSION TREATMENT

- **Brexanolone**

- First FDA approved drug specifically for postpartum depression
- moderate-to-severe depressive episode
- 60-hour infusion
- \$34,000
- Limited accessibility

- **Zuranolone**

- First FDA approved pill for postpartum depression
- moderate-to-severe depressive episode
- 14 -day pill course
- \$16,000





NON-TRADITIONAL AND COMMUNITY FACING APPROACHES

COMMUNITY CENTERED MODELS ARE PROVING TO BE EFFECTIVE

- Doula Services
- Use of Midwives/Birthing Centers
- Breast-feeding and Lactation Peer Counselors
- Tele-health
- "Psychohairapy"

**"AIMING FOR A WORLD IN
WHICH PERINATAL WOMEN,
BIRTHING PEOPLE, AND ALL
PARENTS SURVIVE AND THRIVE"**

QUESTIONS?

