Early Childhood Mental Health

Starting Early with the Pregnant Mother

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KEYWORDS

• Pregnancy • Perinatal • Depression • Anxiety • Screening

KEY POINTS

- Psychiatric disorders commonly occur in pregnancy and postpartum.
- Psychiatric illness during pregnancy carries risk to mother and infant.
- Pregnant women are in increased contact with health care providers, providing a key window in which to identify psychosocial and psychiatric problems and initiate treatment.

INTRODUCTION

Maternal mental health during the perinatal period, defined as during pregnancy to 1 year postpartum, is increasingly recognized as a critical public health problem. Decades of research of maternal postpartum depression have shown adverse consequences for infant and child development.[1,2] More recently, attention has shifted toward examining the effects of antenatal exposure to psychiatric symptoms on infant and child outcomes. Fetal exposure to mental illness during pregnancy has been associated with adverse consequences to the developing infant and child.[1,3] Thus, early intervention is imperative to prevent negative health consequences for mothers and their offspring.[3]

Despite the implications of maternal psychiatric health during pregnancy and postpartum, most women go undiagnosed and untreated. A recent review of perinatal depression identification and screening estimated that more than 50% of women with antenatal and postnatal depression go unrecognized and untreated.[4] Furthermore, even among women identified as needing treatment, it is estimated that less than 10% receive an adequate trial of treatment and less than 5% of these women achieve remission of depressive symptoms.[4]

Screening for psychiatric disorders during postpartum, and more recently during pregnancy, has been widely encouraged. In 2016 the US Preventive Services Task

The author reports no conflicts of interest.
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Child Adolesc Psychiatric Clin N Am ■ (2017) ■–■
http://dx.doi.org/10.1016/j.chc.2017.02.001 childpsych.theclinics.com
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Force updated its position on screening for depression with the recommendation for universal screening for depression in adults, including pregnant and postpartum women.[5] These recommendations are not without controversy and even differ from other national and international guidelines.[6]

This article reviews screening for psychiatric disorders during the perinatal period. First, the prevalence and incidence of mental health disorders in pregnancy are reviewed. Second, the implications to maternal and child health are discussed. Third, details of why, who, and how to screen (including which instruments) are highlighted. Barriers to care and the role of psychosocial assessment beyond psychiatric assessment are also considered. Finally, we discuss future directions (fathers, alternative models, and using technology). Most evidence available pertains to perinatal depression and anxiety. Evidence for bipolar disorder, schizophrenia, and psychosis are highlighted as available. Although alcohol, drug, and tobacco use disorders during pregnancy and postpartum are also common and equally important, these disorders are not reviewed in this article (see Ref.[7] for review).

PREVALENCE AND INCIDENCE OF PSYCHIATRIC DISORDERS IN PREGNANCY

Depression and anxiety are the most common psychiatric symptoms reported during pregnancy. The onset of depressive symptoms during the perinatal period is not consistent for all women. For example, onset may occur during pregnancy and resolve postpartum; others are triggered by parturition, whereas others may develop during pregnancy and continue throughout the postpartum period. Given that at least 50% of women who are depressed antenatally remain depressed postpartum, detection of depression during pregnancy is imperative because it could decrease the burden of illness on mothers and their children.[8] Prevalence and incidence of depressive disorders are highlighted later. These estimates vary across studies because of different definitions of depression (ie, structured diagnostic interviews or symptoms above threshold on a screening measure), differing settings (low vs high incomes), and different definitions of the time period being studied[3]: approximately 18% of pregnant women experience depressive symptoms during pregnancy and early postpartum; 9% to 15% develop a new episode of depression during pregnancy through the first 3 months postpartum[9,10]; and incidence of perinatal depression is particularly high in low income, minority populations, with rates ranging from 24% to 47%.[11,12]

Perinatal anxiety is also commonly reported by pregnant women.[13] Perinatal depression and anxiety are frequently comorbid, and at least one-third of women report significant concurrent symptoms.[14,15] Although some studies have asserted that women are no more likely to experience psychiatric disorders during the perinatal period than at other times, others have suggested higher prevalence of depression, generalized anxiety disorder, and obsessive-compulsive disorder during the postpartum period.[10,13,14] Prevalence rates of anxiety disorders from a few nationally representative studies are listed next:

- Generalized anxiety disorder prevalence rate during pregnancy ranges from 1.9% to 8.5%[16,17]
- Increased generalized anxiety disorder rates 6-month postpartum at 6.1% to 8.2%[16,17]
- Panic disorder rates during pregnancy range from 1.4% to 9.1%[13]
- Panic disorder rates range from 0.5% to 2.9% early postpartum[13,16]
- Social anxiety disorder rates range from 0.2% to 6.5%[13,18]
- Obsessive-compulsive disorder rates range from 1.2% to 5.2% during pregnancy and about 4% postpartum[13,16,19]

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