CE

Perinatal Mood and Anxiety Disorders

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ABSTRACT

Perinatal mood and anxiety disorders (PMADs) are a public health issue that has a profound negative effect on women, families, and communities. It is estimated that 15% to 21% of pregnant and postpartum women experience PMAD, which includes depression, anxiety, obsessive-compulsive disorder, posttraumatic stress disorder, and postpartum psychosis. The purpose of this article is to provide an overview of perinatal mood and anxiety disorders in an effort to improve recognition, screening, diagnosis, treatment, and referral by nurse practitioners and midwives.

Keywords: anxiety, depression, mental health, mood disorder, perinatal, women's health

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Perinatal mood and anxiety disorders (PMADs) are a challenging public health issue that has a profound negative effect on women, families, and communities.[1] It is estimated that 15% to 21% of pregnant and postpartum women experience symptoms of PMAD, which includes depression, anxiety, obsessive-compulsive disorder, posttraumatic stress disorder (PTSD), and postpartum psychosis.[2] Risk factors for developing PMAD include low socioeconomic status, low educational attainment, a history of mental illness, delivering a preterm baby, exposure to interpersonal violence, and a lack of social support.[3,4] Mood and anxiety disorders during the perinatal period can impair the maternal behavioral response, leading to long-term behavioral problems among exposed children.[5-8] Treatment often relies on the use of psychotropic medications, which may not be indicated for mild to moderate PMAD and may not be an acceptable option for a pregnant or breastfeeding woman.[9,10] There are generally many opportunities to screen, diagnose, and initiate treatment for PMAD during health care encounters related to pregnancy, postpartum, and breastfeeding. This article presents a comprehensive overview of PMAD and the role of the nurse practitioner (NP)/midwife in the clinical management of PMAD.

This CE learning activity is designed to augment the knowledge, skills, and attitudes of nurse practitioners and assist in their appropriate utilization of nonpharmacological and pharmacologic treatment as measured by a score of at least 70% on the CE evaluation quiz.
At the conclusion of this activity, the participant will be able to:
A. Describe diagnostic criteria for perinatal mood and anxiety disorders
B. Identify interventions to treat perinatal mood and anxiety disorders
C. Identify medications used in treating mood disorders to avoid during pregnancy and lactation
The author, reviewers, editors, and nurse planners all report no financial relationships that would pose a conflict of interest.
The author does not present any off-label or non-FDA-approved recommendations for treatment.

This activity has been awarded 1 Contact Hours of which 0.5 credits are in the area of Pharmacology. The activity is valid for CE credit until September 1, 2020.

MATERNAL MENTAL HEALTH/MENTAL ILLNESS DURING THE PERINATAL PERIOD

The delivery of care to women during the perinatal period is largely focused on achieving and maintaining optimal health; assessing risks to both the mother and the fetus; and treating health conditions as they arise during the preconception, prenatal, and postpartum period. Mental health is essential to a healthy perinatal period and maternal role adaptation. Mental health is defined as emotional, spiritual, and social well-being.[11] The World Health Organization maintains that mental health is reaching one's own potential, developing and sustaining healthy relationships, and contributing toward one's own community.[11] Mental health is necessary for managing daily stressors, decision making, and maintaining relationships. Pregnancy is often a time of both physical and mental well-being, but it can also be a major stressor in a woman's life. A pregnancy may be unwanted or mistimed, social support during the perinatal period may be inadequate, and the financial strain of a new baby may be difficult for some women and families. These stressors are known to increase the risk for developing signs and symptoms of mental illness for vulnerable individuals.[3,4] Women are 2 to 3 times more likely to develop a mood disorder compared with men, and the prevalence of mental illness among women 18 to 49 years old is significant.[12] The National Institute for Mental Health estimates that 1 in 6 Americans is living with a mental illness in any given year and concludes that mental illnesses in the United States are common.[13] Although all mental illness may not be preventable, early recognition and appropriate treatment are crucial to improve health outcomes for women, neonates, and families. Little is known about the etiology of mental illness, but it is believed that genetic, biological, and environmental factors all play a role.[14] Mental illness can be quite challenging to diagnose accurately because diagnosis often relies on subjective data (what the client reports to you) and clinical expertise including education, experience, use of screening tool(s), and taking a comprehensive history.[15-17] Currently, there are no laboratory tests or diagnostic studies (eg, blood work or scan) available to help confirm a diagnosis of mental illness. It is important that every setting that provides services to women during the perinatal period should have a comprehensive plan to promote mental health and manage mental illness.[4,18]

SCREENING

Because no consensus exists on when to initiate screening for PMAD or how often screening should occur during the perinatal period, NPs may be uncertain about when and how screening should be implemented in the clinical setting. The American College of Obstetricians and Gynecologists recommends that women should be screened for depression and anxiety at least once during the perinatal period using a standardized screening instrument.[4] The US Preventive Services Task Force recommends that depression screening should be implemented annually for adults, including pregnant women, once a system or protocol for accurate diagnosis, treatment, and follow-up is established.[18]

Instruments for Screening

Reliable and valid instruments for screening include the Edinburgh Postnatal Depression Scale, the Postpartum Depression Screening Scale, the Patient Health Questionnaire-9, the Generalized Anxiety Disorder Scale-7, and The Perinatal Anxiety Screening Scale (PASS) (Table).[19-23] The Edinburgh Postnatal Depression Scale, the Patient Health Questionnaire-9, and the Generalized Anxiety Disorder Scale-7 are available at no cost and have been translated into Spanish and other languages. The PASS is the first instrument developed specifically to screen women for anxiety during the perinatal period.[23] The PASS identified 68% of women with anxiety and has the potential to be used in perinatal clinical settings. Increased screening frequency should be considered for women with risk factors for PMAD, a history of mental illness, or those who are currently symptomatic or under the care of a psychiatric provider. Screening should be the first step in detecting signs and symptoms of PMAD. A clinical examination is necessary to confirm the findings of a positive screening, making a diagnosis and developing an initial plan of care that the client agrees with. Each clinical setting is unique, and a thorough evaluation of available mental health resources in the community is necessary before