

New Resources Available for Perinatal Mental Health Conditions

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Mental health conditions (including deaths to suicide and overdose/poisoning related to substance use disorder) now represent the leading underlying cause of pregnancy-related death in the United States.¹ Recent studies estimate that more than one in five individuals experience mental health or substance use disorders during the perinatal period (the time period during pregnancy and up to one year postpartum). Despite the negative effects on maternal, obstetric, birth, offspring, partner, and family outcomes, perinatal mental health disorders often remain underdiagnosed, and untreated or under-treated. However, in recent months there have been several efforts to improve perinatal mental health conditions by identifying and supporting the best practices that make birth safer, improve health outcomes, and save lives.

In February 2023, the Alliance for Innovation on Maternal Health (AIM) published a patient safety bundle (PSB) focused on [Perinatal Mental Health Conditions](#). These evidence-based PSBs are designed to address drivers of maternal morbidity and mortality and can serve as an informational resource for clinical staff, particularly travel contract nurses, resident physicians, and students working in birthing facilities. A brief (less than five minute) [introductory video](#) is available for health care providers that features a general overview of the Perinatal Mental Health Conditions PSB and its key elements.

In May 2023, the American College of Obstetricians and Gynecologists (ACOG) published two clinical practice guidelines related to perinatal mental health conditions, one focused on screening and diagnosis and one focused on treatment and management.^{2,3} ACOG conducted a systematic review to develop clinical recommendations on the following topics:

- Depression
- Anxiety and anxiety-related disorders

- Bipolar disorder
- Acute postpartum psychosis
- Symptom of suicidality

With regards to the screening and diagnosis of perinatal mental health conditions, ACOG recommends the following:²

- Everyone receiving well-woman, prepregnancy, prenatal, and postpartum care should be screened for depression and anxiety using standardized, validated instruments.
- Screen for perinatal depression and anxiety at the initial prenatal visit, later in pregnancy, and at postpartum visits.
- Mental health screening should be implemented with systems in place to ensure timely access to assessment and diagnosis, effective treatment, and appropriate monitoring and follow-up, based on severity.
- Screening for bipolar disorder should be done before initiating pharmacotherapy for anxiety or depression, if not previously done.
- When someone answers a self-harm or suicide question affirmatively, clinicians should immediately assess for likelihood, acuity, and severity of risk of suicide attempt and then arrange for risk-tailored management.
- Provide immediate medical attention for postpartum psychosis.

Once a mental health condition has been identified, ACOG recommends the following for treatment and management:³

- Be prepared to counsel patients on the benefits and risks of psychopharmacotherapy for perinatal mental health conditions when clinically indicated.
- Initiate psychopharmacotherapy for perinatal depression or anxiety disorders, refer patients to appropriate behavioral health resources when indicated, or both.
- A validated screening tool should be used to monitor for response to treatment or remission of depression or anxiety symptoms. If clinically indicated, the pharmacotherapy dosage should be up-titrated with the goal of remission of depressive and anxiety symptoms.
- Treatment for perinatal mood and anxiety disorders should be equitably available and accessible to all pregnant and postpartum individuals.

- Do not withhold or discontinue medications for mental health conditions due to pregnancy or lactation status alone.

Finally, in order to provide educational tools for health care professionals to address perinatal mental health conditions, ACOG now has several resources available on their website, including the [Lifeline for Moms Perinatal Mental Health Tool Kit](#), developed by the UMass Chan Medical School and reviewed by members of ACOG's Maternal Mental Health Expert Work Group. This toolkit aims to provide actionable information, algorithms, and clinical pearls to support detection, assessment, and treatment of perinatal mood and anxiety disorders. ACOG also launched a new free e-module titled "[Addressing Perinatal Mental Health Conditions in Obstetric Settings](#)." Providers can access the e-module from the [ACOG Online Learning](#) website and continuing medical education (CME) credit is available.

References

1. Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022. Accessed: July 31, 2023. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>.
2. Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum. ACOG Clinical Practice Guideline No. 4. American College of Obstetricians and Gynecologists. Obstet Gynecol 2023; 141: 1232– 61. Accessed: July 31, 2023. Available at: <https://doi.org/10.1097/AOG.0000000000005200>.
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