

An Obstetricians Approach to Perinatal Mental Health



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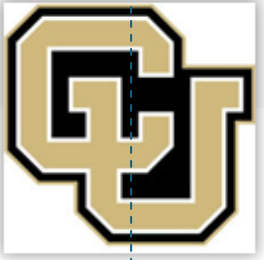
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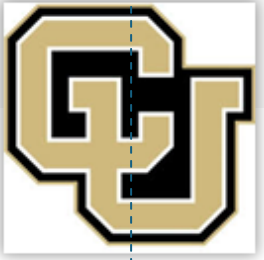


Disclosures: None



Objectives

- Review models of MH care available to Obstetricians
- Understand limitations of Obstetric interventions for MH
- Identify steps for Obstetricians to expand scope of care for MH



The Problem of PMAD

- 1 in 5 to 7 women will experience PMAD¹
- 70% women with BPMD will first experience perinatally²
- Untreated MDD will relapse in 50% of women perinatally (70% of women with BPMD)³
- Persistent symptoms are most associated with Adverse outcomes (antenatal & early childhood development)⁴
- Suicide: leading cause of maternal mortality (27%)⁵
- Postpartum Psychosis is BPMD⁶



So...
do we put a couch into
our clinic rooms?

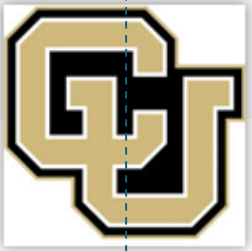


No...
but there are options.

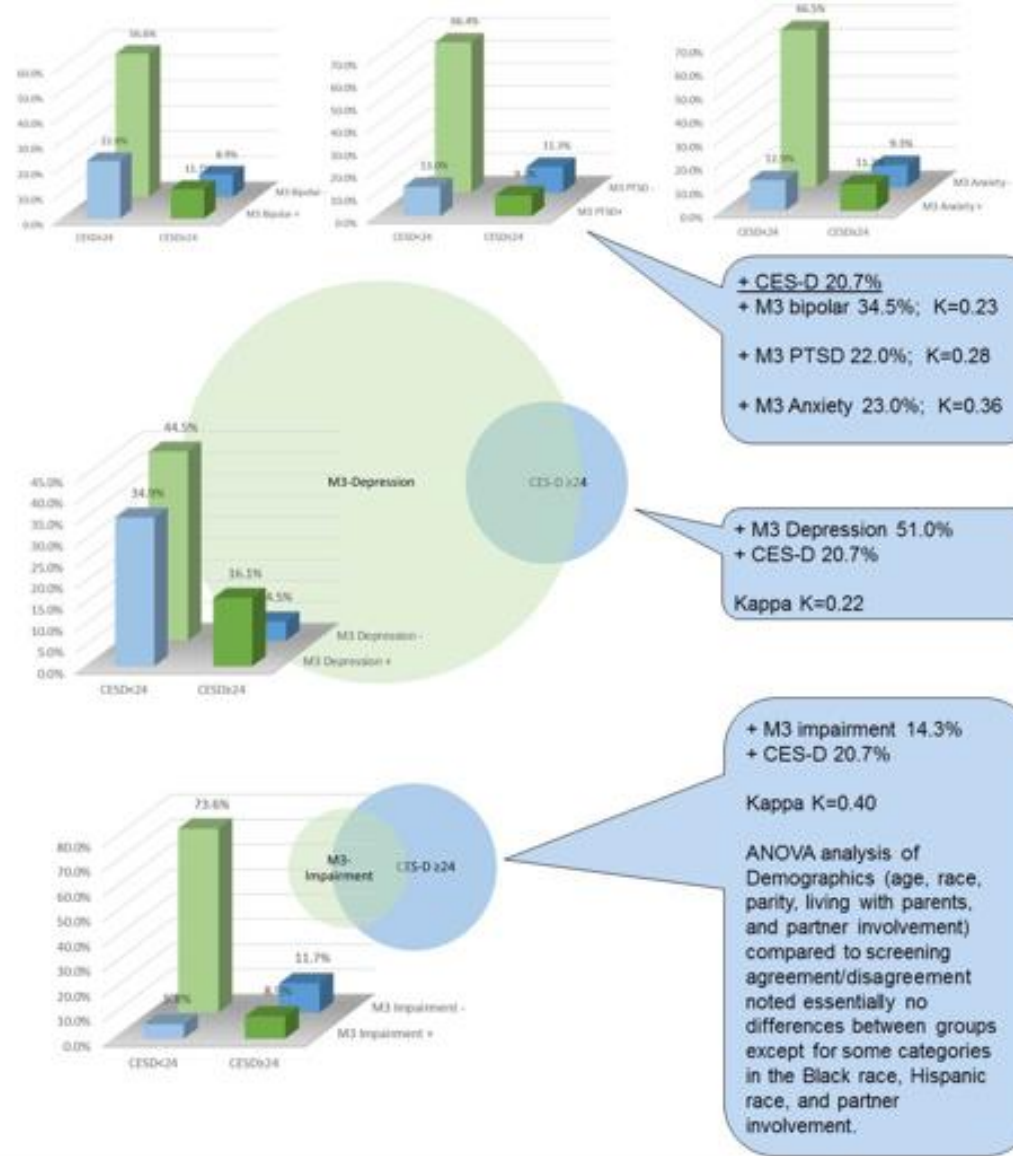


Practice Limitations

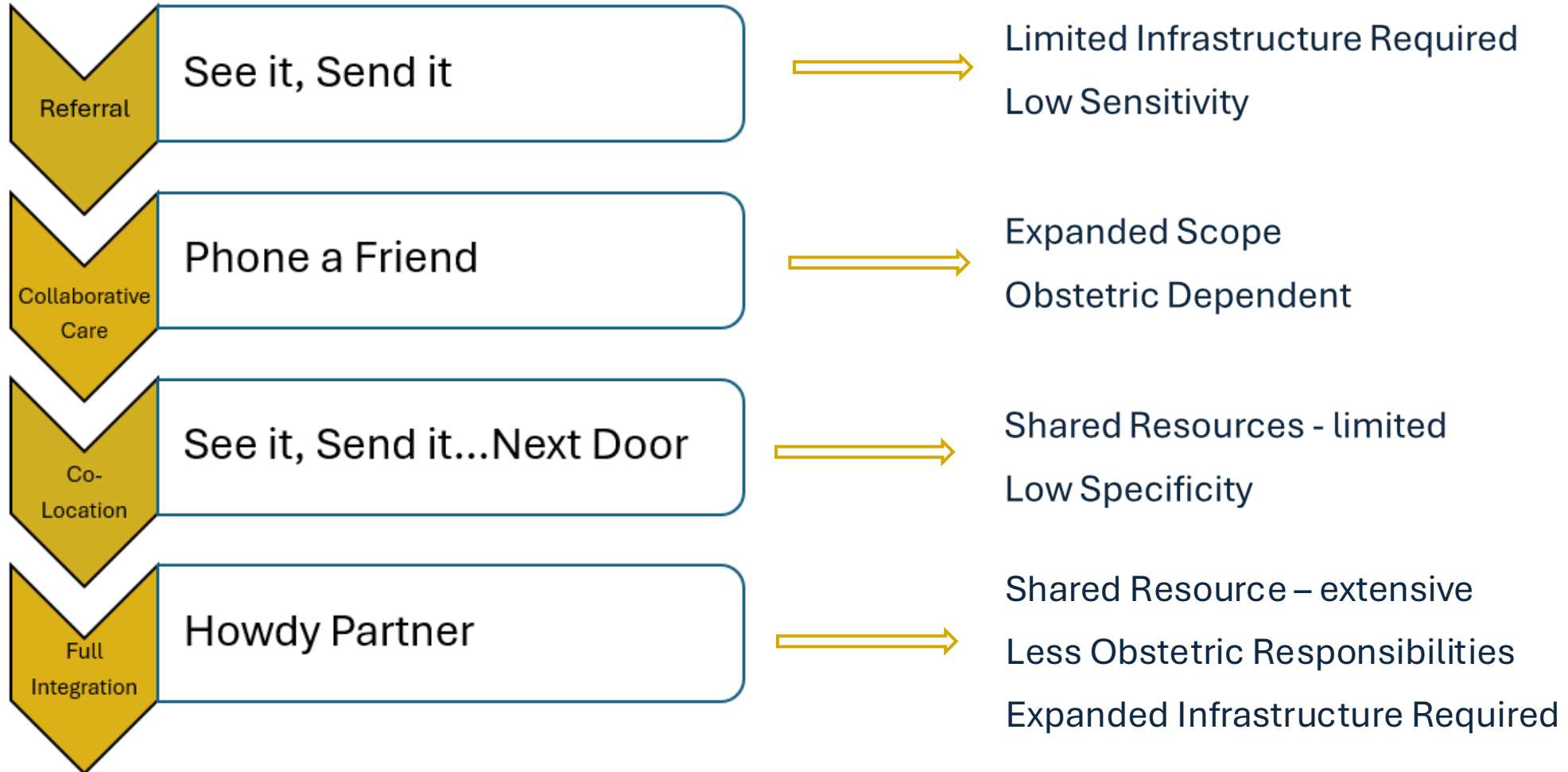
- Time
- Space
- Education
- Desire



Choices Matter M3 vs CESD⁷

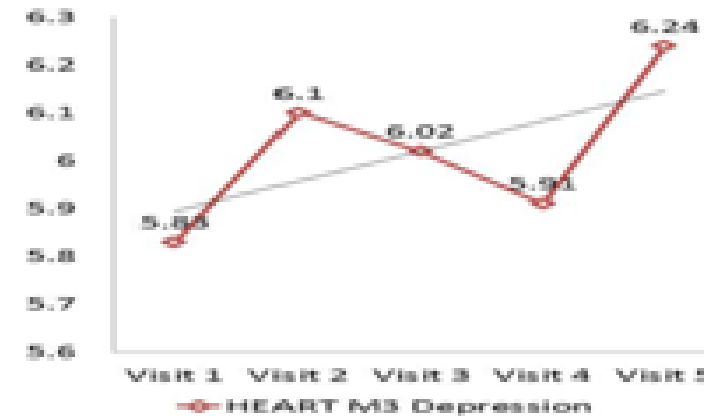
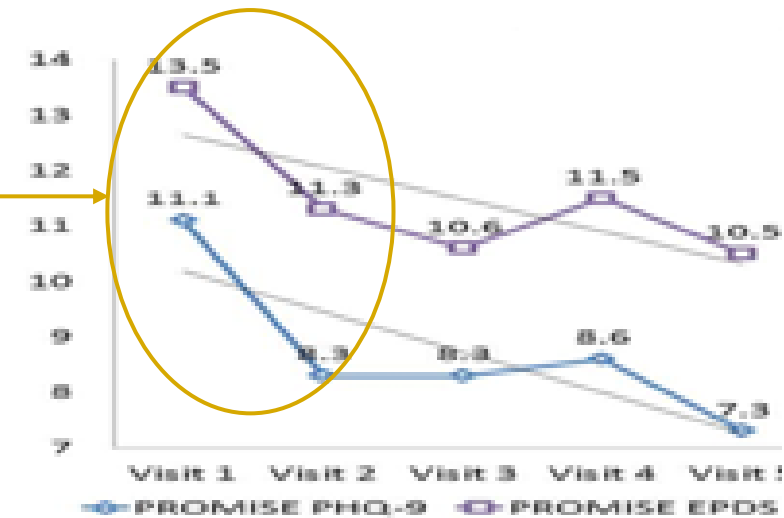
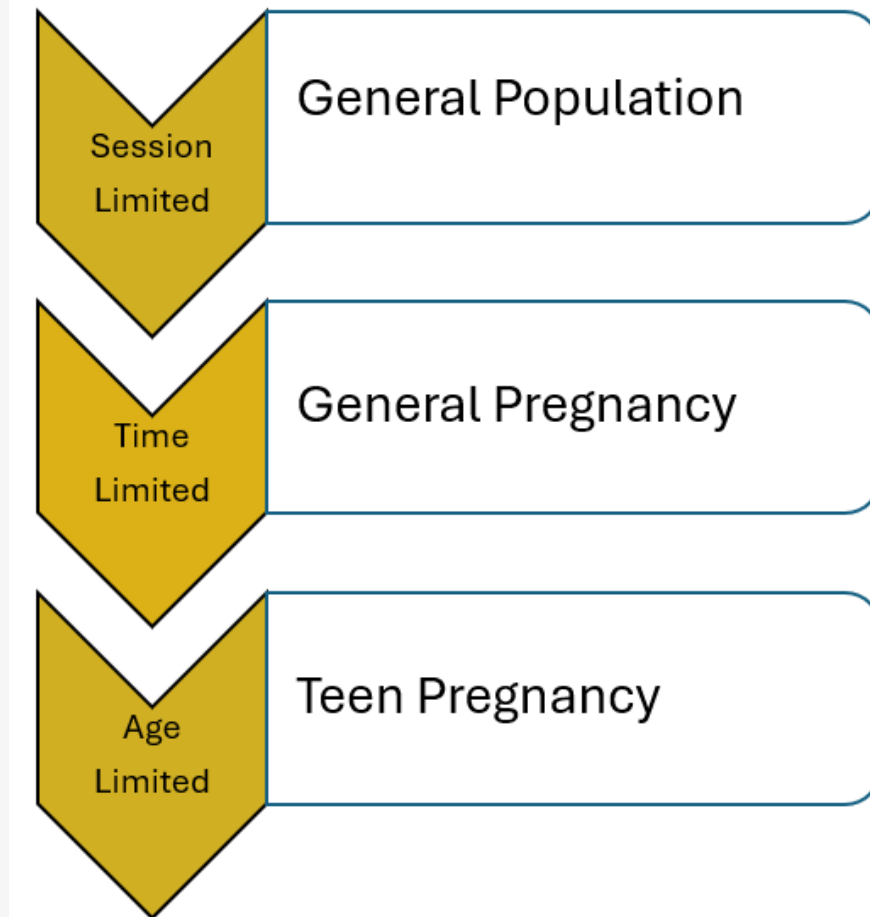


Referral Models⁸



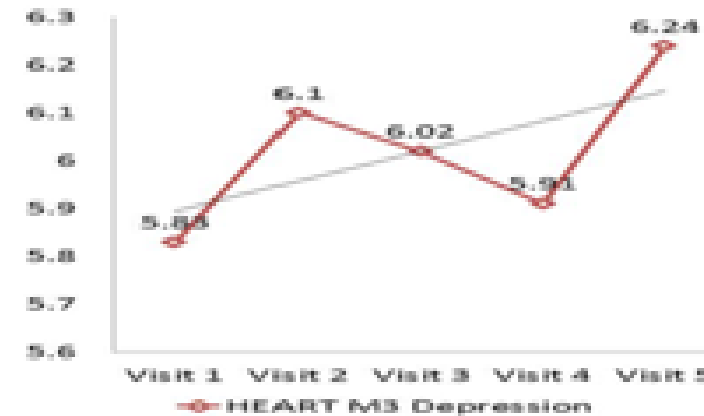
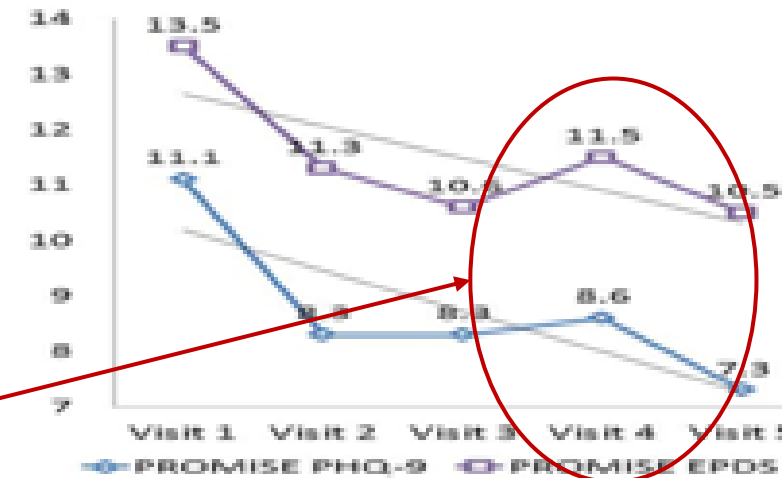
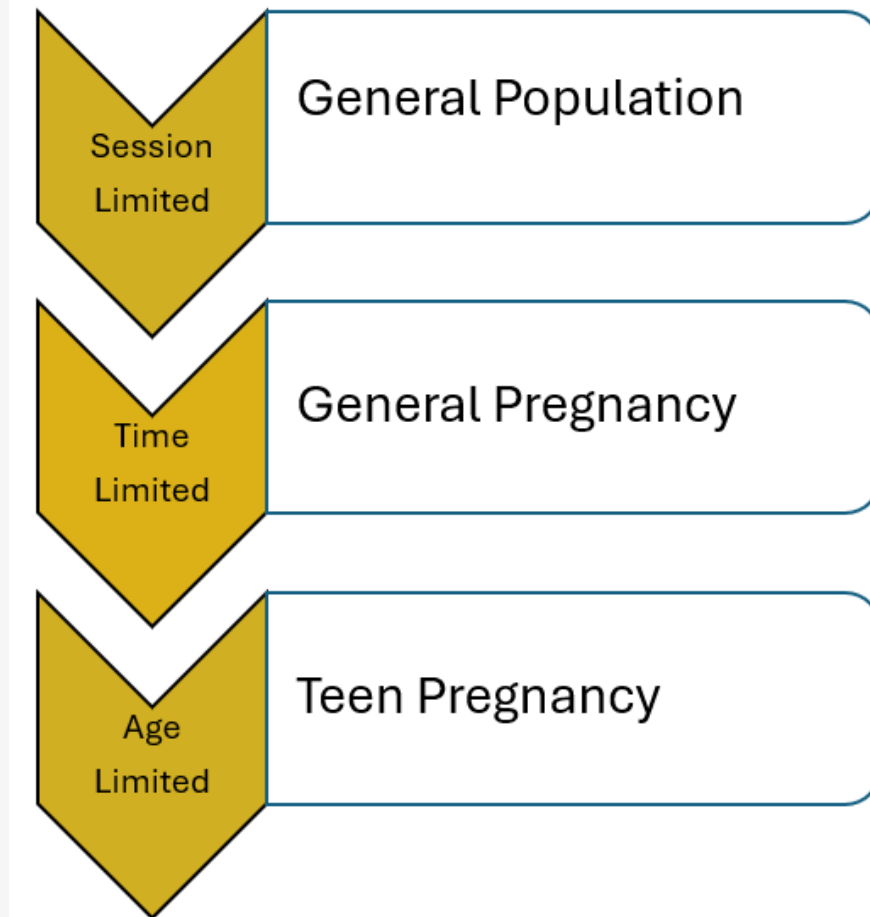


Model Lengths⁹



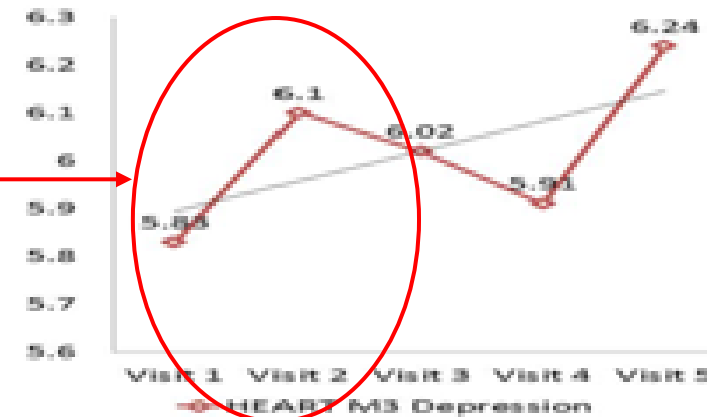
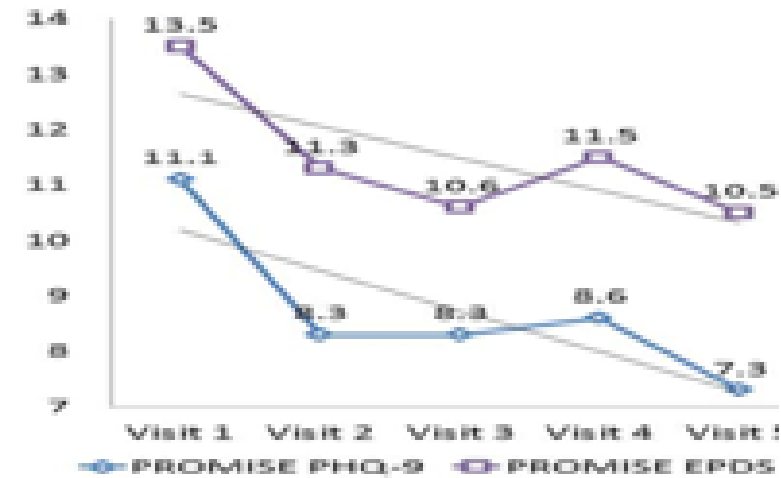
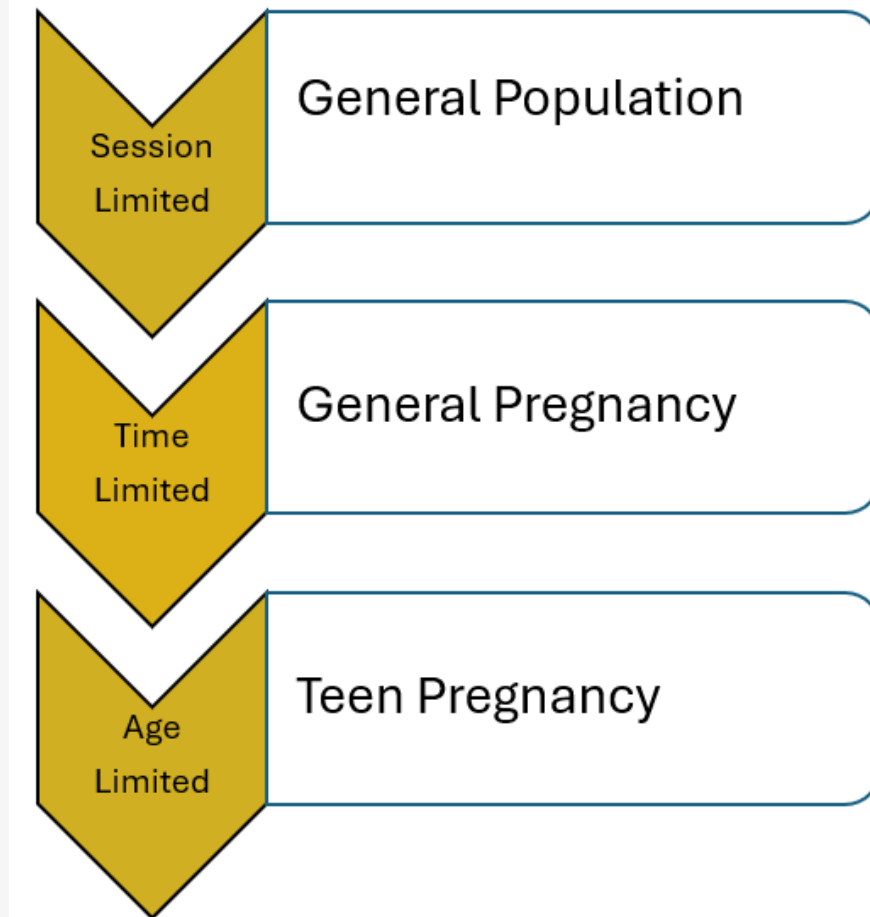


Model Lengths⁹





Model Lengths⁹





Results of Time/Age Limited Full Integration?



Results

Increased:

- Visits

Reduced:

- Unintended Repeat pregnancies
- Low birth weight
- Preterm delivery
- Reduce Racial Gaps



Results

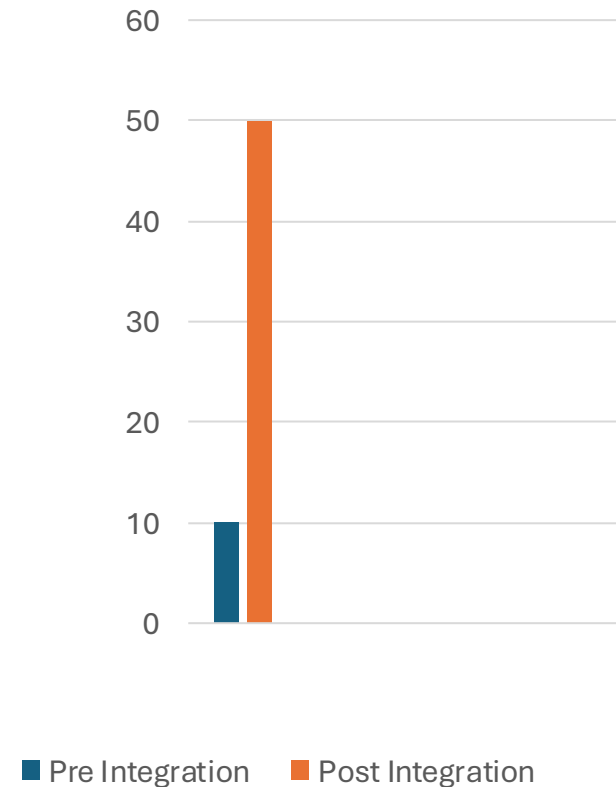
Increased:

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Completed Referrals





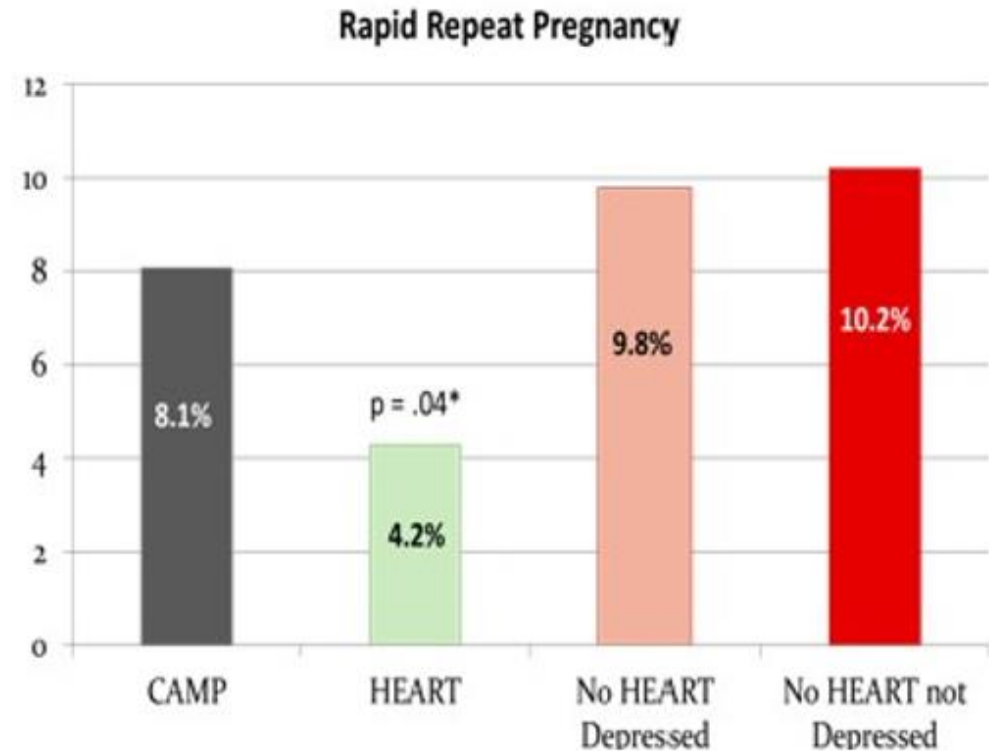
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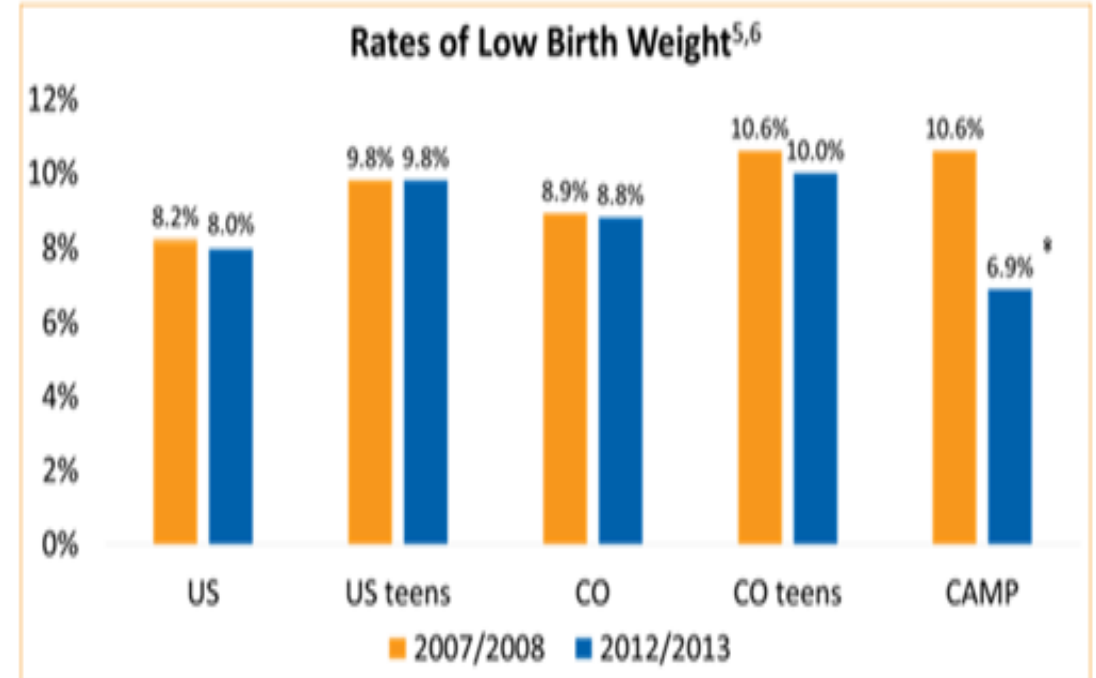
Results

Increased:

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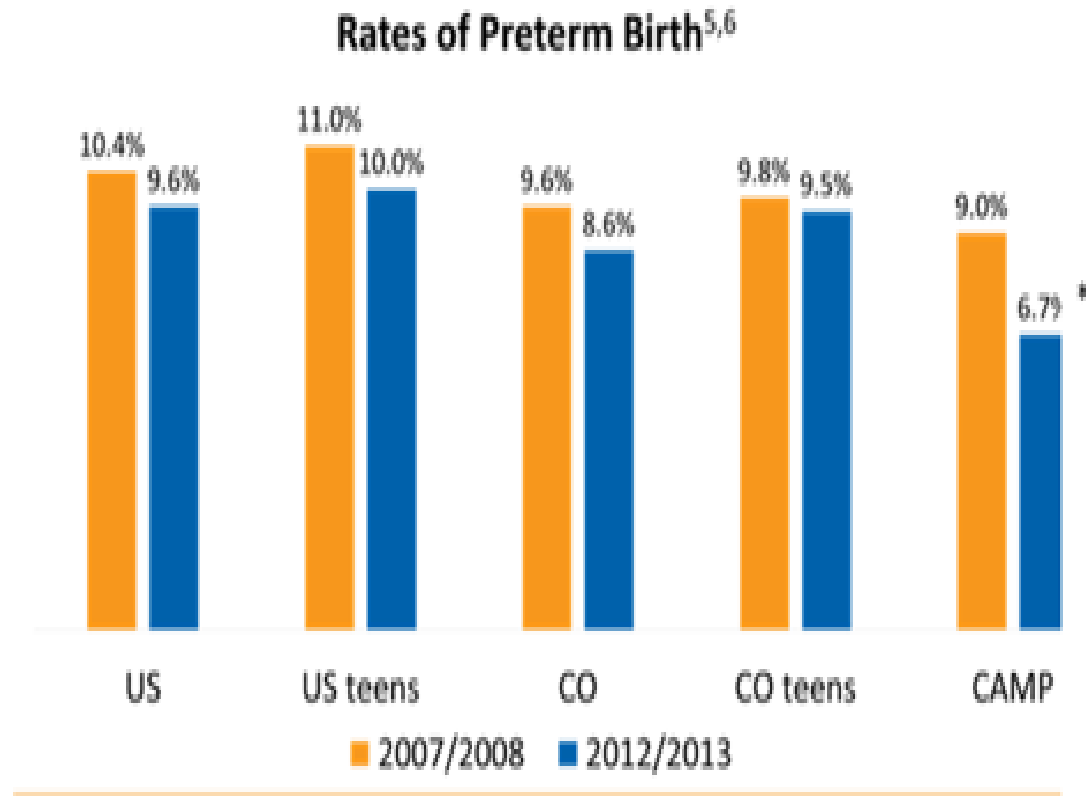
Results

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- Preterm births¹²
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Results

Increased:

- Visits

Reduced:

- Unintended Repeat pregnancies
- Low birth weight
- Preterm delivery
- Reduce Racial Gaps¹²

CAMP 2007-2008	African-American	Non-African- American	χ^2
Preterm birth	14.1%	6.4%	6.48*
Low birth weight	15.5%	7.6%	5.40*

CAMP 2012-2013	African-American	Non-African- American	χ^2
Preterm birth	8.7%	6.2%	0.82
Low birth weight	8.3%	6.1%	0.61



Unintended Consequence of Integration

- Eliminated Real-World Experiences
- Limited Education
- Limited Training
- Limited Post Graduation Readiness



Traditional Perinatal MH Education¹³

Hands-on training

- Ob rotations (20%)
- Shadowing Mental Health Providers

Didactic lectures

- Broad topic presentations (84%)
- Limited logistical information (30% meds)

Consultation

- Synchronous: Disruptive to ambulatory clinical activities
- Asynchronous: Limited direct patient interaction



SSRI Curriculum¹⁴

- Safety
- Sleep
- Relaxation Techniques
- Indicated Medications



Core Concepts

Functional focus over Diagnostic identification¹⁵

Bridge to care:

- Gynecology
- Pediatrics
- Psychology/Psychiatry¹⁶

Individualized expansion of scope

Brief Practical Interventions



Safety¹⁷

Positive Response

- Critical Care of patient

Negative Response

- Normalizing
- Release from “OB mode”



Screens

- EPDS/PHQ-9 (SI)
- GAD-7
- MDQ
- PHQ-2
 - #1 & #2, Score of ≥ 3
- EPDS(EPDS+)¹⁸
 - #3, #4, #5, Score of ≥ 4 or 5



Sleep¹⁹



QUICK RESPONSE



OPPORTUNITY FOR
PP PLANNING

- Sleep Hygiene
- Trazodone
- Hydroxyzine (BPMD & Anxiety)
- Mirtazapine (weight loss)
- Quetiapine (BPMD)
- Benzodiazepines (severe Anxiety)



Relaxation Techniques

Depression

- “3 things list” (BA/CBT)

Anxiety

- Progressive Muscle Relaxation (M)
- Mindful Breathing (M)
- Object Mindfulness (M)
- Effective Worry (CBT)

External Stressors

- Identify Supports (IPT)

(BA) = Behavioral Activation

(CBT) = Cognitive Behavioral Therapy

(M) = Mindfulness

(IPT) = Interpersonal Psycho-Therapy



Indicated Medications

MCPAP from Moms

mcpapformoms.org/Toolkits/Toolkit.aspx

SSRIs

Sleep Aids

Wellbutrin

SNRIs

Quetiapine

Mirtazapine



Reimbursement

- Screens²⁰

- Pregnancy 96127 “Brief emotional/behavioral assessment or 96160, “Administration of patient-focused health risk assessment instrument
- Postpartum 96161, “Administration of caregiver-focused health risk assessment instrument
- ICD-10 Z13.32 Screening for maternal depression
- G0444 Annual depression screening (G8431 positive and G8510 negative)

- Time Codes

- 90832: (16–37 min) 90834: (38–52) 90837: (53+)

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