Save a Life.

Key Steps for Treating Perinatal Mental Health Conditions

Perinatal mental health (PMH) conditions during pregnancy and up to a year postpartum are a leading cause of maternal morbidity and mortality. Identifying patients with PMH conditions and having a treatment plan will save lives.

1. Counsel on Treatment Options

Assess for safety and severity. Discuss all treatment options including therapy, medications, and support services. Call IL DocAssist (866-986-2778) for free perinatal psychiatry help with treatment plan.

2. Initiate Treatment (Therapy and/or Meds)

Start appropriate medication as clinically indicated. Before starting medication, screen for bipolar disorder (i.e. MDQ). If depression symptoms started 3rd trimester to 4 weeks postpartum consider postpartum zuranolone. See treatment options below.

3. Provide a Warm Handoff to Therapy

Provide a referral (online resources available). Can call the IL MOMS Line 24/7 (patient or provider) for support and help with therapy referral (866-364-6667). Follow up to confirm patient linked to care.

4. Schedule Close OB Follow-Up

Arrange a close OB follow up appointment (within 2 weeks) to monitor symptoms, treatment response, and adjust medication as needed.

5. Connect Patients to Support Resources

Provide education about PMH conditions and support services such as home visiting programs, PSI peer support groups, IL MOMS Line, and other community or online resources.

ILPQC
Illinois Perinatal Quality Collaborative

ACOG Recommendations on Treating Perinatal Mental Health Conditions *

- ACOG recommends against withholding or discontinuing medications for mental health conditions due to pregnancy or lactation status alone.
- Psychotherapy should be considered a first-line treatment for mild-to-moderate perinatal depression and anxiety.
- Obstetricians should initiate psychopharmacotherapy for perinatal depression or anxiety disorders, refer patients to appropriate behavioral health resources when indicated, or both.
- Provide balanced counseling on treatment options. Although the perinatal risks associated with any psychopharmacologic agent should be considered in clinical decision making, obstetric care professionals should also recognize the risks associated with untreated or inadequate treatment of mental health conditions.
- **Assess severity and counsel on treatment options:**

  Mild

  Depression screen 10-14, anxiety screen (GAD-7) 5-9

  Therapy referral, consider medication

  Moderate

  Depression screen 15-19, anxiety screen (GAD-7) 10-14

  Therapy referral, strongly consider medication

  Severe

  Depression screen > 19, anxiety screen (GAD-7) >15

  Therapy referral, medication treatment

  + Score on Self-Harm Questions

  Assess safety, call for psychiatric consultation, if acute safety concern refer to emergency services.

First-line medication option:

1. **SSRIs are first line for perinatal depression/ anxiety. If bipolar screen negative, choose a medication that has worked before, if no prior medication, choose Sertraline or Escitalopram**
2. **Sertraline (Zoloft) 25mg qAM (if sedating, change to qHS)**
3. **Initial increase after 4 days - increase to 50 mg**
4. **Second increase as needed after 7 more days - increase to 100 mg**
5. **Slower titration (every 10-14 days) can be helpful if antidepressant naïve or with anxiety symptoms**
6. **Reassess monthly (increase as needed until symptoms remit) - increase by 50mg, therapeutic range is 50-200mg**

Other first line treatment options

Quick reference guide for PMH resources and referrals

* ACOG PMH treatment guidelines