

Medication use during Perinatal Period

Dr Umesh Gowda

**Consultant Psychiatrist
Perinatal Psychiatry team**



With all of us in mind.

Session overview

- Statistics
- Survey
- Medications
- Case scenario
- Colleague experience



What is “perinatal”?

- Preconception
- Mental health during pregnancy
- Mental health for the first 12 months after birth

Question?

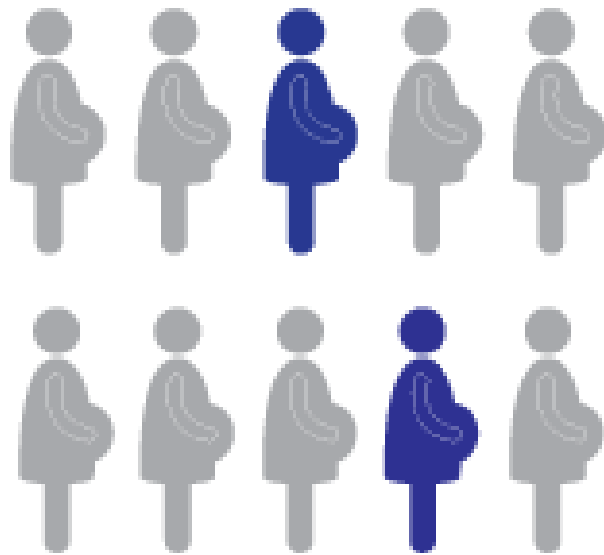


South West
Yorkshire Partnership
NHS Foundation Trust

- How common is perinatal mental health problem?
- Up to 1 in 5
- Up to 1 in 20
- Up to 1 in 100
- Up to 1 in 1000

With **all of us** in mind.

Perinatal Mental Health Matters



Up to 20%
of women develop a
mental health problem
during pregnancy or
within a year of
giving birth

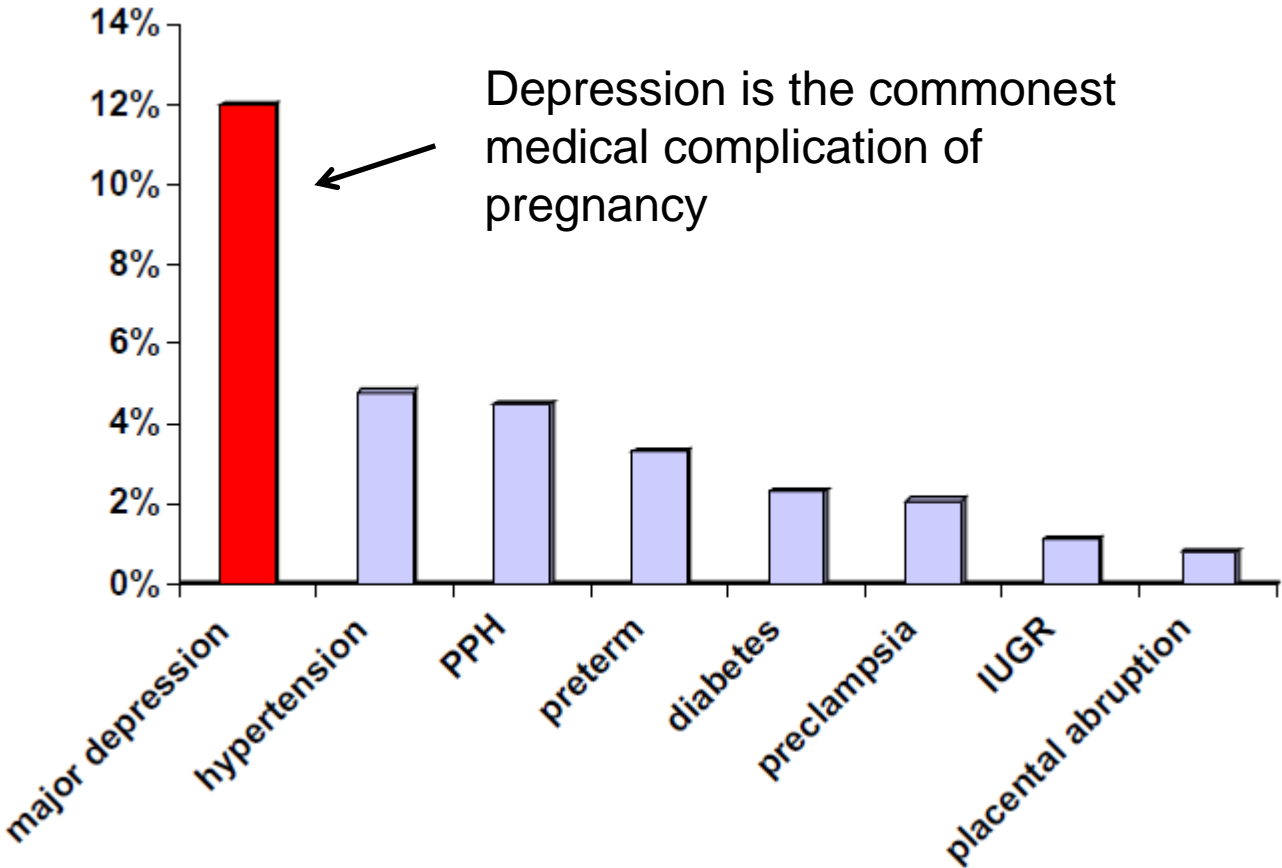
**The most likely
time in a
woman's life
when she will
develop a mental
health problem**

from The Costs of Perinatal Mental Health Problems, available at:

<http://www.centreformentalhealth.org.uk/perinatal>

© 2014 London School of Economics and Centre for Mental Health

Incidence of Perinatal Mental Disorder



Statistics

Pregnant

- Depression – 12%
- Anxiety – 13%

Postnatal

- Depression & Anxiety – 15-20%
- Psychosis – 1-2/1000

Only half - Diagnosed.
Fewer – receive adequate treatment

Perinatal Mental Health Matters



Costs v improvement

The cost to the public sector of perinatal mental health problems is **5 times** the cost of improving services.

from The Costs of Perinatal Mental Health Problems, available at:

<http://www.centreformentalhealth.org.uk/perinatal>

© 2014 London School of Economics and Centre for Mental Health

Perinatal Mental Health Matters



Of these costs

28%

relate to the mother

72%

relate to the child

**Babies do
best with
well mums**

*from The Costs of Perinatal Mental Health Problems, available at:
<http://www.centreformentalhealth.org.uk/perinatal>*

© 2014 London School of Economics and Centre for Mental Health

Questions:

- Q: If you had just had a baby and were referred to mental health services, what would your first thought be?
- A: “They want to take my baby away from me” - Fear
- A: “They think that I’m an unfit mother” - Guilt

- Q: What % of mums hide or downplay their symptoms?
- A: 70%

Falling through the gaps - 2015 report

- Barriers to detection for women:

- Women put significant effort into **hiding** their distress:
 - Stigma
 - Wanting to be a good mother
 - Fear the child might be taken away
 - Don't recognise that they are ill

Barriers

- Women were **put off disclosing** to health practitioners due to:
 - Feeling dismissed or told that what they were feeling was ‘normal’.
 - Feeling rushed, judged or processed
 - Lack of continuity/fragmentation of care: different GPs, midwives, health visitors
 - Experiencing inconsistent responses

What women want from their HCPs

- Wanted them to be more **proactive** in asking about mental health
- Give **time** and **compassion**
- Needed to feel **hopeful** that something could be done

Quiz

- Q: What is the relapse rate of depression in mums who stop taking antidepressants in pregnancy?
- A: 70%
 - more severe depression = higher likelihood relapse
- Q: What happens when people get stressed/depressed?
- A: Increased use of alcohol, nicotine, drugs; worse diet; reduced/delayed engagement in antenatal care; 4-fold increase in reduced birthweight in depressed vs non-depressed mums; increased rate of ADHD, conduct disorder & ?autism

Mental Health - Red Flags



- Recent **significant change in mental state** or emergence of new symptoms
- New **thoughts or acts of violent self-harm**
- New and persistent **expressions of incompetency** as a mother or **estrangement from the infant**

Mental illness



South West
Yorkshire Partnership
NHS Foundation Trust

- Pregnancy – not protective against mental illness
- Late pregnancy and early postpartum – increased risk of relapse
- May increase risk of relapse - if medications discontinued

With **all of us** in mind.

Medication - Challenges



South West
Yorkshire Partnership
NHS Foundation Trust

- medications are not licensed to prescribe
- ethical issues - robust research is difficult
- Safety – cannot be clearly established
- Decisions on medication – based on database studies (many limitations)
- Long term outcomes – not much data

With **all of us** in mind.

MEDICATION USE DURING PREGNANCY

- SSRI



South West
Yorkshire Partnership
NHS Foundation Trust

- No major teratogenicity
- No major neurodevelopmental problems
- Generally safe to use during pregnancy

- decreased gestational age, spontaneous abortion, decreased birth weight, Persistent Pulmonary Hypertension (PPH).

- Neonates – exposure to antidepressants in late pregnancy - discontinuation symptoms – irritable, crying, shivering, or problem with feeding and sleeping. These are mild and self limiting within 2-3days.

With all of us in mind.

Learning point



South West
Yorkshire Partnership
NHS Foundation Trust

- Automatically stopping antidepressants if a woman becomes pregnant is not necessarily the safest option for baby (and mother).
- Risks of treating vs. risks of not treating
- Support mum to make the best choice for her and her family (?effects of depressed mum on other children)

With all of us in mind.

Antipsychotics



South West
Yorkshire Partnership
NHS Foundation Trust

- Current evidence does not suggest that antipsychotics are major teratogens
- Possible exception of risperidone – more data needed
- Association with a small increase in babies small for gestational age, and pre-term birth. Whether true effects or due to confounding factors is not clear.
- Association with gestational diabetes
- There is no indication for any significant long-term neurodevelopmental effects

With **all of us** in mind.

Questions

- Q: Which relatively common mental health drug should we be most concerned about a pregnant mum taking?
- A: Sodium valproate (epilim, depakote, valproic acid)

- Q: What are the main risks of taking a valproate-based drug?
 - A: 1 in 10 babies - birth defect
spina bifida, cleft lip/palate, organ malformation

 - 3-4 in 10 babies - developmental problems
Delayed milestones, low IQ, ASD, ADHD.

Contraindicated in women of child bearing potential unless she has a Pregnancy Prevention Programme (PPP) in place

PRN medications



South West
Yorkshire Partnership
NHS Foundation Trust

- Benzos – not teratogenic but preferable to avoid its use. 3rd trimester use – floppy baby S.
- Avoid longer acting drugs.
- breast-feeding – short-acting agent eg lorazepam should be prescribed in divided doses
- Promethazine – sedative

Breast feeding

- Most medications – safe
- Relative infant dose (RID) ≤ 10
- Avoid – lithium, Clozapine, Carbamazepine, Lamotrigine
- To Consider – mixed feeding, change time of the dose, expressed breast milk

Medication – not effective

- Compliance
- Pregnancy – trimester
- Comorbidity – alcohol/physical health
- Social stressors
- Dose – titrate to higher doses
- Consider PRN – sleep
- Change Medication

Things to consider



South West
Yorkshire Partnership
NHS Foundation Trust

- Non-Pharmacological interventions
- Impact of untreated mental illness – on mother and on foetus/infant
- Risk of stopping medications abruptly
- Previous episodes, response to treatment, individual preference

With all of us in mind.

Case scenario

- 40 year old lady with long history of anxiety and depression, currently stable taking venlafaxine 150mg mane dose, informs that she came to know that she is pregnant recently (suspects she could be 8 weeks pregnant).

Who is this?



- Daksha Emson had a glittering undergraduate medical career
- Won a research grant
- Was diagnosed with bipolar disorder as a student
- Was well on lithium, but stopped it when she became pregnant
- Unfortunately she became psychotic after giving birth
- Stabbed both herself and her baby Freya, then set themselves both alight
- Freya died, and Daksha was re-united with her 3 weeks later

Take Home Messages

be more proactive in asking about mental health

No need to stop medications if helpful and doing well

Give hope that something could be done

NHS

South West
Yorkshire Partnership
NHS Foundation Trust



With all of us in mind.

Resources



South West
Yorkshire Partnership
NHS Foundation Trust

- [Medication leaflet –](#)
- <https://www.choiceandmedication.org/swyp/printable-leaflets/drugs-in-pregnancy>
- [Teratogenicity – BUMPS](#)

<http://www.medicinesinpregnancy.org/>

With **all of us** in mind.

Resources



South West
Yorkshire Partnership
NHS Foundation Trust

- [Royal College of Psychiatry – Perinatal Faculty page](#)
- <https://www.rcpsych.ac.uk/members/your-faculties/perinatal-psychiatry/news-and-resources>
- <https://www.nice.org.uk/guidance/cg192>
- (Antenatal and postnatal mental health: clinical management and service guidance)

With **all of us** in mind.



South West
Yorkshire Partnership
NHS Foundation Trust

Colleague experience

Jade Humphries

Peer Supportive Worker (PSW)

With **all of us** in mind.