NNEPQIN
NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK

Section 12: Facilitating Access to Mental Health Services

Screening for co-occurring psychiatric conditions

All pregnant women with substance use disorders should be screened for depression and anxiety at the first and subsequent prenatal visits. Screening should be done with empathy, using validated screening instruments. Positive screens should be followed up by a healthcare provider to ensure that women receive follow-up care and, if needed, referral to behavioral health clinicians or psychiatry.

Healthcare professionals are encouraged to screen women for depression and anxiety, and assist women to obtain further evaluation and/or treatment. Ideally all women with substance use disorders should receive a psychiatric evaluation to ensure that untreated psychiatric needs are met. However, access to behavioral health and psychiatry is often limited; therefore, initial screening and consultation can be accomplished in the obstetric or primary care setting. Healthcare providers should be sensitive to the prevalence of trauma history among women with substance use disorders, and care should be informed by the assumption that any woman is likely to have experienced sexual and/or physical violence in her lifetime.

Screening instruments for depression and anxiety which are valid for use during pregnancy and postpartum include the Patient Health Questionnaire (PHQ-9), the Center for Epidemiologic Studies Depression Scale (CES-D), the Edinburgh Postnatal Depression Scale (EPDS), and the Generalized Anxiety Disorders Scale (GAD-7). If post-traumatic stress disorder is suspected, the Abbreviated PCL-C is a brief, validated screening tool which can be used in the primary care setting (SAMHSA, 2017). The Mood Disorders Questionnaire (MDQ) is a brief screening tool to help clinicians differentiate symptoms of depression from bipolar affective disorder. Links to these non-proprietary screening tools are included below.

Maternity care providers who are comfortable treating uncomplicated depression, anxiety, and PTSD during pregnancy and postpartum should be aware of potential drug-drug interactions between methadone and antidepressant medications (SSRIs or tricyclics) (SAMHSA, 2018). Benzodiazepines are not indicated for the long term treatment of anxiety or PTSD symptoms, are associated with a neonatal benzodiazepine withdrawal syndrome, and may cause life-threatening respiratory depression for

mothers when combined with opioids. Exposure to SSRIs for the treatment of co-occurring depression and anxiety disorders in addition to treatment with buprenorphine or methadone may increase symptoms of NAS/NOWs. However, not treating mental health disorders during pregnancy and postpartum can have serious consequences for both mother and baby, and therefore benefits often outweigh risks. Supporting evidence and clinical considerations regarding these decisions can be found in Factsheet 5 of SAMHSA'S *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants* (SAMHSA, 2018, pp 42-44).

The Massachusetts Child Psychiatry Access Project provides a publicly available toolkit for assessment and management of uncomplicated perinatal mood disorders. https://www.mcpapformoms.org/Docs/Adult%20Toolkit.pdf

Additional resources for providers

- May 11, 2017 Learning Collaborative Session on treatment of co-occurring mental health disorders by Dr. Julia Frew, Assistant Professor, Geisel School of Medicine and Medical Director of the *Dartmouth-Hitchcock Perinatal Addiction Treatment Program*: https://dhvideo.webex.com/dhvideo/ldr.php?RCID=41ad25307bbc0b6a3333885938808c22
- MGH Women's Mental Health Program: https://womensmentalhealth.org/
- Organization of Teratology Information Specialists (useful info on psychiatric medications in pregnancy, including patient handouts): https://mothertobaby.org/
- A Primary Care posttraumatic stress disorder (PTSD) screener: https://www.integration.samhsa.gov/clinical-practice/PC-PTSD.pdf
- Patient Health Questionnaire (PHQ-9): https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/218
- Generalized Anxiety Disorders (GAD-7): https://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf
- Center for Epidemiologic Studies Depression Scale (CES-D): http://www.chcr.brown.edu/pcoc/cesdscale.pdf
- Scoring and follow up for Edinburgh Postnatal Depression Scale, from McPap for Moms toolkit: https://www.mcpapformoms.org/Docs/Assessment%20of%20Depression%20Severity%20and%20Tx%20Options%2009.8.14.pdf
- Key Clinical Considerations When Assessing the Mental Health of Pregnant and Postpartum Women, from the McPap for Moms toolkit: https://www.mcpapformoms.org/Docs/Key%20Clinical%20Considerations%2010%206%2015.pdf
- A summary of Emotional Complications during Pregnancy and the Postpartum Period, from McPap for Moms Toolkit:

https://www.mcpapformoms.org/Docs/Summary%20of%20Emotional%20Complications%2010%206%2015.pdf

Additional resources for patients

- American College of Nurse Midwives. Postpartum Depression. *J Midwifery and Women's Health* 2014; 58; 6: http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12144/pdf
- American College of Obstetricians and Gynecologists. Postpartum Depression. https://www.acog.org/Patients/FAQs/Postpartum-Depression#cope
- Postpartum Support International: www.postpartum.net
- Mental Health self-care guides for reproductive mental disorders (online CBT)

  https://reproductivementalhealth.ca/resources/self-care-guides