



# Considerations for Perinatal Mental Health Diagnoses

PROVIDER GUIDE

Perinatal mood and anxiety disorders are among the most common complications that occur in pregnancy and in the first 12 months after delivery. 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.

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COMMON PERINATAL MENTAL HEALTH CONDITIONS			
	PERINATAL ANXIETY	PERINATAL DEPRESSION	POSTPARTUM PSYCHOSIS
CHARACTERISTICS	+ Anxiety is often centered around baby	<ul> <li>+ Lack of interest in the baby, not feeling bonded to the baby</li> <li>+ Excessive feelings of being a bad mother</li> </ul>	+ High Infanticide risk + Hallucinations may center around harm to baby
SYMPTOMS	+ Excessive anxiety and worry, occurring more days than not	At least five of the following symptoms for at least two weeks:	Symptoms resemble a manic or mixed mood episode with psychotic symptoms.
	Difficulty controlling worry associated with ≥ 3 of the following symptoms:	<ul><li>+ Depressed mood (most of the day, nearly every day)</li><li>+ Sleep changes</li></ul>	<ul><li>Manic Symptoms:</li><li>Persistent elevated, expansive or irritable mood</li></ul>
	+ Restlessness, feeling keyed up or on edge + Being easily fatigued + Difficulty concentrating or mind going blank + Irritability + Muscle tension + Sleep disturbance	+ Change in interest or pleasure in activities	Increased activity and energy     with decreased need for sleep
		<ul> <li>+ Weight or appetite changes</li> <li>+ Psychomotor agitation or retardation (observable by others)</li> <li>+ Fatigue or loss of energy</li> </ul>	<ul> <li>Inflated self-esteem or grandiosity</li> </ul>
			<ul><li>More talkative or pressured</li><li>Flight of ideas or subjective</li></ul>
			experience of racing thoughts
		+ Feelings of worthlessness or excessive or inappropriate guilt	or or psychomotor agitation
		<ul> <li>Decreased concentration or indecisiveness</li> <li>Recurrent thoughts of death, recurrent suicidal ideation (SI), or suicide attempt</li> </ul>	Excessive involvement in activities that have high potential for painful
			consequences <u>Psychotic Symptoms:</u>
			• Delusions
			Hallucinations
			Disorganized Speech
			<ul> <li>Grossly disorganized or catatonic behavior</li> </ul>
			Negative Symptoms (diminished emotional expression or total lack of motivation)
TIMELINE	+ Can occur throughout	+ Mood episodes can occur during	+ Can occur within 48-72 hours after

pregnancy or within the 4 weeks

following delivery

delivery, majority within 2 weeks

pregnancy and postpartum

period

## RESOURCES TO SUPPORT PERINATAL SERVICE WOMEN

# **Steps for Provider Assessment:**

- Assess thoughts of harm to self or others (Are you having any thoughts of harming yourself, anyone else, and/or your baby?)
- ☐ Assess mother's symptoms using attached screener(s) applicable to your setting
- □ Assess the mother's stress levels (On a scale of 0 10 how stressed are you feeling during this transition period?)
- Assess mother's relationship quality (Who do you feel is there for you right now? Do you feel supported? What would you need to feel supported?)
- Assess the mother's sleep (How much sleep are you getting? Are you able to sleep when given the opportunity?)
- Know the signs of perinatal mental health by reviewing the handout on page 1 (Tip: Bring handout into the room to review as you discuss with the mother)
- Ask mother if they have had any mental health concerns (before birth or after the birth of another child)
- Give the mother a list of resources
- Consider warm hand-off to behavioral health, particularly if there is a provider with experience with perinatal mental health (Local Specialty Care Clinic:

## **Provider Resources to Guide Care:**

- The Edinburgh Postnatal Depression Scale (EPDS)
- 2. <a href="PHQ-9">PHQ-9</a> (Patient Health Questionnaire)
- 3. <u>GAD-7</u> (General Anxiety Disorder-7)
- 4. <u>Postpartum Support International –</u> <u>Perinatal Mental Health Discussion Tool</u>
- 5. <u>Beck Anxiety Inventory</u>
- 6. <u>Beck Depression Inventory</u>
- 7. <u>Perinatal Anxiety Screening Scale</u>
- 8. <u>DHA Behavioral Health Screening and Referral in Pregnancy / Postpartum Practice Recommendation (CAC enabled link)</u>



# **Resources for Parents**

#### TO GUIDE BEST CARE PRACTICES FOR PARENTS

- Military and Family Life Counselors
- Army Community Services
- Community Counseling Program
- Family Life Counseling Chaplains
- Military One Source: 1-800-342-9647
- New Parent Support Program
- Fleet and Family Services

#### TO GUIDE BEST MEDICAL CARE PRACTICES FOR PARENTS

#### **Emergency Resources:**

- 988
- 911
- National Maternal Mental Health Hotline: Text or Call 1-833-943-5746

## Non-Emergency Resource:

 Postpartum Support International (PSI) Helpline: Text or Call 1-800-944-4773

# **Individual Mental Healthcare:**

- Adult Outpatient Behavioral Health
- Humana Military / TRICARE Provider
  - o Tricare (psidirectory.com)
  - o <u>Humana Military</u>
- TeleHealth Therapy
  - o Dr On Demand
  - Telemynd
  - Sensible Care
  - Cohen Veteran Network

## **Group Therapy:**

- <u>PSI Online Support</u> <u>Meetings</u>
- <u>PSI: Help for Military</u> Families (virtual).
  - 2nd and 4thWednesdays 4 PMPT/ 7 PM ET