FAQ on Perinatal Mental Illness (PMI)

1. What is perinatal mental illness (PMI) and why is it important?

PMI encompasses mental health issues and psychiatric disorders that occur during pregnancy and up to one year postpartum. It includes both pre-existing and new-onset mental health problems. PMI is significant because untreated or poorly managed PMI can negatively impact the health of the mother, partner, fetus, and infant. This can lead to adverse perinatal outcomes such as preterm birth, low birth weight, poor infant development, persistent depression in both parents, maternal self-harm, and even maternal suicide, which is an emerging cause of maternal mortality in Canada.

2. What are some of the different types of perinatal mental illnesses?

The most common perinatal mental illnesses are mood and anxiety disorders, which include:

Depressive Disorders Major depressive disorder, persistent depressive disorder (dysthymia), and postpartum depression (PPD). PPD is defined as a major depressive episode occurring within the first 12 months after delivery and lasting for at least two weeks, and should include at least 5 symptoms, including low mood, sleep changes, decreased interest, guilt, energy change, concentration change, appetite change, psychomotor changes, and suicidal thoughts.

Anxiety Disorders Generalized anxiety disorder, obsessive-compulsive disorder (OCD), panic disorder, social anxiety disorder, and specific phobias. Generalized anxiety disorder during the perinatal period often involves excessive worry, insomnia, decreased appetite, muscle tension, and irritability.

Bipolar Disorders Bipolar 1 disorder, bipolar 2 disorder, and cyclothymia.

Trauma-Related Disorders Posttraumatic stress disorder (PTSD) and acute stress disorder.

Postpartum Psychosis A rare but serious condition presenting in the first four weeks postpartum, characterized by mood lability, paranoia, delusions, confused thinking, and disorganized behavior and requiring immediate medical attention.

Other relevant conditions ADHD, eating disorders, and personality disorders can significantly affect pregnancy experiences and outcomes.

3. What are the risk factors for developing perinatal mental illness?

Several psychological, social, emotional, and physical risk factors can increase the likelihood of developing PMI, including:

- Personal or family history of mental illness (depression, anxiety, OCD, bipolar disorder)
- Experiencing a perinatal loss
- History of abuse or intimate partner violence
- Pregnancy and birth complications
- Baby health challenges
- Unplanned pregnancy
- Adverse childhood experiences
- Poor social support
- Substance use and/or dependence
- Adolescent pregnancy
- Being part of the 2SLGBTQ+ community
- Certain pre-existing beliefs about uncertainty, obstetric complications, obsessive-compulsive or avoidant personality disorders (for OCD)

It's important to note that PMI is complex and providers are limited in the number of factors they can control.

4. How are pregnant and postpartum individuals assessed and screened for perinatal mental illness?

Assessment starts with questions about medical history and risk factors at every encounter up to one year postpartum. If risk factors are identified, a validated screening tool is recommended. A "two case-finding question" approach is also an acceptable first step, asking about feeling down/depressed/hopeless and a lack of interest or pleasure in doing things.

Screening involves using validated questionnaires to identify those who may need further evaluation. Examples of screening tools include the Edinburgh Postnatal Depression Scale (EPDS), Generalized Anxiety Disorder-7 (GAD-7), Personalized Health Questionnaire-9 (PHQ-9), State Trait Anxiety Inventory, Pregnancy-Specific Anxiety Tool (PSAT), Mood Disorder Questionnaire, Insomnia Severity Index, and Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The SOGC recommends that if concerns are identified the validated tools should be used to aid in assessment.

5. When should screening for perinatal mental illness occur?

Patients with risk factors should be screened at least once during pregnancy and once during the postpartum period. Additionally, screening should occur whenever a patient or provider has a concern about the patient's mental health.

6. What are the treatment options for perinatal mental illness?

Treatment options include:

Psychosocial and Community Interventions Support groups, peer support, lifestyle changes (exercise, nutrition), and addressing social determinants of health.

Psychological Interventions Supportive talk therapy, cognitive behavioral therapy (CBT), interpersonal therapy (IPT), and other forms of psychotherapy.

Pharmacotherapy Antidepressants (SSRIs are commonly used), mood stabilizers, and other medications, carefully considered with a psychiatrist's consultation, especially for those with bipolar disorder or schizophrenia. Preconception counseling is recommended for patients taking pharmacologic agents, or if they are already pregnant, consultation with a psychiatrist is warranted.

Shared decision-making is essential when determining the best course of treatment, taking into account the patient's values, beliefs, and preferences.

7. What is trauma-informed care and why is it important in the perinatal period?

Trauma-informed care recognizes the impact of trauma on an individual's health and well-being. Perinatal care, due to its sometimes invasive nature, can potentially traumatize or retraumatize individuals. A trauma-informed approach seeks to mitigate these effects by:

- Recognizing signs and symptoms of trauma.
- Creating a safe and supportive environment.
- Promoting empowerment and collaboration.
- Minimizing retraumatization.
- Integrating knowledge about trauma into policies and practices.

8. What are some of the barriers to accessing perinatal mental health care and what factors facilitate access?

Barriers include:

- Stigma surrounding mental health and medication use during pregnancy
- Language and literacy issues
- Social determinants of health (marginal housing, lack of childcare, transportation, money, food insecurity)
- Limited availability of referral resources and long wait times
- Lack of provider expertise or comfort in addressing mental health concerns
- Cultural and social factors influencing understanding and acceptance of care

Facilitators include:

- Social and community support
- Use of translations and professional translation services
- Trauma-informed care approaches
- Increased awareness and screening efforts
- Integrated care models
- Addressing social determinants of health
- Shared decision-making approaches