Antenatal & Postnatal Depression

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Prevalence of Perinatal Depression

- Wide variation in quoted rates
- Antenatally - 7-20%  } Biaggi et al
- Postnatally - 7-30%  } 2016
- Conflicting findings as to whether rates increase through pregnancy or not
- Postpartum typically 1-3 months
Risk Factors

- Psychiatric disorder
  - Antenatal depression -> Postnatal depression
  - Anxiety highly co-morbid
  - Previous depression (up to 50%)

- Childhood factors
  - Attachment with own parents
  - Childhood abuse

- Social Support
  - Practical, emotional, information (NB severe)

- Association with smoking pre-natally and antenatally
Risk Factors

- **Sociodemographic factors**
  - Younger age (NB trend to older for severe)
  - Unemployment (NB employed for severe)
  - Conflicting results re Ethnicity
  - Domestic Violence

- **Pregnancy factors**
  - Wanted/Unwanted
  - Previous pregnancy loss

- **Personality Factors**

- **HPA axis hyperactivity**
‘Baby Blues’

- Occurs in 50-85% of women
- Short-lived period, up to 48 hours of
  - Emotional lability
  - Weepiness
  - Irritability
- Occurs within the first 10 days
  - Peaks days 3-4
- Resolves spontaneously without intervention
Depression

- Symptoms as at other times in life
- Persistent, pervasive low mood
- Poor Sleep
- Poor Appetite
- Poor Concentration
- Anhedonia
- Amotivation
- Suicidal ideation
Screening - antenatal

- At booking and early pregnancy
  - Use Whooley Questions
  - During the past month, have you often been bothered by feeling down, depressed or hopeless?
  - During the past month, have you often been bothered by having little interest or pleasure in doing things?

- If positive:
  - Consider EPDS/PHQ
  - GP/MH referral

NICE 2014
Screening - antenatal

- Refer to a secondary mental health service (preferably a specialist perinatal mental health service) for assessment and treatment, all women who:
  - have or are suspected to have severe mental illness
  - have any history of severe mental illness (during pregnancy or the postnatal period or at any other time).

- *If a woman has any past or present severe mental illness or there is a family history of severe perinatal mental illness in a first-degree relative, be alert for possible symptoms of postpartum psychosis in the first 2 weeks after childbirth.*

NICE 2014
At all contacts after the first contact with primary care or the booking visit, the health visitor, and other healthcare professionals who have regular contact with a woman in pregnancy and the postnatal period (first year after birth), should consider:

- asking the 2 depression identification questions and the GAD-2 as part of a general discussion about her mental health and wellbeing and
- using the EPDS or the PHQ-9 as part of monitoring.

NICE 2014
Treatment - mild/moderate

- For a woman with persistent subthreshold depressive symptoms, or mild to moderate depression, in pregnancy or the postnatal period, consider facilitated self-help.
- For a woman with a history of severe depression who initially presents with mild depression in pregnancy or the postnatal period, consider a TCA, SSRI or (S)NRI.

NICE 2014
For a woman with moderate or severe depression in pregnancy or the postnatal period, consider the following options:

- a high-intensity psychological intervention (for example, CBT)
- a TCA, SSRI or (S)NRI if the woman understands the risks associated with the medication and the mental health problem in pregnancy and the postnatal period and:
  - she has expressed a preference for medication or
  - she declines psychological interventions or
  - her symptoms have not responded to psychological interventions
- a high-intensity psychological intervention in combination with medication if the woman understands the risks associated with the medication and the mental health problem in pregnancy and the postnatal period and there is no response, or a limited response, to a high-intensity psychological intervention or medication alone.
Potential Effects to mother

- Perinatal episodes are common first-episodes for the mother ~2/3rds - Pawlby 2009
- Commonest diagnosis amongst suicides ~75% - Knight M 2015 (MBRRACE)
- Reduces rates of breastfeeding - Yusuff et al, 2015
Potential Effects to child

- Increased risk of psychopathology in the offspring
- Depression/anxiety ~4x - Pawlby et al 2008
- Behavioural difficulties
  - Role of maltreatment as a moderator - Pawlby et al 2011
- Reduced IQ, particularly boys - Hay et al 2008

Hay DF, Pawlby S, Waters CS, Sharp D 2008 Antepartum and postpartum exposure to maternal depression: different effects on different adolescent outcomes. J Child Psychol Psychiatry 49 (10); 1079-88

References


Questions?