Pregnancy and Mental Health:
Managing Psych Meds at Confirmation of Pregnancy

Christy Evers, DNP, APRN, CNM
Krysta Ramirez Henry, DNP, APRN, CNM, PMH-C, FACNM

1

Objectives

- By the end of the session, participants will be able to identify at least three potential risks of discontinuing psychiatric medications during pregnancy and three risks of untreated psychiatric illnesses.
- Participants will outline a multidisciplinary care plan for managing a pregnant patient with a psychiatric condition, integrating input from OB-GYNs, psychiatrists, and therapists.
- Participants will describe at least two evidence-based strategies for managing psychiatric conditions in pregnant individuals, citing recommendations from ACOG or APA.

2

2

Positively Pregnant, Now What?

3

Risk of Discontinuing Psychiatric Medications

- Relapse
- Potential impact on pregnancy
- Withdrawal symptoms

4

4

Risk of Untreated Psychiatric Illness

- Preterm birth
- Impaired dyad bonding
- Worsen mental health to the birthing person
- Adverse infant neurodevelopment
- Economic impact

5

Table 1. General Approach to Risk Counseling for Depression Psychopharmacotherapy

Risks of under-treatment or no treatment for depression during pregnancy include…	Risks of antidepressant use during pregnancy include…*
Limited engagement in medical care and self-care	PPHN
Substance use	Transient neonatal adaptation syndrome
Preterm birth	Preeclampsia (SNRIs)
Low birth weight	Spontaneous abortion (SNRIs)
Preeclampsia	
Postpartum depression	
Impaired infant attachment (which carries long-term developmental effects)	
Disrupted relationship with partner	
Suicide†	

PPHN, persistent pulmonary hypertension of the newborn; SNRI, serotonin-norepinephrine reuptake inhibitor.

*Data derived from literature that accounts for the underlying indication for antidepressant use.

†Suicide is a leading preventable contributor to maternal mortality in the United States, exceeding hemorrhage and hypertensive disorders.

Data from Trost SL, Beauregard J, Nijie F. Pregnancy-related deaths: data from maternal mortality review committees in 36 US states, 2017–2019. Centers for Disease Control and Prevention; 2022. Accessed December 7, 2022. https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html *and* Viswanathan M, Middleton JC, Stuebe A, Berkman N, Goulding AN, McLaurin-Jiang S, et al. Maternal, fetal, and child outcomes of mental health treatments in women: a systematic review of perinatal pharmacologic interventions. Comparative Effectiveness Review, No. 236. Agency for Healthcare Research and Quality; 2021. Accessed February 8,

6

Multidisciplinary Care

- Care manager
- Primary care providers
- Obstetrical team
- Psychiatrist

7

7

Medication Management Goals

- Use lowest effective dose
- Avoid polypharmacy
- Minimize switching medications
- Consider untreated or inadequately treated mental health conditions a fetal exposure

8

8

Do Not Titrate Down in the Third Trimester

Not shown to improve neonatal outcomes

Associated with increase risk to the mental health of pregnant person

9

9

Evidence-Based Strategies for Management

ACOG recommends that selective serotonin reuptake inhibitors be used as first-line pharmacotherapy for perinatal depression.

ACOG recommends that selective serotonin reuptake inhibitors be used as first-line psychopharmacotherapy for perinatal anxiety.

ACOG recommends against discontinuing mood stabilizers, except for valproate, during pregnancy due to the risk of recurrence or exacerbation of mood symptoms.

10

10

Case Example

11

Summary and Key Takeaways

- It is risk vs. risk
- SSRIs are first-line
- Avoid switching medications unless contraindicated
- Multi-disciplinary approach

12

12

Resources

Postpartum Support International at https://www.postpartum.net/

Kansas Maternal and Child Health, Psychiatric Consultation and Care Coordination at https://www.kansasmch.org/psychiatric-consultation-care-coordination.asp

Maternal Health Access Project at https://mydss.mo.gov/mhd/hot-tips/maternal-health-access-project

13

13

References

1. Treatment and management of mental health conditions during pregnancy and postpartum. ACOG. (2023, June). https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/treatment-and-management-of-mental-health-conditions-during-pregnancy-and-postpartum
2. *Perinatal Mental Health Toolkit*. Psychiatry.org - Perinatal Mental Health Toolkit. (2024). https://www.psychiatry.org/psychiatrists/practice/professional-interests/women-s-mental-health/maternal-mental-health-toolkit

14

14

Thank you

Dr Christy Evers
(913) 749 – 9064
Cevers2@kumc.edu
Dr Krysta Ramirez Henry
(913) 209 – 8604
kramirezhenry@kumc.edu

15