

CONUNDRUMS IN PERINATAL PSYCHIATRY

Dr. John Sheehan
Rotunda Hospital

PERINATAL MENTAL DISORDERS

1. MATERNITY (BABY) BLUES

2. POSTNATAL DEPRESSION

3. PUERPERAL PSYCHOSIS

4. DEPRESSION IN PREGNANCY

DEPRESSION IN PREGNANCY

Common – prevalence 13%

BMJ, 2001

**68% of women on treatment relapse if stop
antidepressants**

JAMA, 2006

DEPRESSION IN PREGNANCY

? Is it serious

**? Should women with depression during pregnancy
be treated with antidepressants**

DEPRESSION IN PREGNANCY

? Is it serious for the mother

Untreated depression may lead to harm to the mother - Risk of suicide is low

Depression may be associated with health risk behaviours - smoking, alcohol and substance abuse - and poor antenatal clinic attendance

DEPRESSION IN PREGNANCY

? Is it serious for the foetus/baby

**Mental health of the mother affects foetal wellbeing,
obstetric outcome and child development**

**Antenatal 'stress' associated with preterm delivery
and Low Birth Weight**

DEPRESSION IN PREGNANCY

? Is it serious

Yes – for both mother and baby

DEPRESSION IN PREGNANCY

Treatment is biopsychosocial

DRUG TREATMENT IN PREGNANCY

? Are antidepressants safe

ANTIDEPRESSANT USE

Controversial

Beyond Prozac – Dr. Terry Lynch

Antidepressants and increased suicidality

DRUG TREATMENT IN PREGNANCY

Concern in early pregnancy re. Possible teratogenesis

In later pregnancy, concern re. Neonatal toxicity or withdrawal syndrome and possible impact on infant's neurodevelopment

DRUG TREATMENT IN PREGNANCY

Paroxetine associated with increased risk of congenital abnormalities – especially CVS - but absolute numbers were small.

(GlaxoSmithKline, 2005)

No overall increased risk (2- 3%)

DRUG TREATMENT IN PREGNANCY

Exposure to SSRI's after 20 weeks associated with persistent pulmonary hypertension of the newborn

Absolute risk is small – 6-12/1000

NEJMed, 2006

DRUG TREATMENT IN PREGNANCY

SSRI's commonly associated with lower gestational age - Mean reduction 0.9 weeks

DRUG TREATMENT IN PREGNANCY

**“Withdrawal” symptoms in a third of infants
exposed to SSRI’s in third trimester**

Archives of Paediatric Medicine, 2006

CLINICAL IMPLICATIONS

Antidepressant exposure associated with:

A small increase in congenital malformations in first Trimester with paroxetine

A small reduction in gestational age

Neonatal withdrawal symptoms/PPHN

Conundrum

Antidepressant treatment during pregnancy:

Between Scylla and Charybdis

Am J Psych 2006 163(6) 954-6



PRIMUM NON NOCERE

CLINICAL IMPLICATIONS

Conduct Risk/Benefit analysis

Assess the risk/benefit ratio of the illness and treatment for both mother and baby/foetus

DRUG TREATMENT IN PREGNANCY

Principles: Involve the mother/partner

**Treat only when absolutely necessary
i.e. Benefits > Risks/Harm**

**Use an established drug at the lowest
effective dose**

DRUG TREATMENT IN PREGNANCY

NICE recommends SSRI as first line Tx.

Record and Monitor

RECOMMENDED READING

Psychiatric Bulletin, 2007, 31, 183-186

NEJMed, June 28th 2007

Royal College of Psychiatrists (2000): Perinatal Maternal Mental Health Services. Council Report CR88.

Scottish Intercollegiate Guidelines Network (2002): Postnatal Depression and Puerperal Psychosis.

NICE Guidelines 2003