
Coexisting Mental Health Condition Considerations in Perinatal Practice

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Introduction

This presentation will provide the opportunity to identify and learn about specific conditions and experiences that may influence perinatal populations.

Objectives

- Participants will learn specific conditions and experiences that may influence the perinatal population
- Participants will learn how to identify specific conditions and experiences that may influence the perinatal population

Common Mental Health Considerations in the Perinatal Population

Grief

- A deep sorrow, particularly experienced with death or loss
- Persistent complex bereavement disorder (other specified trauma and stressor-related disorder)

Risk Factors for Grief

- History of depression, anxiety, PTSD, alcohol use, and current complicated grief
- History of perinatal loss (prenatal death or neonatal death; first month after most critical in coping)
- Presentation of fetal condition disorder
- Complex pregnancy
- Social pressure to have another child

Protective Factors for Grief

- Specialized support (support groups, counseling, phone services, donations to the family, etc.)
- Satisfaction with services received
- Partner and community support
- Having other children

Screening

- Perinatal grief scale
- Prolonged grief disorder
- Revised impact of miscarriage scale
- Hogan grief reaction checklist
- Parental bereavement questionnaire
- Inventory of traumatic grief
- Stillbirth stigma scale

PTSD and Trauma: revisited

- a. Trauma involving threat and overwhelm
- b. Intrusive Reexperiencing and Fearfulness
- c. Emotional Numbing and Avoidance
- d. Negative Alteration in Mood and Cognition (e.g., persistent self-blame, negative mood)
- e. Negative Alteration in Arousal and Reactivity (e.g., hypervigilance, recklessness, destructive behavior)
- f. Lasting more than one month

When trauma happens early in development individuals may suffer additional symptoms:

- **Complex PTSD:** emotional lability, relationship distrust and sensitivity, somatic symptoms, frequent dissociation

Risk Factors for PTSD

- Prior medical or birth trauma
- Prior high-risk pregnancy
- Prior mental health conditions precipitated by prior/current pregnancy

Protective Factors for PTSD

- Social support
- Ability to regulate emotions (emotion regulation)
- Ability to utilize resources to cope with stress
- Ability to identify and integrate the emotional and cognitive experience
- Self-efficacy
- Resilience

Trauma: ask

Questions about growing up:

Abuse?

- Psychological?
- Physical?
- Sexual?

Substance Abuse?

Mental Illness?

Domestic Violence?

Family member went to jail/prison?

Neighborhood violence?



Trauma: screeners

- Trauma Symptom Checklist-40:
<https://www.ptsd.va.gov/professional/assessment/adult-sr/tsc-40.asp>
- PTSD checklist for DSM-5 (PCL-5):
<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp#obtain>
- Impact of events scale:
<https://www.ptsd.va.gov/professional/assessment/adult-sr/ies-r.asp>
- Adverse Childhood Experiences (ACES)
<https://www.cdc.gov/violenceprevention/aces/resources.html>

Bipolar Disorder

Women are at risk for new onset of Bipolar Disorder during the Perinatal Period

Bipolar Disorder

- Euphoric or irritable mood
- Increased goal-directed activity
- “DIG FAST”

Distractibility

Indiscretion

Grandiosity

Flight of ideas—incoherent, out of touch with reality

Active: High energy

Sleep: No need

Talkative-pressured speech

Risk Factors for Bipolar Disorder

- Younger age (average around 18 yo)
- Less education (around HS)
- $\frac{1}{3}$ prior bipolar diagnosis
- 50% screen positive for depression
- 11.1% screen positive for substance abuse

Protective Factors for Bipolar

- History of mental health treatment
- Positive social network
- Low internalized stigma

Bipolar: screeners

Young Mania Scale

<https://outcometracker.org/library/YMRS.pdf>

Patient Name: _____ Date: _____

Young Mania Rating Scale (YMRS)

Instructions: For each item below, circle the response that best describes how you felt or behaved during the past 48 hours.

<p>1. Elevated Mood</p> <p>0 Absent</p> <p>1 Mildly or possibly increased on questioning</p> <p>2 Definite subjective elevation; optimistic; self-confident; cheerful; appropriate to content</p> <p>3 Elevated, inappropriate to content; humorous</p> <p>4 Euphoric; inappropriate laughter, singing</p>	<p>7. Language/Thought Disorder</p> <p>0 Absent</p> <p>1 Circumstantial; mild distractibility; quick thoughts</p> <p>2 Distractible; loses goal of thought; changes topics frequently; racing thoughts</p> <p>3 Flight of ideas; tangentiality; difficult to follow; rhyming; echolalia</p> <p>4 Incoherent; communication impossible</p>
<p>2. Increased Motor Activity/Energy</p> <p>0 Absent</p> <p>1 Subjectively increased</p> <p>2 Animated; gestures increased</p> <p>3 Excessive energy; hyperactive at times; restless (can be calmed)</p> <p>4 Motor excitement; continuous hyperactivity (cannot be calmed)</p>	<p>8. Thought Content</p> <p>0 Normal</p> <p>2 Questionable plans; new interests</p> <p>4 Special project(s); hyper-religious</p> <p>6 Grandiose or paranoid ideas; ideas of reference</p> <p>8 Delusions; hallucinations</p>
<p>3. Sexual Interest</p> <p>0 Normal; not increased</p> <p>1 Mildly or possibly increased</p> <p>2 Definite subjective increase on questioning</p> <p>3 Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report</p> <p>4 Overt sexual acts (toward patients, staff, or interviewer)</p>	<p>9. Disruptive/Aggressive Behavior</p> <p>0 Absent, cooperative</p> <p>2 Sarcastic; loud at times; guarded</p> <p>4 Demanding; threats on ward</p> <p>6 Threatens interviewer; shouting; interview difficult</p> <p>8 Assaultive; destructive; interview impossible</p>
<p>4. Sleep</p> <p>0 Reports no decrease in sleep</p> <p>1 Sleeping less than normal amount by up to one hour</p> <p>2 Sleeping less than normal by more than one hour</p> <p>3 Reports decreased need for sleep</p> <p>4 Denies need for sleep</p>	<p>10. Appearance</p> <p>0 Appropriate dress and grooming</p> <p>1 Minimally unkempt</p> <p>2 Poorly groomed; moderately disheveled; overdressed</p> <p>3 Disheveled; partly clothed; garish makeup</p> <p>4 Completely unkempt; decorated; bizarre garb</p>
<p>5. Irritability</p> <p>0 Absent</p> <p>2 Subjectively increased</p> <p>4 Irritable at times during interview; recent episodes of anger or annoyance on ward</p> <p>6 Frequently irritable during interview; short or curt throughout</p>	<p>11. Insight</p> <p>0 Present; admits illness; agrees with need for treatment</p> <p>1 Possibly ill</p> <p>2 Admits behavior change, but denies illness</p> <p>3 Admits possible change in behavior; but denies illness</p> <p>4 Denies any behavior change</p>

Bipolar: screeners

Mood Disorder Questionnaire (MDQ)

Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

Instructions: Check (✓) the answer that best applies to you.

Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>

Eating Disorders

- Binge Eating Disorder
- Bulimia Nervosa
- Anorexia Nervosa

Risk Factors for Eating Disorders

- Family history of an eating disorder
- Prior history of eating disorder

Complications

- Could impact fetal growth and development and preterm delivery

Eating Disorders: screeners

- **SCOFF (Sick, Control, One, Fat, Food)**
 - Do you make yourself sick (vomit) because you feel uncomfortably full?
 - Do you worry that you have lost control over how much you eat?
 - Have you recently lost more than 15 pounds (or one stone) in a 3-month period? (consider postpartum or pregnancy status)
 - Do you believe yourself to be fat when others say you are thin?
 - Would you say that food dominates your life?
- **Eating Disorder Examination Questionnaire (EDE-Q)**

Intimate Partner Violence (IPV)

- Abuse that occurs in a romantic relationship
- May include:
 - Physical abuse
 - Sexual abuse
 - Stalking
 - Psychological/emotional Abuse
- 20% of women experience intimate partner violence
- 4–8% experience IPV during pregnancy

Risk factors for IPV

- Prior history of abuse including childhood sexual abuse (28%) or prior IPV
- Partner alcohol abuse
- Partner jealousy
- Partner suspicion of infidelity
- Young age, single, minority status
- More likely to initiate services in third trimester

Interpersonal Trauma: screeners

Intake only	Yes	No
1. In the LAST year have you been afraid of someone close (or less close) to you?		
2. In the LAST year have you been hit, slapped, kicked, pushed, shoved, or otherwise physically hurt by someone close (or less close) to you?		
3. In the LAST year have you been frequently made upset, ashamed, or embarrassed by someone close (or less close) to you?		
4. In the LAST year have you been forced to have sex by someone close (or less close) to you?		

Intake and monthly	Yes	No
5. Do you currently feel safe?		

Social Determinants of Health

Five domains

- Economic stability
- Education access and quality
- Healthcare access and quality
- Social and community context
- Neighborhood and built-environment

Impact of Social Determinants of Health

- Increased stress
- Negative impact on infant development before and after birth
- Negative impact on pregnancy and postpartum outcomes

Considerations

- Changes in social support with pregnancy (relationship/support/safety)
- Single parenthood
- Living environment
- Safety of environment and relationships
- CPS
- Basic needs (food, clothing, etc.)
- Housing insecurity or homelessness

Social Determinants of Health: screeners

- Assess economic stability
- Assess education access and quality
- Assess healthcare access and quality
- Assess social and community context
- Assess neighborhood and built-environment
- Potential set of questions:
<https://files.constantcontact.com/9b4835b8001/a63b7f95-9769-43bb-9734-97d51bd779f3.pdf>

Questions?



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