

Position Statement on Screening and Treatment of Mood and Anxiety Disorders During Pregnancy and Postpartum

Approved by the Board of Trustees, December 2018

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Issue:

The incidence of mood and/or anxiety disorders in the antenatal and postnatal periods is surprisingly high in the United States and has become a serious public health problem; 1 out of 7–10 pregnant women and 1 out of 5–8 postpartum women will develop a depressive and/or anxiety disorder, and 1 out of 1,000 perinatal women will develop a psychotic disorder. The incidence of these disorders is highest in women from lower socioeconomic backgrounds. Even though depressive disorders are among the most common, emerging evidence warrants a more comprehensive conceptualization of perinatal psychiatric illness to include bipolar disorder and common comorbid illnesses such as general anxiety disorder, obsessive compulsive disorder, and panic disorder. Many studies have shown that depressive symptoms during pregnancy are associated with decreased prenatal care and adverse perinatal outcomes such as preterm birth and low birth weight. Perinatal mental health disorders can be severe; maternal suicide is the second leading cause of death among postpartum women, and approximately 300 infanticides occur in the United States each year. Untreated postpartum mood disorders are also associated in studies with impairments in cognitive, behavioral, and emotional development in the offspring during childhood and adolescence. However, early treatment of mothers with these disorders may prevent these developmental problems. At this time, only a minority of clinicians are using validated screening tools to detect these disorders. Despite the availability of evidence-based treatments, most pregnant and postpartum women with these disorders do not receive adequate assessment or treatment. To improve obstetric outcomes and maternal health, achieve optimal child development, and lower the numbers of maternal and infant deaths, it is imperative that the APA take the lead in prioritizing education and research about these disorders, as well as their screening, diagnosis, and treatment.

APA Position:

The APA recognizes that the risks for psychiatric illness in women are greatest during the reproductive years of their lives, including during pregnancy and the postpartum periods. To prevent long-lasting, adverse effects on the mother, infant, and family, the APA strongly recommends the following:

- All pregnant and postpartum women should be assessed for both the presence of and risks for a psychiatric disorder.

- All clinical providers should provide education to perinatal women on how to recognize the symptoms of depressive, anxiety, and psychotic disorders.
- All perinatal patients should be evaluated for depressive, anxiety, and psychotic disorders throughout the pregnancy and postpartum period. We recommend screening for depression with a validated screening tool twice during pregnancy, once in early pregnancy for preexisting psychiatric disorders and once later in the pregnancy; we also recommend postpartum patients be screened for depression during pediatric visits throughout the first six months postpartum as recommended by the American Academy of Pediatrics. A systematic response to screening should be in place to ensure that psychiatric disorders are appropriately assessed, treated, and followed.
- The APA recommends that psychiatrists educate their patients about the risks associated with untreated psychiatric illness during pregnancy and lactation, as well as the risks and benefits—for both the woman and her baby—of using psychotropic medications while pregnant or breastfeeding.

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