Healthy Mothers, Healthy Babies
The Montana Coalition

Perinatal Mental Health Resource Guide Tool Kit

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Contributors

Melissa Bangs, Claire Larson, Brie MacLaurin of Healthy Mothers Healthy Babies; Mia Eddington of PSI Washington; Suzanne Bendick of Roots Family Collaborative; Maternal Mental Health Task Force of the Early Childhood Coalition of the Greater Helena Area

Background

As screening for perinatal mood and anxiety disorders becomes more common, the need to know where to go for treatment, support, and healing grows as well.

This tool kit is designed to bolster efforts to produce perinatal mental health resource and referral guides across Montana. Our vision is that every person who is struggling during the perinatal period will find a connection with someone qualified to help them.

We greatly value our current network of support. We are also active in growing a workforce that is equipped with the specific training, skills, and experience required to effectively serve those who need support during this special time in life—becoming parents. In our efforts we are especially mindful of the additional support needed by those who have experienced infertility, trauma, or loss related to pregnancy and birth.

This tool kit aims to assist those groups who are wanting to build a list of their community's perinatal mental health and support specialists. We hope you can learn from the experiences of others who have successfully created a list for the families and providers in their area. This tool kit offers points of consideration, an example of criteria that could be adopted to create a "vetted" guide, content to populate an online form for outreach and recruitment efforts, resources and other referral lists for inspiration, and a designed template for your use.

Welcome

So, you've decided to raise the bar in matters of Perinatal Mental Health in your community? Wonderful. This will undoubtedly transform the lives of families in your area in essential ways and improve the health of many. Screening for mental health is continuing to become more common.

In some clinics, time has been taken to learn how to screen with compassion and care, select a screening protocol, and integrate the new screening process into their services. As this practice continues to grow, we need to equally invest in community resources. Because, as we know, with screening comes identification of symptoms, and the increased need for treatment and support.

You are identifying people who need services and are wondering who the experts are. You're here because you are ready to thoughtfully populate a resource guide with qualified providers in your area. That way, when you discover an individual who is suffering from a perinatal mood and anxiety disorder (PMAD), you will know exactly where to send them to get the care they need. This is critical work you are embarking on!

We envision these guides will . . .

01 Break down stigma and normalize getting help.

02 Build awareness of the signs, symptoms, and how common PMADS are.

03 Provide concrete, highly vetted resources and referrals to those in need.

04 Offer additional resources not only for crisis, but also prevention and recovery.

Why a Tool Kit?

As a direct service provider, you've most likely been in a situation where a client sat across the table from you with a complex problem, looking to you for help, and you didn't have what they needed. It is a terrible feeling, especially when it's a new mother and she is on the verge of a crisis.

Many of us have a handout or referral list we can give out in these situations, but unfortunately, if this process goes awry, it can be damaging and dangerous.

Referring an individual suffering from a PMAD to someone who doesn't understand the nature of these conditions can have devastating effects. Think added shame, blame, isolation, and worse. These are complex mental health disorders that require specialized care. That's our why for this tool kit.

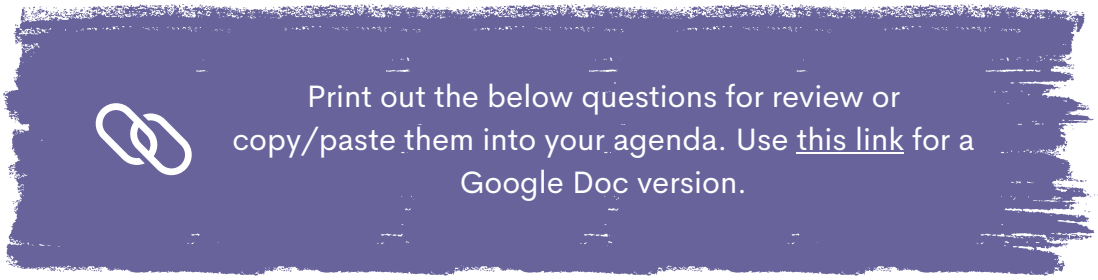
So, let us provide you with suggested guidelines to create a resource guide that you can be certain will lead to improved health and well-being in the perinatal period. We've done the research for you and have thought long and hard about the necessary steps in creating a local resource guide that truly feels like a tool. One that you and your patients/clients can consult with confidence. One that allows the referral process to feel more like the passing of a torch than a shot in the dark.

We've built this tool kit for Montana communities to use as a compass to guide them through this process. We hope it will save each group time, energy, and resources. And ultimately, we hope these lists will save lives.
For those of you in our state who have developed a specialty in this area, we want to find you, celebrate you, and send clients to you!

For those of you wanting to build your skills in this subject matter, we have a suggested path for you to become specialized. You can email us at hmhb@hmhb-mt.org or visit hmhb-mt.org for more information.

Getting Started

There are many interesting strategic and values-based decisions that your group will need to make in the process of developing a guide for your community. But first, who's in your group? Consider recruiting a core group of individuals with a variety of backgrounds and professions in the realm of perinatal mental health. Try to include someone with lived experience, too. This group will then meet to have a series of conversations around vision, strategy, and design.



We suggest using these questions to guide your decisions.

Strategic & Values-Based Decisions

1. **Who are you developing this guide for?** For moms, dads, parents, their support people? For providers that work with moms and families in the perinatal period? For those that are screening for PMADs? For those that could or should be screening for PMADs? All of the above?

2. **What is your community definition of the perinatal period?** The perinatal period is typically defined as conception through the first year of the baby's life--but this may not catch all of the people you are trying to reach or serve. Who do you hope to help with this guide? Parents with children up to one year? Parents with children through weaning, recognizing that weaning increases the risk for PMADs? Parents with children up to two years as PMADs often go unrecognized for a long time?

Strategic & Values-Based Decisions (cont.)

3 **Might this be an opportunity to educate the community around the term perinatal versus postpartum?** Perinatal means "wraps around birth" and thus includes the road to pregnancy, pregnancy, birth, and the postpartum period. PMADs occur throughout this period, and sometimes, beyond.

4 **What language will you use?** Maternal mental health? Perinatal mental health? Parental mental health? Perinatal wellness?

5 **How do you hope to deliver and distribute this guide?** In print? Online/digital? Both? What partners will help in distribution? In doctor's offices? Through local parenting and caregiving support hubs such as support groups, lactation supports, milk banks, childcare centers, early childhood coalitions, and far beyond? Through in-person outreach at all local health fairs, conferences, gatherings?

6 **What are some core characteristics you'd like the guide to embody?** User-friendly? Catching to the eye? Calming and healing tones and colors vs. vibrant, full of life hues?

7 **What else might you like this guide to accomplish?** Make it easy for professionals to be thoroughly familiar with PMAD resources in our community? Become the organizing hub for PMAD resources in our community? Empower providers in a multitude of settings to feel comfortable screening for PMADs because they have referral resources at their fingertips?

Strategic & Values-Based Decisions (cont.)

8 **What core values do you hope this guide can also tackle?** Include elements that tear down stigma, shame, and isolation? Elements that educate about the symptoms and how vastly common they are? Include a core message that taking care of yourself is taking care of your baby and that they are not alone, not to blame, and with support, they will get better? Empower parents and support people to get the help and care they need and deserve?

9 **Do you hope to provide resources for prevention and wellness?** And recovery after the crisis?

10 **Do you hope to provide an array of resources?** Will your list include therapists, support groups, prescribers, peer support, and social support? How about prevention/wellness services that might range from birth and postpartum doulas, sleep coaches, lactation consultants, naturopathic physicians, physical therapists, massage therapists, acupuncturists, yoga, and beyond?

11 **Will you want to provide resources for recovery and repair from a PMAD?** For example, attachment-based parenting or Circle of Security classes?

12 **Will you expect a more in-depth level of PMAD training for the health and mental health professionals than those that might be offering wellness support?**

Strategic & Values-Based Decisions (cont.)

13 **Where will you garner your list of specialized providers/ services/ stakeholders that will be invited to apply for the guide?** Is there a list of emails or addresses to start with? Are there key partners that might share lists and communication vehicles to accomplish this? See the "LIFTS Resource Guide" section in the Appendix (p. 15) for additional support with this piece.

14 **How will your group conduct outreach to the community about being in the guide?** Who has the capacity to take this on? Can your group use their network to help?

15 **Are there enough trained providers to use a vetting process?** What are your criteria? Who decides? See the "Scenarios" section in the Appendix for additional support with this piece.

16 **Are there parallel resource/referral efforts that you may want to integrate a part of your project with?** For example, is there a local 211? Or the CONNECT system? Even if you have a printed and digital guide that is widely distributed, do you want to get all of the core resources to the 211 network? Are there other guides, websites, or information hubs that will be important to integrate your guide within?

17 **Is there a primary website that will be the "home" for the guide?** In addition to housing the printable guide, what else might this website contain? Ongoing training information? Coalition information? Key links? Other?

Building the Guide

Once you have gained consensus and made your strategic and values-based decisions, it is time to do outreach to populate your guide. This is the fun part!

We suggest you use your group to brainstorm a list of providers and resources to invite to apply to join the guide. The LIFTS Resource Guide, referenced in the appendix, can help you start the framework. Once you have an outreach list, we suggest creating a cover letter and resource guide application that is based on decisions made by the group.

Check the Appendix for a sample letter (p. 14) and application (p. 16).

We suggest testing out the application process with a provider or two. Learn what their questions are and work out any kinks before you begin your outreach effort.

The guide should be updated regularly and redistributed when it is updated. This will require planning and takes a team effort to ensure that contact information is up-to-date, new providers are added, and feedback from those using the guide is incorporated.

Here is some sample website language for recruitment between publications: "Are you a provider working in the perinatal period and wish to be listed in our guide? Email us so you can be added to the email list when the application reopens."

In other communities, this project has evolved over the years. Early efforts took a lot of work in the beginning—identifying and recruiting folks that are qualified to join the guide takes time and sometimes there are only two, or none to list! But, we assure you that this guide is a much-needed resource and in good time, the efforts will morph into something very significant. Your guide will be a tool that people know about, wait for each year, and ask you to be a part of. Be proud that you are making a huge difference and even perhaps, saving lives with this endeavor.

Vetting & How to Do It

The difference between the guide you are creating and the list of resources you may already have on hand could make all the difference in the most extreme cases. Who we send our clients to can be a reflection of the system as a whole, and one bad experience could jeopardize the chance that an individual in crisis will return for additional support. Or worse, an underqualified provider can miss opportunities for identification and treatment, contributing to shame or blame and the worsening of symptoms.

Find a list of vetting criteria in the Appendix (p. 17).

This is why we recommend vetting providers and have offered a suggested list of criteria to do so. This list (or similar) has been used by others and may work well for your efforts.

In rural areas, it may be too restrictive to only list "vetted" resources, and in that case, you may consider specifying your "PMAD specialists" from the rest until your community's options grow. In other areas, you might opt for a shorter, but fully vetted list and create goals to expand the list in time.

Once your group has discussed the vetting process and agreed upon the criteria you will use (if a, you will need to identify who will help review applications and contribute to decisions about who "makes the guide." It is helpful to have a small subcommittee (around 3 people or so) that includes a perinatal mental health expert from the medical field and also from the professional mental health field.

In some situations, you may get an application from a provider who has no current PMAD training, but has many years' experience working with this population. In these cases, it would be beneficial for a member of your group to talk with the applicant and determine if they are a good fit for the guide.

Your vetting subcommittee could design a couple complex scenarios for this purpose. Talking through a plan of care that is specific to their profession is a good way to understand the provider's PMAD knowledge.

If your group does not contain this expertise, we have included a few scenarios for you in the Appendix (p. 22).

Resources and Training

A path forward in this specialty is available. In this field you will find a dedicated and generous group of professionals with so much passion for helping others. Many providers are also survivors themselves, which offers a level of empathy often lost in our fast-paced health care systems. While common, these conditions are complex, and the research, resources, and trainings are swiftly expanding to meet the need. Here are links to a few of our favorites:

Montana

- Healthy Mothers, Healthy Babies-MT
- Roots Family Collaborative, Bozeman
- Postpartum Resource Group, Flathead Valley
- Montana Obstetrics & Maternal Support (MOMS)
- The Meadowlark Initiative
- PRISM for Moms

Other States

- Perinatal Support Washington

National

- Postpartum Support International
- 2020 Mom
- The Postpartum Stress Center

Sample Resource Guides

- Roots Family Collaborative
- Early Childhood Coalition of the Greater Helena Area
- Flathead Best Beginnings Community Council
- Perinatal Support Washington
- Postpartum Resource Center of New York
- DC Metro Perinatal Mental Health Coalition
- Franklin County Perinatal Support Coalition

Blast Off!

And you're off! Don't forget we are here for you in all the ways we can be. Reach out and we will do all we can to support your project. From the bottom of our hearts, thank you for doing this important work.

We feel like this is a good time for that perfect quote from Margret Mead, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

Acknowledgements

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Thank you to Wendy Davis and Postpartum Support International for being our aunties in this work. You pick up the phone every time we call, share your wisdom, and connect dots for so many.

Thank you to Joy Burkhart and 2020 MOM for mobilizing survivors in an incredible way and bringing confidence to our work, leading with such grace and inclusiveness, teaching us how to make big changes in our state, too.

Thank you to Maternal Mental Health Now for your warm hearts, sharp minds, and inclusive teaching style that has ignited a cohort of learners that are quickly becoming advanced in our skills because of the information you have brought to our conferences.

Thank you to Mia Edidin of Perinatal Support Washington for sharing your organization's story, strategies and lessons learned so we didn't have to start from scratch.

Thank you to all the local coalition members and their leaders who showed up when we called, understood that we couldn't stay for long, and continued to organize around this critical issue. You are all our heroes.

We are so thrilled you are here, and we are here for you. We are just a Zoom call or quick visit away.

With gratitude and a full heart,
The Team at HMHB

Appendix

Sample Recruitment Document

We hope this sample recruitment document provides language to help describe the project for your outreach efforts.

Montana joins the national movement to create a multi-layered approach to providing high-quality health care and crisis intervention services while building support and resilience during the perinatal phase.

This Perinatal Mental Health Resource Guide will serve as the go-to resource for parents, their families, and loved ones, as well as a referral guide for providers, clinicians, and beyond.

The guide will highlight those that have received specific training in perinatal mood and anxiety disorders (PMADs), as well as those who have extensive experience and expertise working with families in this unique developmental stage.

In addition to listing providers and clinicians with specific PMAD training & expertise, the guide will also list:

- Support groups led by clinicians and trained peer advocates
- Local prevention, wellness, and support services
- National and local warm-lines and support-lines
- Online resources (local and national) AND MORE

This guide was created by _____ (group) , with the goal of updating the guide on an annual basis. We are committed to ensuring that when families need support and care providers are making a referral, a quality list is available. This promotes health equity and improves access to specialized care. It also will reduce the individual efforts to create referral lists at clinic or program sites.

This Guide will not serve as a recommendation or endorsement of specific providers, but will simply serve as an informational listing of providers in _____ (community) who have specialized training or skills to support people during the perinatal period.

In order to be included in the guide, which will be in print and online, eligibility requirements are:

- A minimum of 10 CE hours on the topic of Perinatal Mental Health for health care and mental health professionals or 5 CE hours for non-mental health professionals
- Minimum of one year in practice with perinatal clients
- Up-to-date and licensed in your field

If you feel you have professional experience and expertise, but do not meet all of the criteria, please contact _____ at _____.

Thank you again for taking the time to submit your information so that those seeking help can make the connections they need when they are seeking support.

LIFTS Online Resource Guide

LIFTS stands for Linking Infants & Families to Supports, and it was created to link Montana families who are expecting or raising young ones to supports, resources, events, and other families. The LIFTS Online Resource Guide is a database of support specific to parents raising children under age three. Healthy Mothers, Healthy Babies designed it to be a reliable tool for Montana parenthood, with over 2,000 listings from 38 counties and all 7 reservations so that families can connect to their local community of support.

How does the vetted guide work connect to the important collection of services and resources in LIFTS? It is intertwined, as any network of support is better than none. The vetted guide simply takes us a step forward, pointing the one in five women (and their families) suffering from perinatal mood and anxiety disorders to the providers who are specially trained to help them.

Many of those providers may already be listed in LIFTS. In fact, this list may be an excellent place to start to find specialists in your area. Reach out to our team for a download of the resources in your area. In return, please share with us the details for any services you find that were not listed on our website.

Ultimately these guides should remove any extra steps for a parent to find help specific to their perinatal mood and anxiety disorders. After all, when a mom is tired and anxious, or having intrusive thoughts, giving her an easy answer will help ensure that she reaches the help she needs.

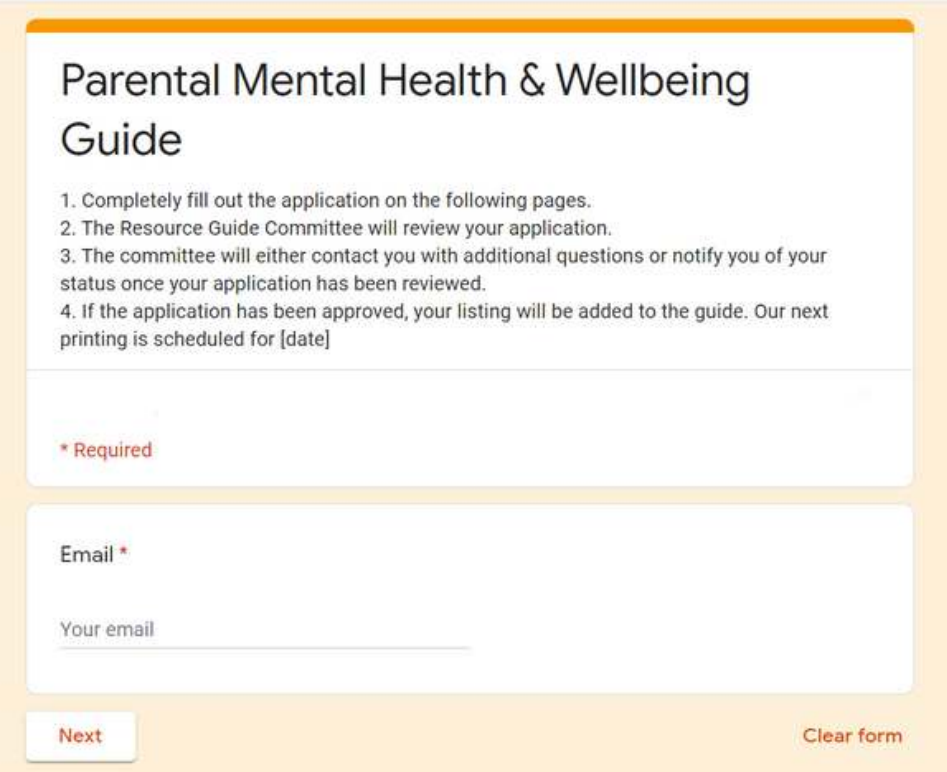
LIFTS
Linking Infants & Families to Supports

Resource Guide Application

Create an application to capture important information about the individual's expertise and background. We have created a Google form that you can make a copy of and use for your own organization. Or you can use a different form-maker and simply copy over the recommended questions from the "List of Vetting Criteria" on pages 17 - 21.

Steps for Using Our Form

1. Visit this Google Form link
2. In the upper right-hand corner, click on the three vertical dots and select "Make a Copy"
3. Update your form copy with your printing date and other community-specific information
4. Start collecting applications!



List of Vetting Criteria

This list of vetting criteria is included for your group to review and adapt for your own application process. It is already populated in a Google Form as described on page 16 that your group can use to distribute.

Guide Information

Please list the information as you would want it to appear in the guide.

Name:
Title:
Professional license/s (Please list all):
Professional certifications (Please list all):
PMH-C:
Place of employment:
Address:
Phone Number:
Email:
Website:
Do you take private insurance?
Do you take Medicaid?
If yes, which insurance plans do you take?
Sliding Scale:
Taking new patients: (include option for "Only by referral"
Online/telehealth:

List of Vetting Criteria (cont.)

Professional Experience

What is your profession? (Check one or more)

- Mental Health Therapist (LCPC, LAC, LCSW, LMFT, etc.)
- Crisis response (designated) therapist
- Psychotherapist
- Psychologist
- Physician - Primary Care
- Physician - Obstetrics/Gynecology
- Physician – Pediatrics
- Physician - ER
- Physician – Psychiatry
- Physician- ENT
- Physician – Naturopathic Medicine
- Physician - Osteopath
- Physician's Assistant
- Nurse Practitioner - Primary Care
- Nurse Practitioner – Psychiatric
- Nurse Practitioner - Women's Health
- Nurse Practitioner – Midwife
- Licensed or Practical Midwife
- Nurse – OB/GYN
- Nurse – Mental Health
- Nurse – Pediatrics
- Nurse – ER
- Nurse – Public Health
- Nurse- Primary Care
- Doula - Postpartum
- Doula – Birth
- Certified Peer Support Specialist
- Childbirth Educator
- Community-based Family Support Worker (home visitor)
- Lactation Consultant (IBCLC and/or CLC)
- Dentist
- Acupuncturist
- Chiropractor
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Massage Therapist
- Facilitator of a Support Group (perinatal or postpartum)
- Peer Support Advocate or Group Leader
- Sleep Consultant
- Legal/Judicial (probation officer, city/county law enforcement, legal advocate, child protection worker, etc.)
- First Responder (EMT, paramedic, volunteer fire/police)
- Yoga
- Faith Community Leader
- Family Support Hotline/Resource and Referral Services/Crisis Response
- Other:

If Other, please specify:

List of Vetting Criteria (cont.)

Professional Experience

For prescribers of medications, have you received continuing medical education in:

- **Y/N** Perinatal Mood and Anxiety Disorders, including routine medication management of the pregnant and breastfeeding patient

- **Y/N** Advanced perinatal psychopharmacology

- **Y/N** I use a consultation service for the complex patient with PMADs.
    - If yes: Which consultation service do you use?

For professional mental health providers, have you had continuing education in:

- **Y/N** Perinatal Mood and Anxiety Disorders

- **Y/N** Advanced Perinatal Psychotherapy Training

In your work with women in the perinatal period: What theoretical principles do you use? What specific counseling techniques do you utilize in your practice specific to clients with PMADS?

List of Vetting Criteria (cont.)

Professional Experience

For all interested in being listed in the guide:

Please describe your experience working with or treating individuals with perinatal mood and anxiety disorders.

How long have you been working with pregnant families and those who are at-risk and/or who are experiencing perinatal mood and anxiety disorders?

Please list applicable training/professional development you have received pertaining to working with families in the perinatal period. If these trainings were not specifically about PMADs, please expand upon how mental health was addressed in your training.

Do you have a specialty working with a specific community? (LGBTQ families, families of color, Native American families, teen parents, infertility, bereavement, parents struggling with addiction, infant-mental health, etc.)

Please include a short bio (no more than 75 words), including any specific information regarding how you would like to be listed in the Resource Guide.
*A photo and logo are welcome and will be displayed online.

List of Vetting Criteria (cont.)

Eligibility Requirements

Do you meet the following criteria? (check all boxes that apply)

- A minimum of 10 CEUs in Perinatal Mental Health for health care and mental health professionals
- Or 5 CEUs for non-mental health professionals
- Minimum of one year in practice with perinatal clients
- Up-to-date and licensed in your field

By submitting my information to be included in the Parental Mental Health Resource Guide, I agree to the following:

- I will keep my licensure up-to-date
- I will continue my personal professional development in the field of perinatal mental health (This may range from perinatal mood and anxiety disorder, prevention, education, support, treatment, crisis intervention, etc.)
- I will inform the Guide editors of any changes to my practice information
- I will respond to the organizers of the guide as they work to keep the guide current

Scenarios

We wanted to provide you with scenarios with associated expected responses for vetting providers that do not meet the criteria, but whose experience would be appropriate to include in the guide. These scenarios were created by Dr. Robert Caldwell, a psychiatrist from Helena, Montana, with vast experience and training in the treatment of perinatal mood and anxiety disorders.

If using a member of your group to do this extra vetting is a barrier, reach out to HMHB for ideas.

Scenario One

A 29-year-old woman with a 4-month-old baby arrives for an office visit. She appears upset and anxious and is reluctant to talk about what is bothering her. With gentle questioning, she reveals that she is afraid that she will inadvertently harm her baby. She fears that he will somehow drown in the bath or that she will accidentally drop him on the floor or even down the stairs. The thoughts "just come into my head" and are terribly frightening. She has stopped bathing the baby except with a washcloth and washes his clothes daily on the "sanitize" setting, lest she make him ill. She feels like an awful mother for having these thoughts "out of the blue" and says, "I would never hurt my baby."

- How would you approach the care of this woman?
- What are the diagnostic considerations? Is she manifesting psychosis?
- What would you tell the patient?
- As a mandatory reporter, do you call Children's Protective Services?

Responses for Scenario One

This is likely postpartum OCD/anxiety.

She is not manifesting psychosis.

She needs reassurance that she is not alone and does not constitute a danger to her baby.

She does not need to be reported to CPS – there is no active abuse.

She needs further assessment for her level of depression.

She would be offered an SSRI or cognitive therapy. Both would be ideal.

She will need close follow up.

Scenarios (cont.)

Scenario Two

A man brings his 25-year-old wife to your office four days postpartum. Pregnancy, labor, and delivery had gone well, without complications. The husband reports "something is really wrong." She hasn't slept since leaving the hospital. She has cleaned the entire house and is making plans to implement a method to reverse global climate change. She believes she has special insight into people and probably powers to heal. She says her baby is obviously a genius who will finish engineering school, probably by age 12, and help her in her mission. She is talkative and expansive. She reports being highly stressed by all of her responsibilities and says "I just don't know how much longer I can go without any sleep. Something's got to give." You cannot follow much of what she says. She has no history of psychiatric illness.

- What are the priorities in managing her care?
- What are the safety concerns?
- What are the diagnostic considerations?

Responses for Scenario Two

This is a case of postpartum psychosis.

This is a psychiatric emergency. Hospitalization will likely be needed.

There is a risk of suicide, particularly with severe insomnia and agitation. The patient is also hinting at this. There is a risk of infanticide.

If the patient refuses hospitalization and does not meet the criteria for involuntary hospitalization, the safety of the infant and the mother need to be assured. This would be discussed with her family.

Bipolar Disorder is the most likely diagnosis. (Lithium therapy may work best, whatever the underlying cause)

Scenarios (cont.)

Scenario Three

A 32-year-old woman has just moved into this community and comes to you for prenatal care. She is about 14 weeks pregnant. Your initial impression is that the pregnancy is going well but have not yet examined her. She notes that she is taking lamotrigine (Lamictal) 300mg daily and aripiprazole (Abilify) 10mg daily for a diagnosis of Bipolar Disorder. She has no symptoms of mania or depression.

- How do you assess her stability?
- What do you advise her about her psychiatric medications? Should she continue them?
- What if her medications included lithium? Carbamazepine?
- What references or sources do you use for information on the safety of medication in pregnancy and breastfeeding?

Responses for Scenario Three

Look for symptoms of mania, hypomania, or depression. Evaluate sleep, mood, energy, appetite, activity level, engagement in usual activities, anxiety, etc.

The risk of lamotrigine and aripiprazole in pregnancy are low. Abrupt discontinuation of psychiatric medication in pregnancy is associated with a significant risk of recurrence of mania or depression (pregnancy does not exert a "protective effect"). Balance the risk of medication with the risk of a depressed or manic mother. Engage in a frank discussion with the patient.

Lithium and carbamazepine carry risks in pregnancy, especially in the first trimester. Since this period of highest risk has already passed, one would engage in a frank discussion with the patient and assess her wishes. Consider following her as a high-risk pregnancy with ultrasound and other tools to assess for fetal malformation.

Use of resources such as womensmentalhealth.org, LactMed APP, Mother to Baby APP, or other reputable resources that are kept up to date.

Scenarios (cont.)

Scenario Four

A 34-year-old woman comes for a prenatal visit. Since her last visit, one month ago, she has been extremely tired and has spent much of her time in bed. She has little appetite and has not gained nearly the expected amount of weight. She has lost interest in her usual myriad of creative activities and is not calling her friends as she usually does. She has the belief that she "doesn't measure up," will probably not be a good mother, and that perhaps, after delivery, her baby would be somehow better off without her. She cannot concentrate enough even to watch TV. She has no history of mental health treatment. There is a vague family history of depression, but no details are recorded in her medical record.

How will you approach this case?

- What else do you want to know?
- If you choose to prescribe an antidepressant, how will you screen for Bipolar Disorder?
- What, if anything, would change in your approach or thinking if the patient were 18 years old and had a history of depressive episodes?

Responses for Scenario Four

Take a more detailed history of this and any prior episodes of depression. Take a more detailed family history, looking particularly for a family history of depression and Bipolar Disorder.

Conduct a suicide assessment.

Screen for medical causes of depression, such as hypothyroid conditions.

Screen for a history of mania/hypomania, recognizing that it can be difficult to elicit a history of subtle or dysphoric hypomania. Use collateral history if available. Recognize that asking the patient herself about signs of typical hypomania is often not reliable, as it is not recognized as such by the patient herself. Use screening tools such as the Primary Care Mood Check or the Mood Disorders Questionnaire (MDQ) and discuss positive responses.

If the patient has early onset of depression (<age 23), or a high degree of depressive recurrence, it is more likely she will go on to manifest Bipolar Disorder. Greater caution should be used in prescribing antidepressants.