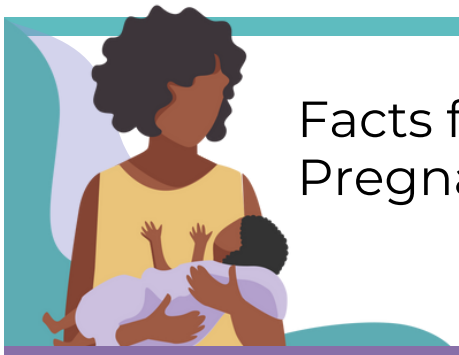

Facts for Prescribing Practitioners: Pregnant and Postpartum Women

LOUISIANA DEPARTMENT OF HEALTH
Office on Women's Health and Community Health

Talk · Listen · Care
TLC MOMS

This fact sheet intends to help mental health practitioners guide pregnant and postpartum women with mental health or substance use conditions.

Studies show that up to 20% of women cope with mental health conditions during pregnancy and the postpartum period. These conditions include anxiety and depression, bipolar disorders, posttraumatic stress, obsessive-compulsive disorders, and substance use. Women sometimes discontinue or avoid taking medication to reduce the potential risks to the fetus. This may not be the safest option because untreated psychiatric illness in the mother can harm both the mother and the baby. Therefore, it is important for patients to understand the risks and benefits involved with taking or not taking medications and make decisions in collaboration with a practitioner.

Information to collect from your patients

- Current and past medical history
- Current and past pregnancy history, including previous attempts to get pregnant, infertility, miscarriages, fetal or infant losses, and medical, obstetrical, or mental health complications during pregnancy
- Current and past psychiatric history
- Current and past prescribed or over-the-counter medications, vitamins, and supplements, and any side effects
- Available support system (e.g., family, friends, community)
- Economic or financial issues, including housing stability, food security, and job security
- Current or past relationship conflicts and history of intimate partner violence
- Current and past alcohol, smoking or vaping (tobacco and marijuana), and other substance use
- If they have other health practitioners involved in their mental healthcare (e.g., social worker, counselor, faith-based advisor)
- If they have other clinicians involved in their medical care (e.g., primary care practitioner, obstetrician/gynecologist)
- Any culture-specific preferences or needs (e.g., need for an interpreter)

Things to do

- Actively listen, validate, and address the woman's concerns and feelings and encourage them to reach out if they have concerns or experience symptoms.
- Discuss the risks and benefits of starting, stopping, or continuing psychotropic medications during pregnancy. If you are not a practitioner familiar with prescribing psychotropics during pregnancy, we recommend that you consult with a psychiatrist or other prescribing practitioner with expertise in this area.
- Monitor the patient's mental health symptoms and substance use and discuss the results with the patient.
- Contact and establish a rapport with their obstetrical and/or primary care practitioner.

- Obtain consent to release information to obstetrical and/or primary care practitioners.
- Discuss medical history, current medications, and risks and benefits of starting, stopping, or continuing medications through pregnancy and postpartum.
  - Do not stop or switch psychotropics just because the patient is pregnant or breastfeeding, with rare exceptions (e.g., Depakote or Divalproex sodium).
  - Discontinuing medication late in pregnancy may not be advisable.
  - If a patient is pregnant and the medication they are taking is working, generally, the benefits of continuing the medication may outweigh the risks of stopping or changing medications.
  - If initiating a new medication, be guided by the medications the patient has responded well to in the past and medications with the lowest risk profile.
  - Prescribe the lowest effective dose possible, yet avoid prescribing subtherapeutic doses.
  - Minimize polypharmacy if at all possible.
  - Consider reinforcing medication treatments with nonpharmacological (e.g., psychotherapy) treatments to reduce the risk of exacerbation of illness.
- Advise patients not to stop medications on their own without consulting you.
- Involve patients in the decision-making process.
- Refer patients for prenatal care as it helps maintain a healthy pregnancy.
- Refer to support services (e.g., social workers) or support groups (e.g., National Alliance on Mental Illness) based on the person's needs.
- Provide pregnancy and postpartum psychoeducation.
- Discuss the risks of alcohol, tobacco, and other substance use during pregnancy and advise that there are potential interactions with current medications.
- Discuss the advantages and disadvantages of breastfeeding and how it impacts the mother's sleep.
- Discuss the advantages of getting help at night (e.g., from a family member or night nurse) with the newborn so the mother gets better sleep.
- Encourage self-care: Manage stress with tools such as meditation or yoga, a healthy diet, exercise, and enough sleep.

Resources for you

- **CDC Pregnant and Postpartum Women:** cdc.gov/hearher/pregnant-postpartum-women/ index.html
- **CDC Healthcare Professionals:** cdc.gov/hearher/healthcare-providers/index.html
- **Before, Between & Beyond Pregnancy — Women's Health Matters:** beforeandbeyond.org
- **Postpartum Support International:** postpartum.net
- **MGH Center for Women's Mental Health:** womensmentalhealth.org/specialty-clinics-2/postpartumpsychiatric-disorders-2
- **Perinatal Psychiatry Access Program:** umassmed.edu/lifeline4moms/Access-Programs
- **MotherToBaby:** mothertobaby.org
- **Food and Drug Administration:** fda.gov/drugs/development-resources/divisionpediatric-and-maternal-health

Resources to share with your patients

- **CDC Planning for Pregnancy | Preconception Care**
  cdc.gov/preconception/planning.html
- **Before, Between & Beyond Pregnancy — Women's Health Matters**
  beforeandbeyond.org
- **CDC Hear Her Campaign:**
  cdc.gov/hearher/index.html
- **Postpartum Support International:**
  postpartum.net
- **MGH Center for Women's Mental Health:**
  womensmentalhealth.org/specialty-clinics-2/postpartumpsychiatric-disorders-2
- **National Maternal Mental Health Hotline:**
  mchb.hrsa.gov/national-maternal-mental-health-hotline
- **National Alliance on Mental Illness:**
  nami.org