Obstetrical Complications of Mental Illness during Pregnancy

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No Disclosures
Objectives

- Identify three major obstetrical complications which are increased in pregnant women with anxiety and depression
- Understand the impact of posttraumatic stress disorder on obstetrical outcomes
- Formulate a pre-conception, antepartum and postpartum plan for a pregnant woman with mental illness to decrease her risk of obstetrical complications
Obstetrical Complications Increased in Pregnant Women with Anxiety and Depression

- Preterm Birth
- Intra-uterine Growth Restriction
- Lactation Issues
Preterm Birth

- Delivery prior to 37 completed weeks of gestation
- Increased in women with anxiety and depression two-fold
- Additional risk factors: multi-fetal gestation, fetus with birth defect/s, uterine shape abnormality, amniotic fluid being too much (polyhydramnios) or too little (oligohydramnios), history of prior preterm birth
Intra-uterine Growth Restriction (IUGR)

- Less than 2500 grams or five pounds five ounces at term (37 – 42 weeks)
- Diagnosis: fundal height measurement, ultrasound
- Risk Factors: history of prior baby with IUGR, medications, multi-fetal gestation, fetal birth defects, history of eating disorder (anorexia, bulimia)
- Management: antenatal testing, possible induction of labor prior to the due date
Long-term Psychiatric Complications of Maternal Depression

- Women with antenatal depression are less likely to participate in recommended prenatal care.
- Fetal exposure to maternal suicide attempts is associated with mental retardation and birth defects.
- Untreated antenatal depression is one of the greatest risk factors for postpartum depression.
- Postpartum depression is one of the greatest causes of maternal mortality and morbidity.

Meltzer-Brody, 2014
Posttraumatic Stress Disorder (PTSD) and Pregnancy

- Prevalence is about 8% of pregnant women
- Elevated rates of preterm birth, especially for those with both PTSD and a major depressive episode, as well as an increase in IUGR
- Women with likely diagnosis of both PTSD and a major depressive episode are at a 4-fold greater risk of preterm birth, independent of antidepressant and benzodiazepine risk

Yonkers, 2014
Fear of Childbirth

- Eight percent of women report fear of delivery
- A previous negative childbirth exerted the strongest impact on fear of childbirth (aOR 7.6), followed by anxiety and depression (aOR 6.1) and poor social support (aOR 3.8)
- Fear of childbirth was strongly associated with a preference for cesarean section (CS) (aOR 2.4), although the vast majority of women with fear of childbirth did not receive a CS (in Norway, some hospitals with an “anti-fear” program)
- A previous negative overall birth experience was highly predictive of elective CS on maternal request (aOR 8.1)

Storksen 2015
Outlook of Women with a History of a Severe Obstetric Complication

The majority of women (77.5%) who experienced a severe obstetric complication did not consider the birth to have been a negative experience.

Storksen, 2013
OB Outcomes of Pregnant Women with Schizophrenia

- Increased rates of pre-eclampsia/eclampsia, gestational diabetes, and venous thromboembolism
- Increased risk for septic shock and placental abruption, to be transferred to an intensive care unit, to undergo induction of labor or cesarean section and to be re-admitted following discharge
- The risks to infants of schizophrenic mothers included increased rates of small for gestational age, large for gestational age, and preterm birth

Raimondi, 2015
Hypertensive Disease in Pregnancy

- About 7% prevalence during pregnancy
- About 30% of women with gestational hypertension will develop pre-eclampsia, one of the leading causes of maternal death
- One study showed that pregnant women who had symptoms of depression or anxiety in early pregnancy, had a 3.1 fold increase of the development of pre-eclampsia

Kurki, 2000
Postpartum Effects of Pre-eclampsia

- Quality of mental life was significantly worse in all patients who experienced pre-eclampsia, and especially with patients who had pre-eclampsia with severe features.
- Women who had super-imposed pre-eclampsia were not impaired mentally compared to the standard population.

Stern, 2014
Lactation and Postpartum Depression (PPD)

- Failure to breastfeed when attempted is associated with postpartum depressive symptoms
- PPD is a risk factor for early breastfeeding cessation
- Breastfeeding may offer protective benefits for PPD (pre-nursing mood is improved post-nursing)

Pope, 2016
Strategies to Decrease The Risk of Obstetrical Complications in Women with Mental Illness

- Identify Risk/Screen/Adjust Meds as needed
- Pre-conception Visit to OB Provider/Mental Health Professional: maximize preconception planning including interpregnancy interval (ideal is > 18 months), maternal weight back to baseline if previous pregnancy
- Encourage Healthy Behaviors
- Team Approach
Conclusions

- Maximize mental and physical health pre-conception, antepartum and postpartum
- Communicate with other care provider/s
- Encourage group prenatal care or other supportive groups/classes during the pregnancy and after the birth, e.g. breastfeeding groups, parenting groups
- Take a copy of postpartum resource guide on the table for women in the SF Bay Area
- If you are interested in participating in a possible SF Bay Area Maternal Mental Health Task Force, please sign the list on the back table
Questions