Guidance Note for Mental Health Professionals on Preconception Advice for Women with Psychiatric illness
Mom
I need a baby at any cost

Family
She should not fall ill and baby should be fine

Obstetrician
No Medication during Pregnancy

Fetus

Husband and in laws
We want a healthy baby
The Psychiatrist’s Role starts much before Pregnancy is Planned----

- All women with a psychiatric problem should be able to access advice with regard to pregnancy and parenting

- The psychiatrist should discuss reproductive issues at every follow up visit if there is even a remote chance of pregnancy
The Psychiatrist’s Role starts much before Pregnancy is Planned

- Indian women may be hesitant to raise topics such as contraception and the psychiatrist may have to ask sensitive questions.

- Encourage the husband to be involved in these discussions with the woman’s consent.

- Women with psychiatric illness who may be getting married in the near future should be aware of the need for pre-conception planning.
Remember – Most Pregnancies are Unplanned

Planning for motherhood is important because it-

• Helps in avoiding unplanned pregnancies and minimising harm to mother and fetus

• Assesses a mother’s readiness emotionally

• Assesses mothers readiness medically and psychiatrically

• Provides opportunities to discuss impact of childbirth and motherhood on the woman and on the fetus and infant
Ensure Good Physical Health as well

- Several factors contribute to a healthy pregnancy not just the psychiatric illness and its treatment

- Discuss weight loss, maternal age, diet, folate and vitamins, physical exercise, thyroid status, anemia, diabetes, spouse support, violence, substance use
The Role of Mental and Sexual Health

- Encourage the woman to plan conception when she has been psychiatrically stable for some time.
- Discuss fertility issues before stopping or changing medications such as irregular periods because of PCOD or antipsychotics.
- Get a sexual history and Serum Prolactin to ensure chances of conception.
Discuss Motherhood

- What does motherhood entail in terms of life changes, responsibilities and her own image (body image and social image)
- Ensure availability of finances, social support, support during pregnancy and infant care and access to obstetric services
- Assess past obstetric history for abortions, stillbirths or fetal anomalies
Individualise the risk

Individual risk of a relapse or recurrence depends on:

- Severity and nature of previous episodes,
- Previous pregnancy or postpartum episodes.
- Severity of current episode
- Time since last episode
- Assess severity of previous episodes based on need for hospitalisation, ECTs and dose of medicines
- Assess suicide attempts in previous episodes
- Family history of postpartum episodes increases risk
Medication Options

• Continuing current medication regime
• Stopping some of the riskier drugs under cover of another drug (for e.g. tapering and stopping Lithium under cover of an antipsychotic)
• Stopping all drugs
• Switching medication
• Restarting medication later in pregnancy or in the postpartum
Risk Benefit of continuing, changing or stopping medication

- Assess evidence of efficacy in the woman for each drug
- Previous response to change in medications or dose reduction
- What alternative treatment options have been explored including psychological therapies for milder depression, anxiety and OCD?
- Past history of teratogenicity (e.g. NTDs)
Individual Psychotropic Drugs

- Be aware of absolute risks for major teratogenicity of common drugs

- Find easy ways of discussing absolute risks- out of 1000, visual methods, and examples
Assess and explain adverse consequences of untreated mental illness on pregnancy outcome and child development.
Look Beyond Teratogenecity

- Be aware and discuss perinatal syndromes (SSRIs, Lithium, Valproate, CBZ, benzodiazepines)

- Effect of drugs on infant in the 2\textsuperscript{nd} and 3\textsuperscript{rd} trimester—SSRIs, Lithium, Valproate

- Drugs that might be risky in breastfeeding (Lithium, Clozapine)
Discuss Genetic risk

- Women, husbands and family members have several concerns and misconceptions about the heritability of a psychiatric illness. These need to be addressed
Liaison with other services

- Actively liaise with obstetricians, endocrinologists, ultrasonologists, and pediatricians.
- Involve psychologists for support and management of milder symptoms.
- Discuss need for regular blood sugar estimation, fetal echocardiography, anomaly scans, alpha-fetoprotein estimations, serum lithium if needed.
Involving the woman and spouse in decision making

At the end of the session

- Summarize main aspects of the Preconception planning
- Ask the woman and husband or family to summarize what they have understood
- Provide time for reflection and questions
- Let the final decision be taken by the woman or the couple
• Document whatever discussions you have had
• Provide reading material
• Have posters in your clinic or outpatient that discuss the need for Pre Conception Planning
• Try to develop a Perinatal Psychiatry Service
Information on Pre-pregnancy Planning

Get advice before planning for PREGNANCY

If You Have A Mental Health Problem
And Want To Get Pregnant or You Are Already Pregnant
Talk To Your Doctor Immediately!!!

It is important to plan pregnancy for a healthy mother and healthy baby because
- Some medicines are unsafe during pregnancy
- Your psychiatric condition may change during pregnancy and delivery
- Obstetrician must know about your psychiatric condition

If you have any doubts related to the above, talk to your doctor.

Get advice before planning for a BABY

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Key Points

- Monotherapy and Lowest dose
- Adjunctive psychosocial treatment
- Assess past history of relapse, recurrence and severity of episodes
- Use drugs that have better evidence
- Discuss Absolute risk, risk to pregnancy, role of untreated mental illness on pregnancy
- Informed Choice with material
- Documentation
Web Resources

- Apps for phones- Lact Med

- www.Motherisk.org

- www.perinatalpsynimhans.org
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