

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

Approved by the Board of Trustees, December 2020

Approved by the Assembly, November 2020

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

The incidence of mood and/or anxiety disorders in the antenatal and postnatal periods is high in the United States and has become a serious public health problem; among women and other persons who are pregnant or postpartum, 1 out of 7–10 who are pregnant and 1 out of 5–8 who are postpartum will develop a depressive and/or anxiety disorder, and 1 out of 1,000 will develop a psychotic disorder. The incidence of these disorders is highest among those with a history or family history of depression, with few social supports, with concurrent substance abuse, domestic violence, and/or with a low socioeconomic status. Although depressive disorders are among the most common, emerging evidence suggests the need for a more comprehensive conceptualization of perinatal psychiatric illness which includes bipolar disorder and common comorbid illnesses such as generalized anxiety disorder, obsessive compulsive disorder, and panic disorder. Many studies have shown that major depression and post-traumatic stress disorder (PTSD) during pregnancy are associated with decreased prenatal care and adverse perinatal outcomes such as earlier birth and low birth weight. Perinatal mental health disorders can be severe; maternal suicide is on par with infection as the leading cause of maternal mortality, and approximately 300 infanticides occur in the United States each year. Untreated postpartum mood disorders have been associated with impairments in cognitive, behavioral, and emotional development in the offspring during childhood and adolescence. Only a minority of clinicians involved with the pre- and postpartum care of women and other persons who are pregnant or postpartum are currently using validated screening tools to detect these disorders. Despite the availability of evidence-based treatments, most pregnant and postpartum women and other persons who are pregnant or postpartum with these disorders do not receive adequate treatment. To improve obstetric outcomes and maternal health, achieve optimal child development, and reduce 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 and other persons who are pregnant or postpartum 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 the family, the APA strongly recommends the following:

- **All women and other persons in the peripartum period should be clinically assessed for the presence of and risks for psychiatric disorders including mood, anxiety, PTSD, substance abuse and psychotic disorders throughout the pregnancy and postpartum period.**
- **All pregnant and postpartum women and their family members should receive education from their medical providers on how to recognize the symptoms of mood, anxiety, and psychotic disorders.**
- **We recommend that obstetric clinicians screen for mood and anxiety disorders, including suicidal thoughts and behaviors, with a validated screening tool at least twice during pregnancy, and once postpartum and that pediatric clinicians screen during the 1, 2, and 4 months well-child visits in pediatric settings. Screening for bipolar disorder should occur at least once during pregnancy or once during the postpartum period in obstetric settings.**
- **Women and other persons who are pregnant or postpartum who screen positive should be referred for further evaluation to establish the diagnosis of a mood or anxiety disorder. A systematic response to screening should be in place to ensure that psychiatric disorders are appropriately referred, treated, and followed.**
- **The APA recommends that psychiatrists educate their patients about the risk factors 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.**
- **APA recommends that psychiatrists maintain current knowledge regarding the evidence-based approaches to the treatment of patients who are pregnant and postpartum, including the risks of no treatment or under treatment, and actively participate in the treatment of women and other persons who are pregnant or postpartum**