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REPRODUCTIVE MENTAL HEALTH

PROCEEDINGS FROM MOTHERISK UPDATE 2008

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Introduction: Reproductive Mental Health

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ABSTRACT

On May 7th 2008, our annual Motherisk Update was devoted to reproductive mental health, which is a part of life for many women of childbearing age. Presentations were delivered by experts in the fields of psychiatry, maternal/fetal pharmacology and obstetrics.

Our goal was to improve patient care for a population that is particularly vulnerable to misinformation and the stigma that surrounds mental illness. The topics presented, included the prevalence of depression and other psychiatric illnesses during pregnancy and postpartum, the adverse consequences of untreated psychiatric illnesses in pregnancy and postpartum and the treatment of substance abuse which is often a co-morbidity in these women.

We also provided information on the risk/safety of drugs used for the treatment of these conditions in pregnancy and breastfeeding, including concerns regarding neonatal withdrawal in infants who were exposed to antidepressants during pregnancy.

Common Misperceptions

Recently, in August 2008, there was a news item in the media with the following quote: "One in four Canadians is fearful of being around those who suffer from a serious mental illness."[1] Imagine how a woman who is suffering from a mental illness would feel, who is pregnant or breastfeeding and reads this quote. Having a baby is supposed to be a time of greatest joy in a woman's life. However, suffering from a mental illness can make it one of the worst experiences, much of it due to information surrounding this area which is often based on misconceptions and incorrect information. Some of the angst could be prevented if women and their health care providers received accurate up-to date evidence-based information on all the issues regarding reproductive mental health, especially regarding the safety of psychotropic medications.

At this recent Motherisk Update, many aspects of these relatively common illnesses, especially in childbearing women, were presented. They included; prevalence of illness, such as depression, schizophrenia and bipolar disorder, as well as drug use in pregnancy and breastfeeding and information

on treating substance abuse in pregnancy. Despite this evidence-based information which is freely available, pregnant women with mental illnesses are often not treated appropriately during pregnancy, frequently because of uninformed health care providers, friends, family members, colleagues and even strangers.

Recently a group who conducted a worldwide study regarding perceived stigma among people with mental disorders, confirmed that there is general fear and stigma surrounding mental illness.[2] Another group reported that less personal exposure to depression, equaled higher personal stigma.[3] However, in contrast, another group who used the same questionnaire, reported the same results for some of the statements. But for others, they documented opposing results of a trend between more exposure and higher personal stigma.[4] This information illustrates the complex nature of mental illness in general, which is exacerbated when a woman becomes pregnant who is diagnosed with depression, schizophrenia, bi-polar disorder and other psychiatric disorders. In addition, women with mental health problems, may also abuse alcohol and other substances and the prejudice and discrimination at the heart of stigma may affect the extent to which these women receive both prenatal and postnatal care. Since they do not want to be perceived as a "bad mother" they may not seek the help they need and in doing so may put themselves and their unborn fetus in jeopardy.

MYTH VS. FACT - COMMON MISPERCEPTIONS

Myth: Pregnancy has a protective effect against mental illness.

Fact: Pregnancy does not have a protective effect, in fact some women are at higher risk for relapsing during pregnancy.

- **Use of antidepressants, antipsychotics, and benzodiazepine pregnancy**

Myth: These drugs should only be used in the most severe cases.

Fact: If a woman is being treated successfully with pharmacotherapy for mental illness prior to pregnancy, the treatment should be continued during pregnancy. Untreated depression and other mental illnesses can have deleterious effects on both the mother and her baby.

- **Use of anticonvulsants and lithium in pregnancy**

  Myth: As these drugs have been found to cause birth defects, they should be avoided during pregnancy.

  Fact: Because these drugs are used to treat serious illnesses such as epilepsy and bipolar disorder, the benefits and risks must always be weighed. The risk for birth defects is minimal and often the risk of the illness is more serious.

- **What specific medication to use during pregnancy**

  Myth: Always use the drug with the most safety data.

  Fact: This sounds like good advice, however it is not helpful if the drug with the most safety data is not the effective one for the woman, or if she is already pregnant and taking a different drug.

- **Alcohol use in pregnancy**

  Myth: A woman who has had a few drinks even to the point of being drunk prior to finding out she is pregnant, will have a baby with fetal alcohol effects.

  Fact: There is no evidence that this is the case, probably due to the "all-or-nothing". This is the time after fertilization and before implantation, before a woman is aware of her pregnancy. This is within a period between 6-12 days, when injuries to the conceptus are likely to result in either death, or in repair.

  Myth: Once a woman has been drinking for a period of time during pregnancy, it is too late because the damage has already been done.

  Fact: It is never too late to stop drinking during pregnancy, the less alcohol consumed means the less possible adverse effects on the baby.

  Myth: Once a baby has been born with FAS it is too late to do anything that would help the child.

  Fact: Early diagnosis and treatment prior to 6 years of age, has been found to considerably improve the outcome the outcomes of these children.

  Myth: A woman can never take a drink when she is breastfeeding her baby.

  Fact: It is possible, when a women is planning to have a few drinks, to minimize the amount of alcohol that is excreted into the breast milk. This can be done by estimating how long it will take for the alcohol to be excreted from the body, with the help of an algorithm that has been specifically designed for this purpose.

Summary

Any decision regarding treatment during pregnancy should be made between the woman and her health care provider after weighing the risks and benefits. Optimal control of the psychiatric disorder should be maintained during pregnancy, the post partum period and thereafter. All pregnancies where a mother has a serious psychiatric disorder should be considered high risk and the mother and fetus carefully monitored throughout the pregnancy, postpartum period and beyond.

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