

Understanding Antenatal Depression Management in the Outpatient High-Risk Obstetrics Care Setting — Collaborative Care as a Solution

Allison Chu, MS
Alexis French, PhD
Sarah Dotters-Katz, MD, MMHPE
Gary Maslow, MD

Background: High-risk pregnancies are associated with a higher risk of antenatal and postpartum depression. ACOG recommends early perinatal depression screening, and SSRIs as first-line pharmacotherapy with follow-up using validated screening tools. Without supportive systems in place, high quality behavioral health care is difficult to achieve in high-risk obstetrics clinics. To characterize depression screening and management in high-risk pregnancies.

Methods: This retrospective cohort study evaluated pregnancy episodes from a single high-risk obstetrics center at an academic institution between January 2021 and December 2023. 5313 patients met criteria for delivery and prenatal visits; 1421 patients had any PHQ-9 screen during pregnancy; there were 74 patients who had positive screenings (≥ 10) for a total of 76 unique pregnancy episodes. (2 patients had 2 separate pregnancies meeting criteria in this timeframe). Descriptive statistics were performed for pregnancy episodes.

Results: Of 76 pregnancy episodes, the study identified a high prevalence of pre-existing mental health diagnoses ($n=62$, 81.6%) and history of pregnancy-related mood disorder ($n=21$, 27.6%). Most initial screenings were in the first trimester ($n=62$, 81.6%). Interventions during pregnancy were provided for 65.8% of patients ($n=50$). SSRIs were started by OB in 11 (14.5%) pregnancies; while all patients received general follow-up care, about over half did not have a validated screening before starting medication ($n=6$, 54.5%) or during follow-up ($n=10$, 90.9%).

Conclusion: Current practice suggests gaps in utilization of validated screening tools to identify and manage depression during pregnancy. Collaborative care, an existing behavioral health integration model, should be considered as a solution in outpatient high-risk obstetrics.

Acknowledgement: Thank you to the Margolis Scholars in Medicine, Duke Margolis Institute for Health Policy, and Duke University School of Medicine for scholarship funding and support throughout the year for this project.