Understanding Antenatal Depression in High-Risk Obstetrics — *Collaborative Care as a Solution*

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Background

High-risk pregnancies are associated with a higher risk of antenatal and postpartum depression.[1] ACOG recommends early perinatal depression screening, and SSRIs as first-line pharmacotherapy with follow-up using validated screening tools.[2] Without supportive systems in place, high quality behavioral health care is difficult to achieve in high-risk obstetrics clinics.

Objective

To characterize depression management during high-risk pregnancies to inform policy recommendations.

Methods

See Figure 2.

Results

The study identified a high prevalence of pre-existing mental health diagnoses (n=64, 82.1%), including pregnancy-related mood disorders (n=21, 26.9%). Most initial screenings were in the first trimester (n=61, 78.2%). SSRIs were started in 12 (15.4%) pregnancies; while all patients received general follow-up care, most did not have a validated screening before starting medication (n=7, 58.3%) or during follow-up (n=11, 91.7%).

Discussion

Patients who screened positive for depression during pregnancy experienced additional factors associated with increased risk of developing depression. Current practices suggest gaps in the standard of care outlined by ACOG.

The **collaborative care model** should be considered as a solution to **address gaps** in utilization of **validated screening tools** to identify and manage **depression during pregnancy.**
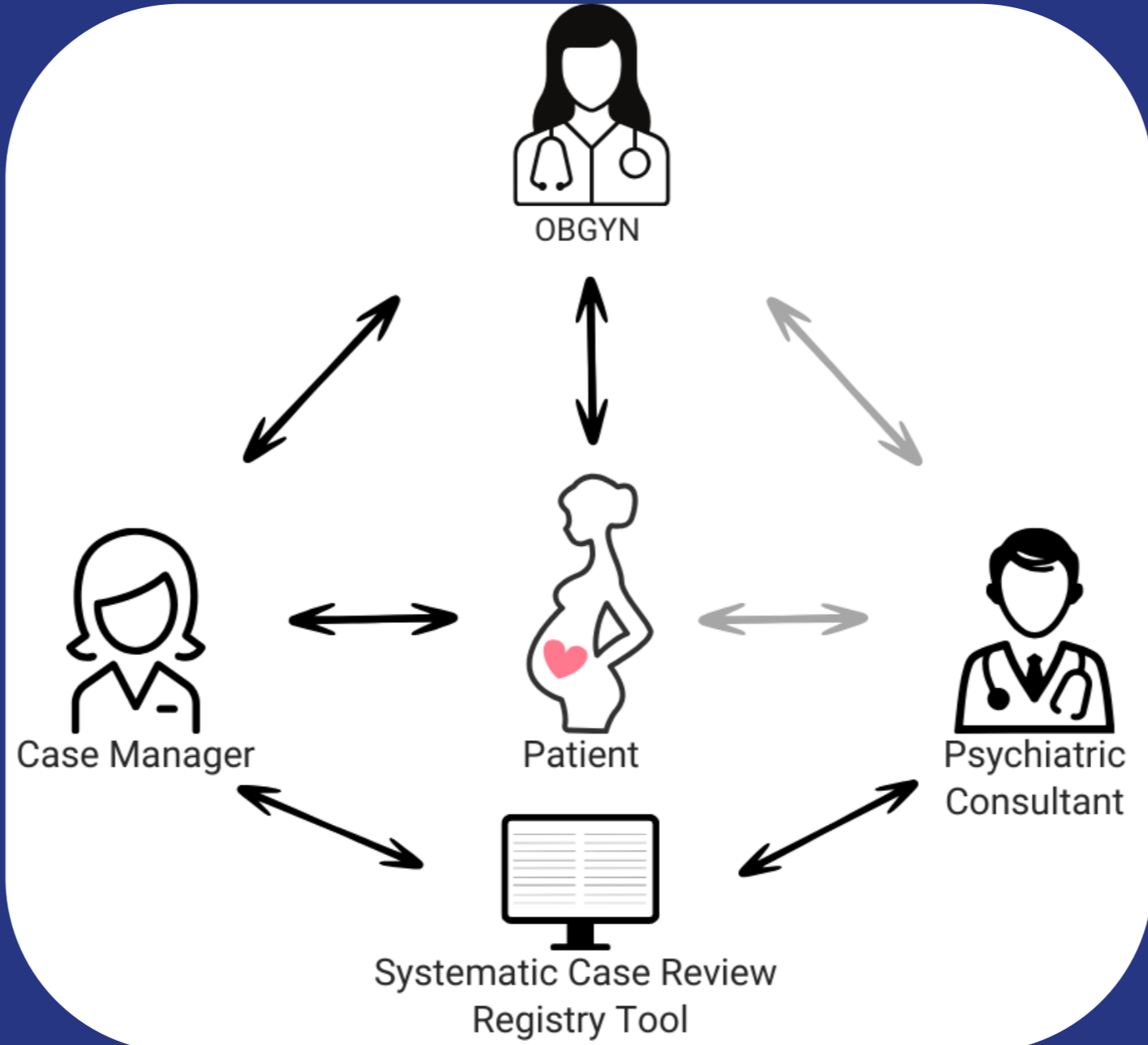

Figure 1: Example schema of a perinatal collaborative care model.
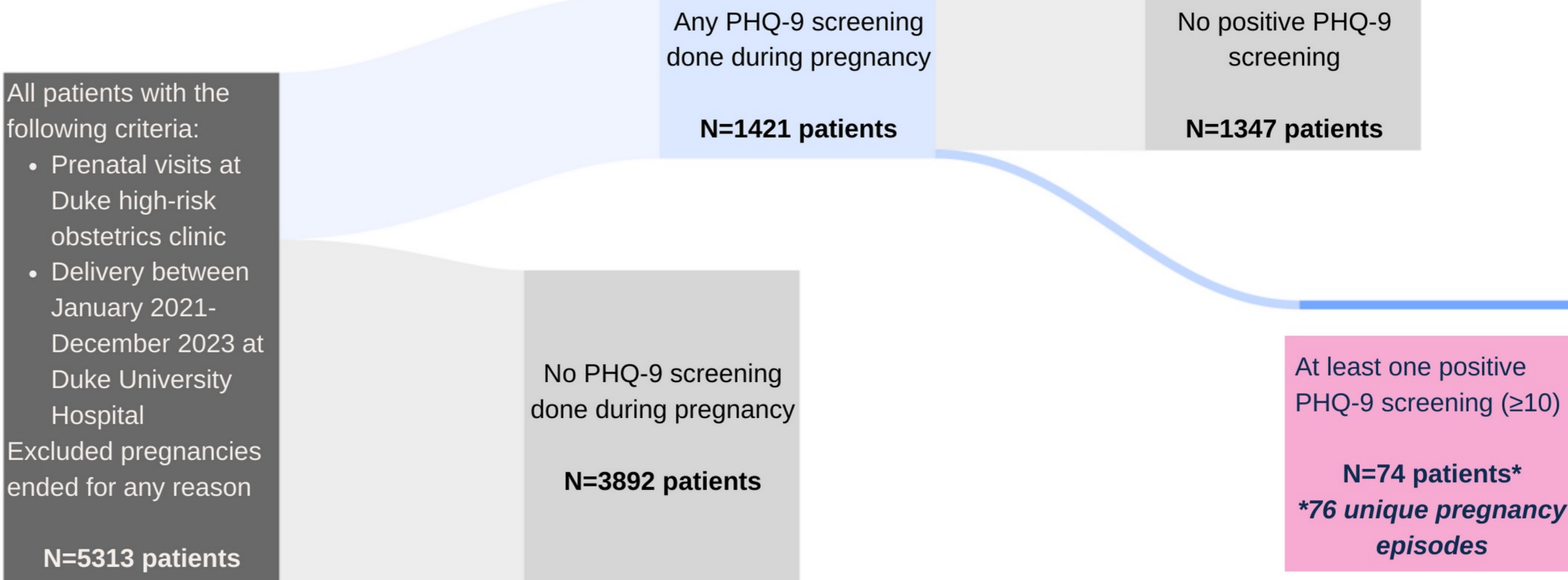

Additional Figures

Figure 2: Sankey diagram depicting methodology, including patient inclusion and exclusion criteria.

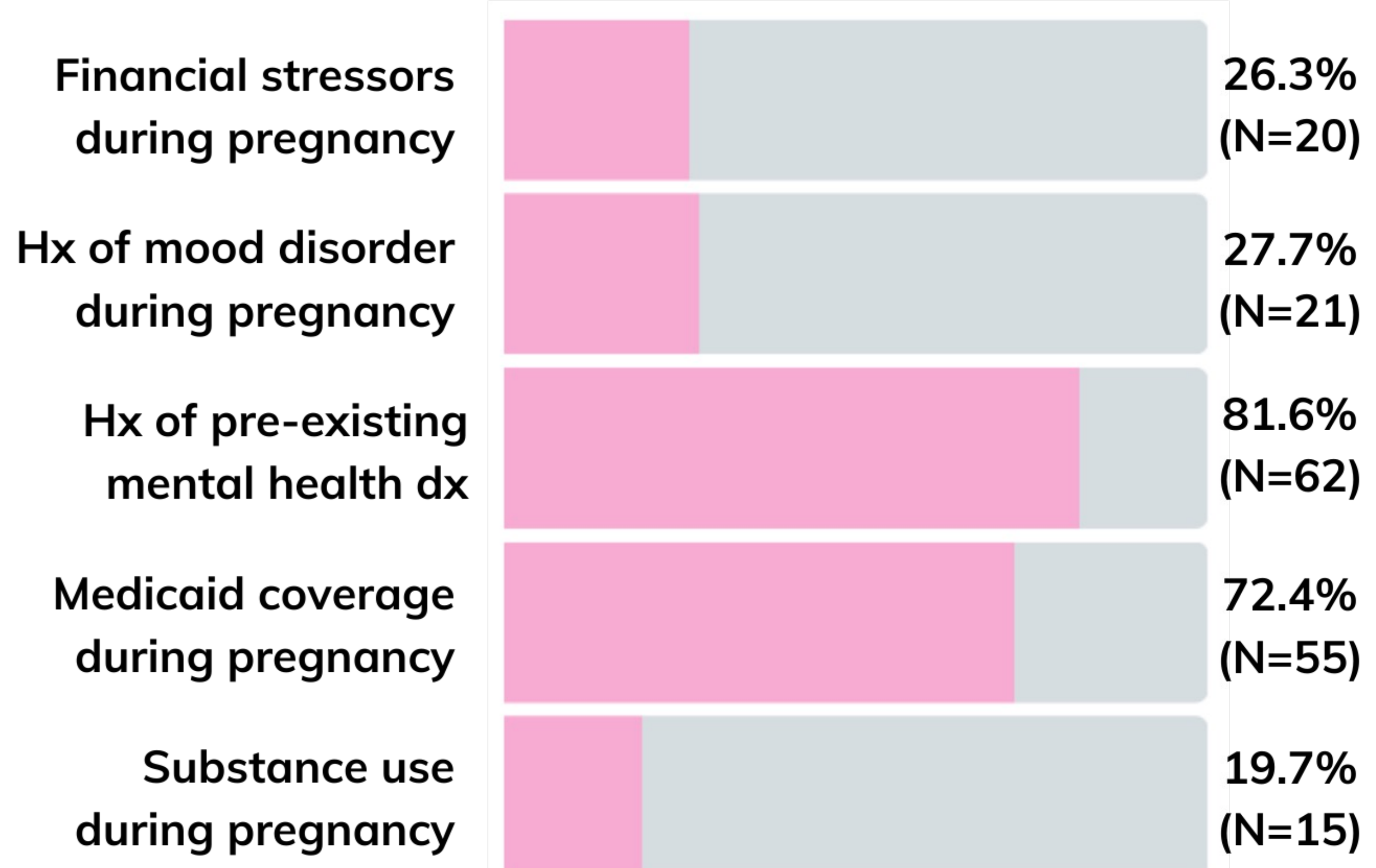### *Cohort patient characteristics included...*

Financial stressors during pregnancy	26.3% (N=20)
Hx of mood disorder during pregnancy	27.7% (N=21)
Hx of pre-existing mental health dx	81.6% (N=62)
Medicaid coverage during pregnancy	72.4% (N=55)
Substance use during pregnancy	19.7% (N=15)

Figure 3: Bar chart describing patient cohort characteristics.

Out of 11 new SSRI medication starts by MFM during pregnancy...

Less than half of med starts were **preceded by a validated screening tool.**

All patients received **general follow up** within 1 month*
*Chart notes subjective mood assessment

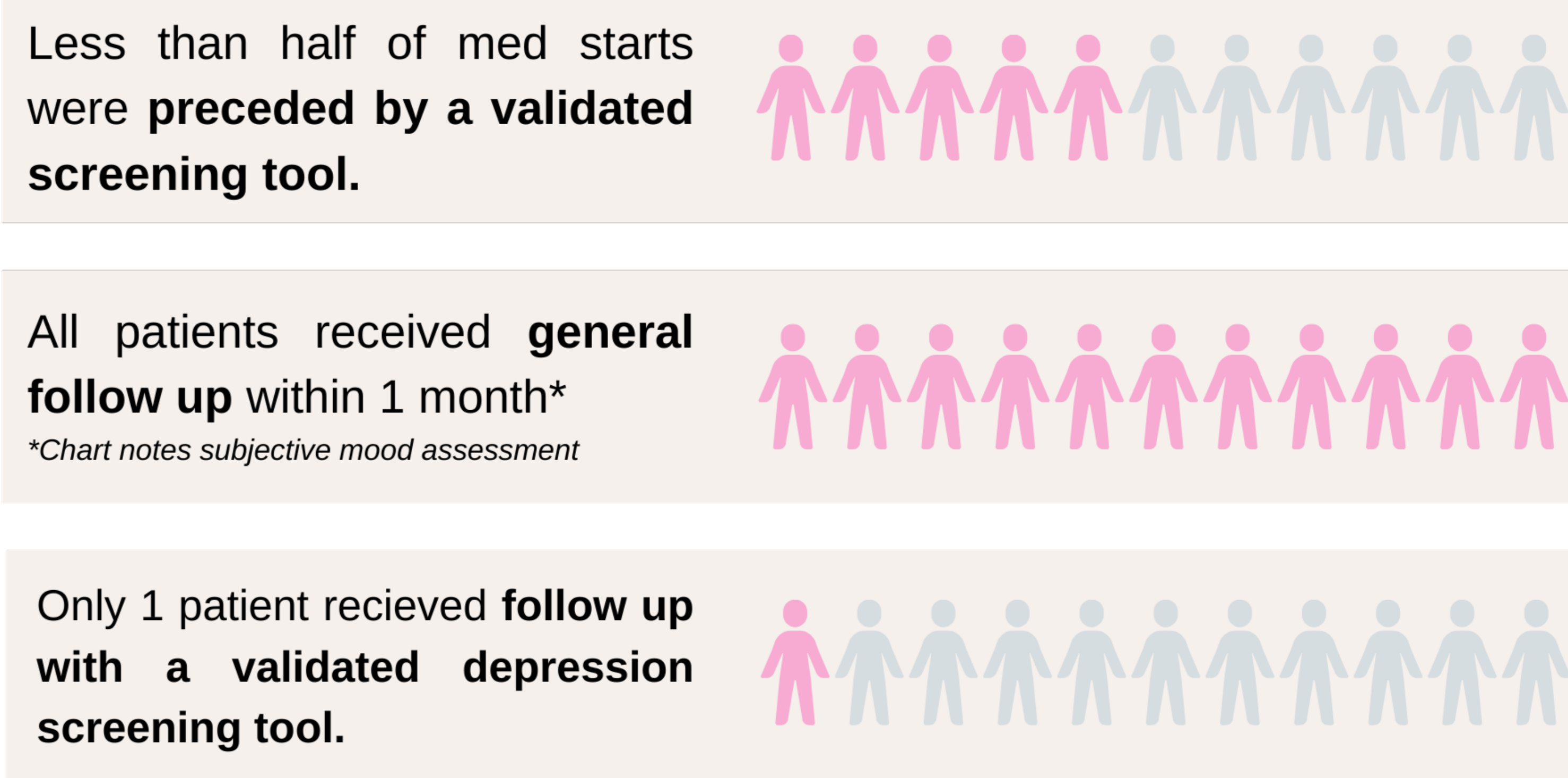Only 1 patient recieved **follow up with a validated depression screening tool.**

Figure 4: Pictogram of medication prescribing practices by high-risk obstetrics.

References
1. Tsakiridis, I., Bousi, V., Dagklis, T., Sardeli, C., Nikolopoulou, V., & Papazisis, G. (2019). Epidemiology of antenatal depression among women with high-risk pregnancies due to obstetric complications: a scoping review. Archives of gynecology and obstetrics, 300(4), 849–859. https://doi.org/10.1007/s00404-019-05270-1
2. Screening and diagnosis of mental health conditions during pregnancy and postpartum. Clinical Practice Guideline No. 4. American College of Obstetricians and Gynecologists. Obstet Gynecol 2023; 141: 1232– 61. doi: 10.1097/AOG.0000000000005200