

INTEGRATING PERINATAL MENTAL HEALTH SCREENING INTO OBSTETRIC CARE

ANNA DONNELLY, OMS-
III



INTRODUCTION

- 85% of women experience mood disturbance postpartum
- 10–15% develop clinical depression or anxiety
- Disorders exist on a spectrum:
 - “Baby blues” → Postpartum depression → Postpartum psychosis
- Untreated illness increases risk for:
 - Suicide (a leading cause of maternal death)
 - Poor bonding, child developmental delays



WHY SCREENING IN OB CARE MATTERS:

- OB-GYNs often serve as the primary contact for new mothers
- Many women never see a mental health provider postpartum
- Screening in OB clinics improves:
 - Early detection and intervention
 - Treatment engagement
 - Maternal and infant outcomes



CURRENT SCREENING RECOMMENDATIONS

- Recommended by: ACOG, AAP, USPSTF
- Tools:
 - Edinburgh Postnatal Depression Scale (EPDS)
 - Score ≥ 12 → further evaluation
 - Suicidality (Q10) → urgent assessment
 - PHQ-9, GAD-7 for depression/anxiety
- Timing: 6-week postpartum visit



CURRENT TREATMENT OVERVIEW

Non-Pharmacologic:

- **CBT and IPT — proven as effective as fluoxetine for mild/moderate PPD**
 - **Improve mood and relationship quality**

Pharmacologic:

- **SSRIs = first-line**
- **Benzodiazepines for severe anxiety**
- **ECT for refractory depression or psychosis**
- **TMS for uncontrolled depression**

Breastfeeding:

- **SSRIs generally safe**
- **Avoid or monitor lithium & carbamazepine due to neonatal toxicity**

EMERGING INTEGRATED MODELS

Collaborative OB–Psychiatry Care

- Behavioral health specialists embedded in OB clinics
- Improves screening, reduces symptom burden
- Example: MGH Perinatal & Reproductive Psychiatry Program
 - Clinical eval + medication management + lactation consultation

Perinatal Psychiatry Access Programs (P–PAPs)

- Real-time psychiatric consultation for OBs
- e.g., MCPAP for Moms (MA), PAL for Moms (WA)



DIGITAL INNOVATIONS

MGH Perinatal Depression Scale App:

- **for screening and mood tracking**
- **Enables continuous monitoring between visits**
- **Facilitates referrals and data sharing**

Telepsychiatry and Hybrid Models

- **Expanding access in rural and underserved areas**
- **Shown to reduce wait times and improve adherence**



RESEARCH ADVANCES

National Pregnancy Registry for Psychiatric Medications

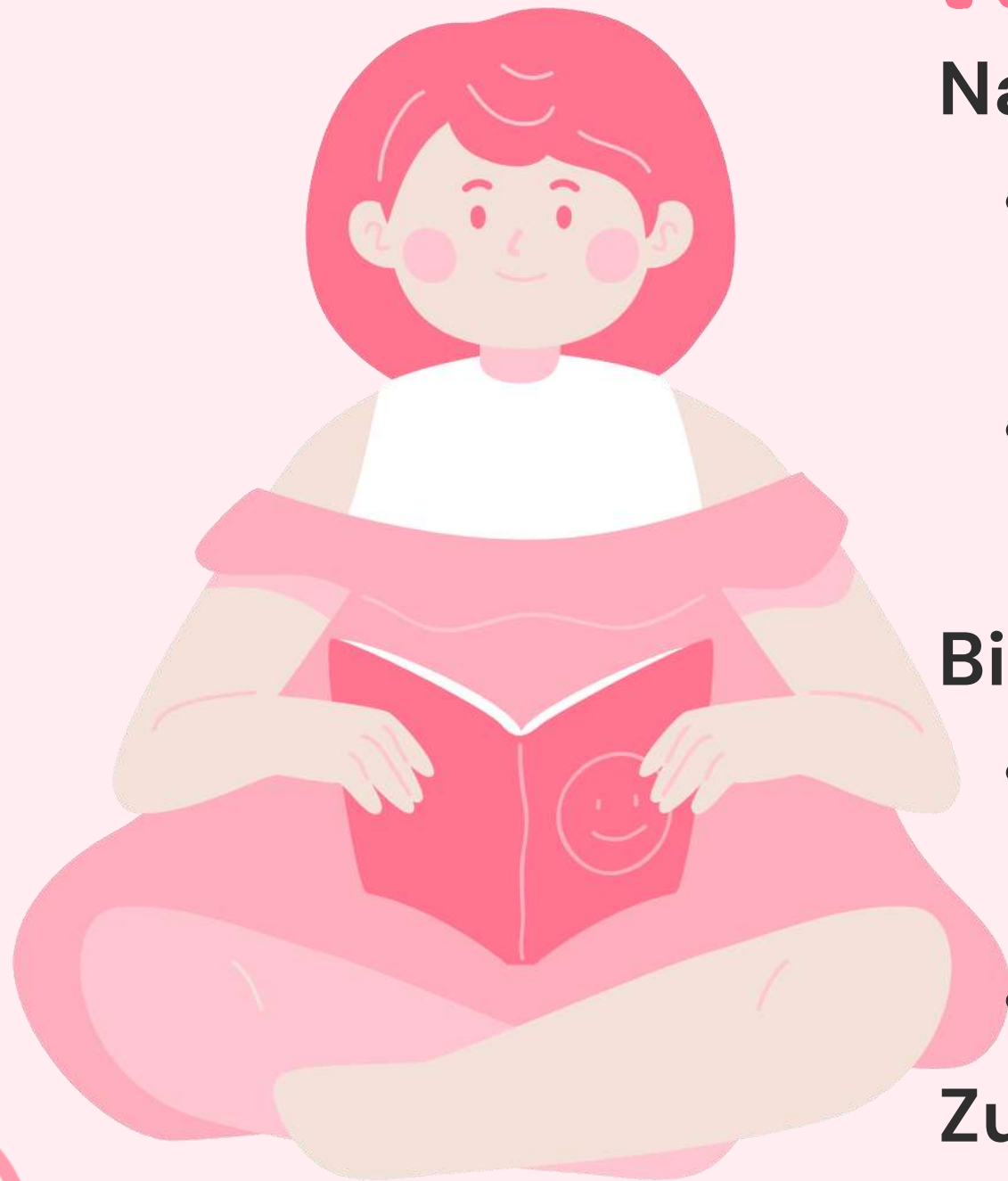
- Tracks psychotropic exposure in pregnancy & postpartum
- Improves medication safety data for SSRIs, mood stabilizers, etc.

Biomarker Studies

- Neuroactive steroids (e.g., allopregnanolone) in late pregnancy may predict PPD risk
- Potential for biologically informed prevention

Zuranolone and Neurosteroid-Based Treatments

- Novel oral neuroactive steroid approved for postpartum depression (2023)
- Fast-acting alternative to traditional antidepressants



LIMITATIONS & CHALLENGES

- **Screening gaps:** Many women not screened beyond 6 weeks
 - **Under-recognized anxiety/OCD:** Often masked by depressive symptoms
- **Access barriers:** Shortage of reproductive psychiatrists, stigma, insurance issues
- **Research gaps:**
 - **Need validity for biomarkers**
 - **More studies on integrated care and digital screening effectiveness**
- **Policy barriers:** Reimbursement and workflow integration





FUTURE DIRECTIONS

- **Make screening routine and ongoing, not one-time**
- **Implement anxiety screening alongside depression**
- **Expand training for OB and family medicine providers**
- **Prevent PPD using biological and digital markers**
- **Strengthen policy and funding for perinatal mental health programs**

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**THANK YOU
VERY MUCH!**

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