

# Key Clinical Considerations When Assessing the Mental Health of Pregnant and Postpartum Women

Assessing Thoughts of Harming Baby	
Thoughts of Harming Baby Secondary to Obsessions/Anxiety/Depression	Thoughts of Harming Baby Secondary to Postpartum Psychosis/Suspected Postpartum Psychosis
<ul style="list-style-type: none"> <li>• Good insight</li> <li>• Thoughts are intrusive and scary</li> <li>• No psychotic symptoms</li> <li>• Thoughts cause anxiety ↓</li> </ul> <p>Suggests not at risk of harming baby</p>	<ul style="list-style-type: none"> <li>• Poor insight</li> <li>• Psychotic symptoms</li> <li>• Delusional beliefs with distortion of reality present ↓</li> </ul> <p>Suggests at risk of harming baby</p>

Assessing Suicidal Ideation	
Suggests Lower Risk	Suggests Higher Risk
<ul style="list-style-type: none"> <li>• No prior attempts</li> <li>• No plan</li> <li>• No intent</li> <li>• No substance use</li> <li>• Protective factors (can ask patient: <i>what prevents you from acting on suicidal thoughts?</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• History of suicide attempt</li> <li>• High lethality of prior attempts</li> <li>• Current plan</li> <li>• Current intent</li> <li>• Substance use</li> <li>• Lack of protective factors (including social support)</li> </ul>

Considerations for Prescribing Medication	
Suggests Medication May Not be Indicated	Suggests Medication Treatment Should be Strongly Considered
<ul style="list-style-type: none"> <li>• Mild depression based on clinical assessment</li> <li>• No suicidal ideation</li> <li>• Engaged in psychotherapy or other non-medication treatment</li> <li>• Depression has improved with psychotherapy in the past</li> <li>• Able to care for self/baby</li> <li>• Strong preference and access to psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate/severe depression based on clinical assessment</li> <li>• Suicidal ideation</li> <li>• Difficulty functioning caring for self/baby</li> <li>• Psychotic symptoms present</li> <li>• History of severe depression and/or suicide ideation/attempts</li> <li>• Comorbid anxiety diagnosis/symptoms</li> </ul>

Risk Factors for Postpartum Depression <sup>1</sup>	
<ul style="list-style-type: none"> <li>• Personal history of major or postpartum depression</li> <li>• Family history of postpartum depression</li> <li>• Gestational diabetes</li> <li>• Difficulty breastfeeding</li> <li>• Fetal/newborn loss</li> <li>• Lack of personal or community resources</li> <li>• Financial challenges</li> <li>• Substance use/addiction</li> </ul>	<ul style="list-style-type: none"> <li>• Complications of pregnancy, labor/delivery, or infant's health</li> <li>• Teen pregnancy</li> <li>• Unplanned pregnancy</li> <li>• Major life stressors</li> <li>• Violent or abusive relationship</li> <li>• Isolation from family or friends</li> </ul>

How to Talk about Perinatal Depression with Moms <sup>1</sup>
<ul style="list-style-type: none"> <li>• <i>How are you feeling about being pregnant/a mother?</i></li> <li>• <i>What things are you most happy about?</i></li> <li>• <i>What things are you most concerned about?</i></li> <li>• <i>Do you have anyone you can talk to that you trust?</i></li> <li>• <i>How is your partner doing?</i></li> <li>• <i>Are you able to enjoy your baby?</i></li> </ul>

<sup>1</sup>These materials have been adapted from those made available by HealthTeamWorks and the Colorado Department of Public Health and Environment (CDPHE)  
<http://www.healthteamworks.org/guidelines/depression.html>.