

Psychopharmacology in Perinatal Period: Focus on Decision Making

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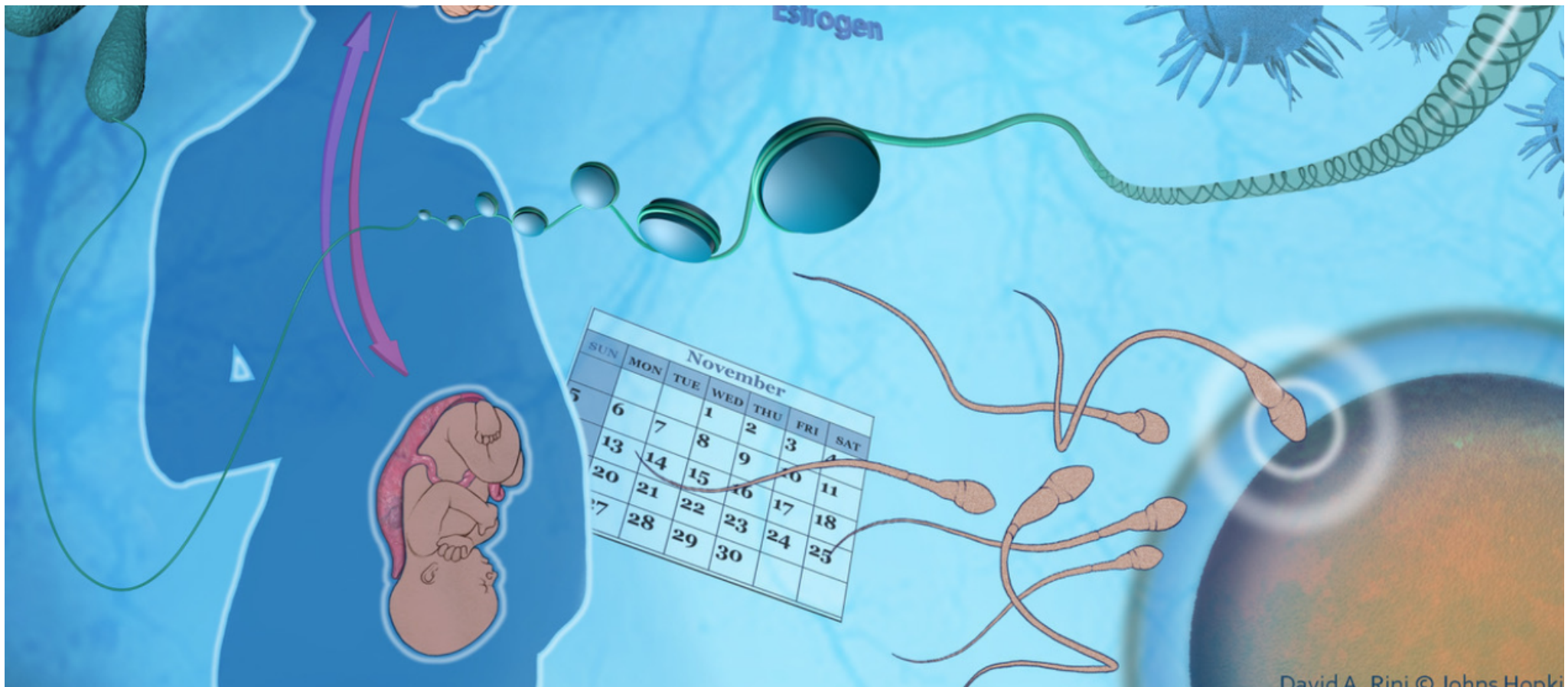
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Objectives

- Describe the risk-risk analysis of psychopharmacology in the perinatal period.
- Outline a decision making process for selecting medication during pregnancy and lactation.
- Recognize physiologic factors which may influence prescribing in the perinatal period.
- Describe the informed consent process for prescribing medication in the perinatal period.

Preconception



There is no such thing
as non-exposure.

We must balance the risks of
psychopharm treatment with the risks of
untreated mental illness
on the fetus and infant.



Impact of Untreated Maternal Mental Illness

Maternal Risks:

- Increased suffering
- More missed days of work
- Suicide attempts/completion
- Increased risk for relationship discord
- Increased risk for substance abuse

Obstetric Risks:

- Increased risk for in utero exposure to substances of abuse
- Increased risk of premature birth
- Increased risk for lower birth weight
- Increase risk for maternal/ infant mortality

Child Health and Development Risks:

- Less frequent preventative health visits
- More Urgent Care and/or Emergency Department use
- Reduced immunization adherence
- Insecure attachment patterns
- Affective restriction and disruptive behaviors in children
- Increased rates of anxiety and depression in children
- Increased rates of learning disorders
- Increased ADHD symptoms

Clinical Considerations

Patient preference

Severity of illness episodes

Previous response to treatments

Degree of recurrence of illness

Duration of current stability

Which medication do I choose?

1. What is likely to work?
2. What are the medication side effects?
3. How much data do we have for each of our options?
4. What does the data tell us about each of our options?
5. What is the patient's preference?

Prescribing Considerations in Pregnancy and Lactation

- Maximize non-pharmacologic interventions
- Lowest EFFECTIVE dose
- Avoid polypharmacy
- Patient-centered care
- Documentation

Pregnancy

- Physiologic Changes:
 - Slower gastric emptying and small bowel and colonic transit time
 - Increased plasma volume
 - Reduced plasma albumin concentration
 - Lower ratio of lean muscle to adipose tissue
 - Changes in the hepatic clearance of psychotropic medications
 - Increased renal blood flow with associated increase in GFR
- Monitor patients closely for symptomatic change during pregnancy
- Consider divided doses

Lactation

- Relative infant dose: drugs are likely to have higher excretion in breast milk if the drug has
 - High lipid solubility
 - Long half life
 - High oral availability
 - Small molecular weight
 - Drug lacks ionization
 - Low maternal serum protein binding
- Drug Half-Life
- Medical Stability of Infant

Informed consent for treatment in perinatal women

- Capacity
- Voluntariness
- Disclosure
 - What IS KNOWN or NOT KNOWN about the risks of **untreated illness**
 - what IS KNOWN or NOT KNOWN about **risks, benefits, SE, alternatives of treatment**
- Understanding
- Decision and Authorization

Resources for Decision Making

MothertoBaby: (866) 626-6847 / www.mothertobaby.org

Fact Sheets for handouts to families

Motherisk.org: (877) 439-2744 / www.motherisk.org

Infantrisk.com: (806) 352-2519 / www.infantrisk.com

MGH Center for Women's Mental Health: www.womensmentalhealth.org

Reprotox: www.reprotox.org

LactMed: www.lactmed.nlm.nih.gov

E-Lactania: www.e-lactancia.org/ingles/inicio.asp

Toxicology Data Network: www.toxnet.nlm.nih.gov



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