Save a Life.

Key Steps for Treating Perinatal Mental Health Conditions



Perinatal mental health (PMH) conditions during pregnancy and up to a year postpartum are a leading cause of maternal morbidity and mortality. Identifying patients with PMH conditions and having a treatment plan will save lives.

1 Counsel on Treatment Options

- Assess for safety and severity.
- Discuss all treatment options including therapy, medications, and support services.
- Visit State Perinatal Psychiatric Access Programs (https://postpartum.net/professionals/state-perinatal-psychiatry-access-lines/) to find a program in your state.
- Call Postpartum Support International Perinatal Psychiatric Consultation and Peer Support Resources at 503-218-3818 or visit https://postpartum.net.

2 Initiate Treatment (Therapy and/or Meds)

- Start appropriate medication as clinically indicated.
- Before starting medication, screen for bipolar disorder (i.e., MDQ).
- If depression symptoms started 3rd trimester to 4 weeks postpartum consider postpartum zuranolone. See treatment options to the right.

3 Provide a Warm Handoff to Therapy

- Provide a referral (online resources available).
- The National Maternal Mental Health Hotline (1-833-TLC-MAMA) is free, confidential, 24/7.
- Follow up to confirm the patient is linked to care.

4 Schedule Close OB Follow-Up

- Arrange a close OB follow-up appointment (within 2 weeks) to monitor symptoms, treatment response, and adjust medication as needed.

5 Connect Patients to Support Resources

- Provide education about PMH conditions and support services such as home visiting programs, the National Maternal Health Hotline (1-833-TLC-MAMA), PSI Peer Support Groups, and other community or online resources.

Assess severity and counsel on treatment options:

Severity	Treatment Options
MILD	
Depression screen 10–14, anxiety screen (GAD-7) 5–9	Therapy referral, consider medication.
MODERATE	
Depression screen 15–19, anxiety screen (GAD-7) 10–14.	Therapy referral, strongly consider medication.
SEVERE	
Depression screen > 19, anxiety screen (GAD-7) >15	Therapy referral, medication treatment.
SELF-HARM	
+ Score on Self-Harm Questions	Assess safety, call for psych consult,refer to emergency services if acute safety concern.

First-line medication option:

1. SSRIs are the first line for perinatal depression/anxiety. If the bipolar screen is negative, choose a medication that has worked before. If there is no prior medication, choose Sertraline or Escitalopram.
2. Sertraline (Zoloft) 25mg qAM (if sedating, change to qHS)
3. Initial increase to 50mg after 4 days.
4. Second increase to 100mg, as needed after 7 more days.
5. Slower titration (every 10–14 days) can be helpful if antidepressant-naive or with anxiety symptoms.
6. Reassess monthly (increase by 50mg as needed until symptoms remit). Therapeutic range is 50–200mg.

ACOG Perinatal Mental Health Clinical Practice Guidelines

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