Perinatal Mood and Anxiety Consultation Service

A Resource for Vermont Community Providers

During pregnancy and the first year postpartum, a wide spectrum of emotional complications are possible. Post Partum Depression, a well known term, is just one of the Perinatal Mood and Anxiety Disorders. These disorders can undermine the health and well-being of our mothers, children, and families. As many as one in five women suffer from the symptoms of these disorders, making this one of the most common complications of pregnancy.

GOAL

Providers working with women in this important period often have questions about how to help. Women are often reluctant to ask for help. This service provides consultation and education for healthcare, mental health, and community providers . Improving awareness of perinatal emotional complications and building a knowledge base that informs practice will enhance our ability to provide care.

CONSULTATION/EDUCATION TOPICS

- Preconception planning
- Identification of risk factors
- Screening, Assessment, and Diagnosis
- Treatments
 - Recommended Psychotherapeutic models
 - Psychotropic medications
 - Considerations for decision making
 - To start, continue, discontinue, or change a medication before, during, or following pregnancy or in lactation.
- Strategies for prevention, risk reduction
- Finding local resources.



DEPARTMENT OF HEALTH

UVMHealth.org/MedCenter

CONSULTATION PROVIDED BY

Sandra Wood CNM, PMHNP Certified Nurse-Midwife Psychiatric Nurse Practitioner Specializing in Perinatal Mental Health.

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PHONE

(802) 847-4758 Toll-Free (800) 358-1144 Ask for extension 7-4758

DISCLAIMER

Information provided may used by providers in decision making and not to be taken as direct advice regarding an individually identified patient.



Perinatal Mood and Anxiety Consultation Service

This service provides consultation, education, and resources for healthcare and community providers, who have questions about risks, screening, diagnosis, treatment, and prevention of perinatal mood and anxiety disorders.

Consultation is provided by Sandra Wood CNM, PMHNP in the University of Vermont Medical Center Women's Services. Sandra is a Certified Nurse-Midwife and Psychiatric Mental Health Nurse Practitioner providing Midwifery and Perinatal Mental Health care within University Obstetrics and Midwifery Services.

Potential Topics:

What are the risk factors for perinatal mood and anxiety disorders? Are there tools for prevention of emotional complications during pregnancy or postpartum? Screening pregnant/postpartum women What screening tool(s) to use? When to screen? How to implement in your setting/agency? Follow up for at-risk scores and crisis plan? Assessment and diagnosis in pregnancy and postpartum. What can mood and anxiety disorders look like in the perinatal period? What are some tools for insomnia during pregnancy? What psychotherapy has been studied for perinatal depression? How to find resources on these treatments? What treatment options are available aside from antidepressants and psychotherapy? Prescribing Psychotropic medications What to keep in mind when making a decision with a client. to start, restart, continue, or discontinue psychotropic medications before or during the perinatal period? to start, restart, continue, or discontinue medication postpartum or in lactation? What safety information is available on a specific medication during pregnancy or lactation? Are there alternative psychotropic medications to be considered in the pre conception period, pregnancy, postpartum, in lactation? How long should conception be postponed after medication is discontinued or switched (antidepressants, mood stabilizers)? What are the best choices as an initial antidepressant for breastfeeding women? What mood stabilizers could be considered for a pregnant/breastfeeding woman with bipolar disorder? How should an infant be monitored if exposed to a medication in breast milk? What side effects might be expected for an infant? Are there strategies for reducing medication exposure in breastfeeding infants? Should any blood tests be conducted on the mother and nursing infant?

If you do not see your topic of interest in the examples, you should still feel free to make contact and we'll determine if this is an appropriate resource.

Although this information provided by this service may be utilized to make treatment decisions about a particular patient or patients, this service does not consult directly to or about individual patients, and should not be taken as direct advice about managing any individually identified patient.

Questions will generally be answered or responded to within three business days.



