

# key points

SELECTED BY

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**Perinatal mental illness influences obstetric outcomes,** mother-baby interactions and longer term emotional and cognitive development of the child. Psychiatric disorders have consistently been found to be one of the leading causes of maternal deaths, often through suicide. Postnatal depression and puerperal psychosis are two disorders most commonly associated with the perinatal period.

**The most efficient strategy to identify patients at risk relies** on focussing on clinically vulnerable subgroups: enquiries about depressive symptoms should be made at the usual screening visits. Antenatal psychosocial assessment tools may increase awareness of psychosocial risk but there is no good evidence that routine screening may lead to improved perinatal mental health. Attention should be paid to any sign of poor self-care, avoidance of eye contact, overactivity or underactivity, or abnormalities in the rate of speech. Particular care should be taken to ask about suicidal ideation and thoughts of harming others, including the baby.

**One of the most important risk factors is a previous history** of depression. The degree of risk is directly correlated with severity of past episodes. Both antenatal and postnatal depression are being increasingly recognised in men. Postnatal depression may occur in up to 26% of men three to six months postpartum. Potential risk factors include maternal depression and poor relationship.

**Puerperal psychosis is rare (around 1 to 2 per 1,000).** Sixty per cent of women with puerperal psychosis already have a diagnosis of bipolar disorder or schizoaffective disorder. Women with a personal history of postpartum psychosis or bipolar affective disorder should be considered as high risk for postpartum psychosis. All pregnant women who are identified as being at high risk should have a shared care plan for their late pregnancy and early postnatal psychiatric management. Women with current mood disorder of mild or moderate severity who have a first-degree relative with a history of bipolar disorder or postpartum psychosis should be referred for specialist psychiatric assessment.

**Cognitive behaviour and interpersonal therapy are** the most effective psychological treatments in the management of mild to moderate antenatal and postnatal depression. Tricyclic antidepressants have the lowest known risk in pregnancy and breastfeeding. All commonly used mood stabilisers are teratogenic when used in the first trimester. Use of antiepileptic medication in pregnancy is associated with increased congenital malformations (specifically neural tube defects). There is an increased risk of gestational diabetes with clozapine and olanzapine.