

Early identification and treatment of pregnancy-related mental health problems



The understanding of perinatal mental health disorders such as postpartum depression (PPD) has evolved considerably over the last several decades. The American College of Obstetricians and Gynecologists (ACOG) has provided guidance on screening, diagnosis and treatment of mood disorders in pregnancy and postpartum. UCLA has implemented a range of services to adhere to the ACOG guidelines and minimize the impact of these disorders on patients and their families.

Improved knowledge about a common condition

Postpartum depression affects as many as 10-to-20 percent of new mothers and can occur any time during the first year following childbirth, although most cases arise within the first five months. The condition can range in severity from mild to moderate; in rare cases patients can suffer psychosis and suicidal ideation. The cause of postpartum depression is thought to be multifactorial. Estrogen and progesterone levels drop rapidly following childbirth, which may precipitate changes in neurotransmitters involved in mood regulation and sleep.

PPD is different from the week or two period of “baby blues” that many new mothers experience. The National Institute of Mental Health defines the key symptoms of PPD as persistent feelings of sadness and hopelessness, crying,

Talking about depression

Obstetric patients are encouraged to discuss mental health issues with their providers, says Rashmi Rao, MD, a maternal-fetal medicine specialist.

“I tell patients I consider mental health problems as important as any other disorder,” Dr. Rao says. “We don’t feel bashful talking about hypertension or diabetes. I don’t want them to feel like there is a stigma around talking about mood disorders.”

UCLA has identified numerous opportunities for providers to recognize the risk factors and symptoms of pregnancy-related mood disorders. Early treatment can mitigate the effects of the disorder on women and their families, says obstetrician Aparna Sridhar, MD, MPH.

“There is significant impact of untreated mental health disorders on the health of mothers and babies. Studies suggest that postpartum depression can impact how infants grow, breastfeed and sleep,” she says. “During pregnancy and the postpartum, there is ample opportunity to identify people and send them for treatment. The first line of treatment is usually psychotherapy, but medications are equally important.”

anxiety, trouble sleeping, loss of interest in normal activities, changes in appetite, social withdrawal, doubting one's ability to care for the baby and thinking about harming oneself or the baby.

Identification of high-risk women

UCLA's Department of Obstetrics and Gynecology provides formal screening to detect pregnancy-related mood disorders at four times:

- The initial prenatal visit
- During the third trimester
- Following childbirth, before discharge from the hospital
- At the first postpartum visit

Screening is conducted using the Edinburgh Postnatal Depression Scale (EPDS). Scores are recorded in the patient's electronic medical record, allowing physicians to track potential changes in mood.

At any time during pregnancy, or during preconception counseling, physicians may identify risk factors that predispose a patient to postpartum depression, including a history of depression or bipolar disorder, a family history of depression, physical health problems or medical complications during pregnancy or childbirth, substance use disorders, stress at work or home, ambivalence about the pregnancy, relationship difficulties and the lack of social support. While about 10 percent of women develop PPD, mental health problems are actually more common during pregnancy with as many as 20 percent of pregnant women experiencing symptoms of anxiety or depression.

Comprehensive treatment program

UCLA is committed to the recognition and treatment of depression across the lifespan, with a special focus on reproductive-age women. Pregnancy-related depression and postpartum depression should be diagnosed as early as possible to minimize the impact to the patient and her family. Infants of women with PPD may suffer effects from the illness, including an inability to establish a maternal-child bond, poor feeding habits and delayed growth and development.

New mothers who give birth at UCLA and are unsure if they need help with postpartum mood symptoms have access to physicians or nurses through online patient portals. Women with depression symptoms can be referred for immediate evaluation and treatment. Numerous resources within UCLA can provide mental health support to pregnant women and new mothers, including behavioral and cognitive therapies, medication therapy and psychiatric care, consultation with a social worker and access to patient support groups. Patients can be referred to the Women's Life Center for evaluation and treatment of gender-specific mental health issues or the Maternal Mental Health Program for inpatient or outpatient care. PPD outpatient treatment programs include partial day programs that women attend with their babies.

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