

Persons Who Want to Get Pregnant

Facts for Non-prescribing Practitioners

This factsheet is for mental health practitioners who are caring for patients who have mental health conditions and who want to get pregnant.

Studies show that up to 20% of women suffer from mental health conditions during pregnancy and postpartum. These conditions include anxiety and depression, bipolar disorders, posttraumatic stress, obsessive-compulsive conditions and substance use. Women sometimes discontinue or avoid taking medication due to concerns such as possible risks to the fetus. This may not be the safest option because untreated mental health conditions in the mother can harm both the mother and the baby. Therefore, it is important for patients to understand the risk involved with starting, stopping or continuing medications and make decisions in collaboration with their practitioners.

Information to collect from your patients

- Current and past medical history
- Current and past pregnancy history, including previous attempts to get pregnant, infertility, miscarriages, fetal or infant loss, and medical, obstetrical or mental health complications during and after pregnancy
- Current and past psychiatric history
- Current and past prescribed or over-the-counter medications, vitamins and supplements and any side effects
- Current and past alcohol, smoking or vaping (tobacco and marijuana) and other substance use
- Available support system (e.g., family, friends, community)
- Economic or financial issues, including housing stability, food security and job security
- Current or past relationship conflicts and history of intimate partner violence
- Other mental health care practitioners involved in their care (e.g., psychiatrist or psychiatric nurse practitioner, faith-based advisors)
- If they have a psychiatrist or other practitioners involved in their mental health care (e.g., social worker, counselor, faith-based advisor)

- If they have other clinicians involved in their medical care (e.g., primary care practitioner, gynecologist)

Things to do

- Actively listen, validate and address the person's concerns and feelings and encourage them to reach out if they have concerns or experience symptoms.
- Advise that there are risks and benefits of starting, stopping or continuing psychotropic medications during pregnancy. As a non-prescribing practitioner, we recommend you consult a psychiatrist or other prescribing practitioner with expertise in this area.
- Monitor the patient's mental health symptoms and substance use and discuss results with the patient. If you are concerned that the symptoms have increased significantly or are treatment-resistant, consult the psychiatrist or prescribing practitioner.
- Contact and establish a good rapport with your patient's obstetrical and or primary care practitioner, as well as their psychiatrist or other prescribing practitioner.
- Discuss their medical history and current medications and refer them to a psychiatrist or other prescribing practitioner for a detailed medication discussion.
 - Advise patients not to stop medication on their own without consultation with their prescribing practitioner. The benefits of continuing medications may outweigh the risks of stopping medications.
 - If the patient becomes pregnant and is on lithium, valproate (Depakote) or high-dose benzodiazepines, consult with a psychiatrist or other prescribing practitioner as soon as possible, as the use of these psychiatric medications and the care of the patient may be more complex.
- Obtain consent for bidirectional communication with a psychiatrist, other prescribing practitioners and obstetrical or primary care practitioner.
- Refer to a psychiatrist or other prescribing practitioner if they do not have one.
- Involve patients in the decision-making process.

- Refer patients for prenatal care as early as possible as it helps maintain a healthy pregnancy.
- Refer patients to support services (e.g., social work) or support groups (e.g., NAMI) based on the person's needs.
- Provide pregnancy and postpartum psychoeducation.
- Discuss the risks of alcohol, tobacco and other substance use during pregnancy and advise that there are potential interactions with current medications.
- Discuss the advantages and disadvantages of breastfeeding and how it impacts the mother's sleep.
- Discuss the advantages of getting help at night (e.g., help from a family member or night nurse) to help with the newborn so the mother gets better sleep.
- Encourage self-care: Manage stress with tools such as meditation or yoga, a healthy diet, exercise and enough sleep.

Resources for you

- Pregnant and Postpartum Women | CDC
<https://www.cdc.gov/hearher/pregnant-postpartum-women/index.html>
- Healthcare Professionals | CDC
<https://www.cdc.gov/hearher/healthcare-providers/index.html>
- Before, Between & Beyond Pregnancy - Women's Health Matters
<https://beforeandbeyond.org/>
- Postpartum Support International
<https://www.postpartum.net/>
- MGH Center for Women's Health
<https://womensmentalhealth.org/>

- Perinatal Psychiatry Access Program
<https://www.umassmed.edu/lifeline4moms/Access-Programs/>
- MotherToBaby
<https://mothertobaby.org/>

Resources you can share with your patients

- Planning for Pregnancy | Preconception Care | CDC
<https://www.cdc.gov/preconception/planning.html>
- Before, Between & Beyond Pregnancy - Women's Health Matters
<https://beforeandbeyond.org/>
- Hear Her Campaign | CDC
<https://www.cdc.gov/hearher/index.html>
- Postpartum Support International
<https://www.postpartum.net/>
- MGH Center for Women's Health
<https://womensmentalhealth.org/>
- National Maternal Mental Health Hotline
<https://mchb.hrsa.gov/national-maternal-mental-health-hotline>
- National Alliance for Mental Illness
<https://nami.org/Home>

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