

INTRODUCTION

- Untreated maternal psychiatric illness has negative impacts on pregnancy and children's mental and physical health:[1,2]
 - poor prenatal care
 - poorer OB outcomes
 - increased risks of poor attachment
 - impaired social/emotional functioning in children
 - increase risk of child neglect
- Providers struggle with the balancing risks and benefits of pharmacological treatment of mental illness in pregnancy [3,4]
 - PCPs may lack the clinical experience or access to specialists to provide care to OB patients
- Improving detection and treatment of perinatal psychiatric illness is one prevention to improve child mental health outcomes

BACKGROUND

UIC Women's Mental Health and Reproductive Psychiatry Program

- **Inpatient Service**
 - Women's Service with 12 beds
 - focus on care during pregnancy and postpartum
- **Outpatient Clinics**
 - medication focused care for psychiatric disorders during different stages of the reproductive lifecycle including preconception, pregnancy, postpartum, and menopause



OBJECTIVES

- Increase understanding of the impact of untreated maternal psychiatric illness on children's psychological health
- Improve child mental health outcomes by increasing appropriate screening and treatment of maternal illness
- Integrate clinical missions of UIC Women's Mental Health and Child and Adolescent Psychiatry Programs

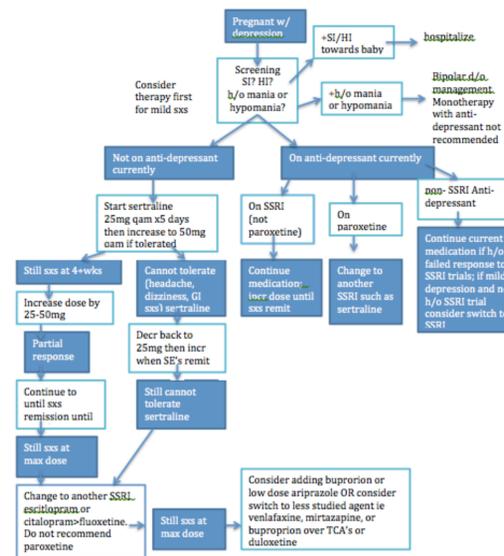
METHODS

Illinois Doc Assist

Collaborate with Women's Fellow to update and expand

Perinatal Clinical Educational Content

- **Medication charts** analyzing evidence of **psychotropics in pregnancy and breastfeeding**
- **Medication treatment guidelines** during the **perinatal period**
- **Treatment algorithms** for pregnancy/postpartum **depression**



Educational Initiatives

- promote mental health awareness in the perinatal period to **primary care providers**
- increase **perinatal depression screening, referral, and treatment**

PATIENT CASE EXAMPLE

- 39-year-old homeless African American female with schizophrenia 19 weeks pregnant who presented to OB triage 10 times in one month due to disorganization, psychosis, and somatic delusions
- Child Protective Services had removed her two older children due to neglect
- She received no regular prenatal or psychiatric care during this pregnancy

DOC ASSIST CONSULT EXAMPLE

OB: Should I discontinue my pregnant patient's sertraline two weeks before delivery to minimize risk of postnatal adaption syndrome?

EXPECTED OUTCOMES

- Improve detection, screening, and appropriate treatment of perinatal psychiatric illness
- Decrease risk of child mental illness and suffering through improved treatment of perinatal psychiatric illness
- Improve future collaboration of UIC's Women's and Child Psychiatry Programs



REFERENCES

[1] Pearson RM, Evans J, Kounali D, et al. Maternal depression during pregnancy and the postnatal period: risks and possible mechanisms for offspring depression at age 18 years. *JAMA Psychiatry* 2013; 70:1312.
 [2] Gentile S. Untreated depression during pregnancy: Short- and long-term effects in offspring. A systematic review. *Neuroscience* 2017; 342:154.
 [3] Cohen LS, Rosenbaum J. Psychotropic drug use during pregnancy: weighing the risks. *J Clin Psychiatry*. 1998;59:18-28
 [4] Wisner KL, Zarin DA, Holmboe ES, et al. Risk-benefit decision making for treatment of depression during pregnancy. *Am J Psychiatry*. 2000;157:1933-1940PubMedCrossref

Women's Mental Health Clinic:

- Create a year long weekly **continuity clinic** that treats high risk women in pregnancy and postpartum
- Incorporates the importance of the maternal child relationship
- Improve WHC's journal club curriculum and participate in weekly supervision with Adult Psychiatry Residents