

Before, Between & Beyond Pregnancy

The National Preconception Curriculum and Resources Guide for Clinicians

Guidance for Preconception Care of Women with Psychiatric Disorders

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This guidance should not be considered a substitute for clinical judgment or expert consultation.

Overview of preconception care of the woman with a psychiatric disorder

- Mood and anxiety disorders are highly prevalent among women of reproductive age.(1)
- There is evidence that the emergence of a new psychiatric illness or the relapse of a preexisting one during pregnancy is highly prevalent (10-20%). (1)
- Psychiatric disorders during pregnancy are associated with poor obstetrical outcomes, higher risk of postpartum psychiatric illness, increased rates of substance abuse, lower participation in prenatal care, adverse infant and family outcomes. (1, 2)
- Ideally, women should be SCREENED and TREATED prior to pregnancy. (1, 2)
- Identifying women with mental illness prior to conception gives an opportunity to plan conception to a time of emotional wellbeing.. (2)
- The current recommendation is that women with severe mental illness be in remission for at least one year prior to considering pregnancy. (3, 4)
- Women with a history of mood or anxiety disorder should be informed about the high risk of relapse (50-75%) when discontinuing maintenance medication.(5)
- Women with mental illness may discontinue psychiatric medications when pregnant or trying to conceive because of the fear of negative effects of medications on the

fetus. However, it is important to keep in mind that partial treatment may result in worse outcome due to the exposure of the fetus to the mother's illness as well as to the potential teratogenic effect of the medication used to treat the condition. (6)

- Identification of psychiatric disorders prior to pregnancy allows time to discuss treatment options and, if necessary, to change to a treatment regimen that exposes the fetus to less risk. (7)
- Any necessary changes in medications should be done prior to conception in order to best treat the maternal condition on the most appropriate treatment regimen and decrease the exposure of the fetus to multiple medications.(7)
- Treatment with a single medication at higher doses should be favored against multiple medications (8)
- When possible, the partner or family should be involved in the advance planning of treatment and relapse prevention. This can be particularly helpful in improving the outcome in women with poor insight, poor impulse control and cognitive impairment (7).
- Whatever treatment is chosen, it is important to have fluent communication between all health providers involved in the patient's care (7)