

Before, Between & Beyond Pregnancy

The National Preconception Curriculum and Resources Guide for Clinicians

Guidance for Preconception Care of Women with Schizophrenia

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

- Schizophrenia occurs in approximately 1–2% of women, with a common onset during the childbearing years (2)
- Women with schizophrenia are in particular need of preconception interventions (24)
- Women with schizophrenia are at high risk of congenital malformations, fetal demise, obstetrical and neonatal complications and postpartum psychosis (1,25)
- Psychosis during pregnancy can lead to fetal distress, fetal abuse, neonaticide, denial of pregnancy, failure to participate in prenatal care and to recognize the signs of labor (1,25)
- Women with schizophrenia are at a high risk of relapse during pregnancy unless their illness is treated (3,26)
- Women with schizophrenia should be identified, properly diagnosed and treated prior to conception. This can be a particularly difficult task, since several symptoms of schizophrenia, including psychosis, poor insight and cognitive impairment, can prevent a woman from accessing care and participating in treatment. They also increase the risk of noncompliance with obstetric and psychiatric care (7,24)
- They have a higher rate of unwanted and unplanned pregnancies. Compared to non-mentally ill women, women with schizophrenia have less knowledge about reproduction and birth control methods. (27)

- Women with schizophrenia have more unsatisfying sexual relationships, more sex exchange and more episodes of domestic violence. They should be educated about contraception and safe sexual relationships. (28,29)
- Women with schizophrenia are prone to use tobacco, alcohol and illicit drugs and have a poor nutritional status (7)
- Schizophrenia is associated with homelessness and low socioeconomic status. Women with schizophrenia have poor social support and often lose the custody of their children (28,30)
- Close follow up by a multidisciplinary team (obstetrician, psychiatrist, social services) may help address psychiatric, social and medical problems prior to conception and with that improve the outcomes of pregnancy (7, 24)
- Women with schizophrenia should be referred for genetic counseling prior to conception as their offspring might be at risk of developing schizophrenia. Ideally both partners should be involved in genetic counseling, as it gives them the opportunity to discuss reproductive decisions, (20,24)
- Preconception counseling provides the opportunity to educate women with schizophrenia about the physiological changes, common symptoms and emotions associated with pregnancy. (24)
- Advance planning is particularly important for women with schizophrenia since there is a risk of future delusional thinking and loss of touch with reality that could impair their capacity to comply with and/or participate in treatment. A relapse prevention plan and management strategy, in case illness recurs, should be outlined prior to conception. This should help the woman to determine her wishes regarding treatment while is stable. (7,11)
- When considering treatment options, the risks of untreated mental illness on the pregnancy needs to be weighed against the risks of the appropriate psychotropics (7,10)
- Useful treatment should not be stopped without a compelling reason (9,, 26,31)
- If the decision is to stop medications, this should be done gradually since discontinuing medications abruptly places the woman at higher risk of relapse (26)
- The current recommendation is that women with severe mental illness be in remission for at least one year prior to considering pregnancy (3, 4)
- There is substantial data about the use of typical antipsychotics during pregnancy. High potency antipsychotics (haloperidol, perphenazine, trifluoperazine) were shown to be less teratogenic than low potency ones (chlorpromazine). (6)

- Currently, atypical antipsychotics are widely used; however, there is limited data about their use during pregnancy (6)
- Atypical antipsychotics are recommended for use during pregnancy when the woman has a history of non-response to the better-studied antipsychotics or/and is at significant risk of relapse should the medication be discontinued (25)
- Atypical antipsychotics are known to increase the risk of obesity, diabetes and hypercholesterolemia. It is advisable to closely monitor these women's weight, body mass index, fasting glucose and lipid profile (6, 25)

Preconception recommendations of CDC select panel on preconception care

clinical committee: (Frieder A., Dunlop A. L., Culpepper L, Bernstein P. S. The Clinical Content of Preconception Care: Women with Psychiatric Conditions. American Journal of Obstetrics and Gynecology. Vol 199, Issue 6, Supplement B, S328-S332)

- Women of reproductive age with schizophrenia should be counseled, together with a partner or family member whenever possible, about the risks of pregnancy on their condition and the risk of their condition on pregnancy-related outcomes. They should be counseled about the importance of prenatal care, and a relapse prevention and management strategy of the illness should be outlined before the patient attempts conception. Appropriate contraception should be offered to women who do not desire a pregnancy.

Strength of recommendation: B; Quality of evidence: II-2

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