

# Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19

## Challenge:

Usual screening for mental health symptoms is more challenging now.

There are fewer in person prenatal visits, restricted exchange of screening tools especially via paper and pencil, and variable access to screening tools via patient portals.

### What Providers Can Do:

- Be aware of signs of increased depression, anxiety, and substance use.
- Use [MCPAP for Moms OB Provider Toolkit](#) for brief screening measures that can be administered verbally during telemedicine visits.
- **Contact your local psychiatry access program, if available.**

<https://www.umassmed.edu/lifeline4moms/Access-Programs/network-members-us/>

### Signs of Depression

- low mood
- sleep disruption
- changes in appetite
- increased guilt
- thoughts of low self-worth
- low energy
- decreased focus/ concentration
- hopelessness/helplessness
- thoughts of self-harm or suicide

## Challenge:

During the COVID-19 pandemic, there is an increased risk for a woman to experience her birth process as traumatic.

Many women are fearful about the impact of the pandemic on their birth experience including participation of a birth support person in the labor room, or not having usual supports around to help postpartum.

### Risk factors include:

- anxiety prior to labor
- absence of a birth partner and/or perceived lack of support during labor and delivery
- feelings of disconnection, helplessness, and isolation during labor and delivery

### What Providers Can Do:

- Remember that our usual ways of providing non-verbal reassurance are impeded by telehealth, masks, and physical distancing.
- Make direct eye contact, use clear, supportive verbal communication and attentive, focused listening.
- Consider wearing a photo ID or adding a smile to your mask to offset loss of nonverbal feedback .
- Describe in detail the process for telemedicine visits and for arriving at the hospital.
- Help patients to identify back up plans if their support person is COVID+ or becomes symptomatic.
- Encourage creative means of support like including a doula or birth partner via video-chat.
- Reassure women that visitation policies have evolved to include increased birth support.
- Discuss that hospitals and accredited birth centers remain the safest settings for delivery. Carefully weigh risks and benefits of home births if a woman is considering this option.



# Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19 (Cont'd)

## Challenge:

During this time, there is concern that all perinatal women are at increased risk for mental health conditions. Women with pre-existing mental health conditions are at risk of exacerbation of their conditions during and after pregnancy.

Visits with therapists and psychiatric prescribers may be disrupted, and mental health symptoms may be harder to identify during the course of pregnancy care. Increased stressors and changes in social connection may precipitate new or worsening symptoms.

## What Providers Can Do

### For All Women:

- Discuss concerns about labor, birth, and the postpartum period.
- Identify sources of support.
- Refer to mental health providers for individual, group therapy, and/or medication treatment as indicated.
- Therapy, peer support, and medication treatment is still available via telemedicine visits.



### For Women with Mood Disorders:

- Suggest daytime structure to ensure sleep, rest, and early morning light exposure—disrupted sleep and day/night schedules can worsen mood disorders.
- Mitigate the risks associated with isolation by emphasizing physical distance but social connectedness via video-conference or telephone with supports.
- Connect patients with parenting (and lactation, when applicable) virtual group support.
- Consider treatment with medication or psychotherapy, when indicated.

### For Women with Anxiety Disorders:

- Encourage information only from reputable sources, and limit exposure to media.
- Suggest patients explore resources to learn anxiety management skills or meditation. Apps like Headspace, Ten Percent Happier and COVID Coach are free right now.
- Recommend cognitive behavioral therapy (CBT) self-help options like the Pregnancy & Postpartum Anxiety Workbook.
- Involve women in decisions whenever possible to foster a sense of control and empowerment.
- Consider treatment with medications in the short-term, when indicated.

# Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19 (Cont'd)

## For Women with Trauma-Related Disorders:

- Be aware of signs of prior trauma.
- Screen for safety and privacy prior to and during virtual visits because women experiencing intimate partner violence (IPV) may be at further risk while self-quarantining or isolating with someone with whom they have experienced violence.
- Optimize trauma-responsive approaches by promoting autonomy and choice when able.
- Ask for permission prior to physical contact, and narrate the steps to procedures in advance, including what physical sensations might be experienced.
- Maximize privacy whenever possible.
- Involve the woman in decisions regarding her obstetric care and offer choices whenever feasible.
- Explain before labor what emergency interventions may be necessary.
- Minimize loud directives or commands.
- Be aware of nonverbal communication, and sit when speaking rather than standing over patient, whenever possible.

### Signs of Prior Trauma

- avoidance of prenatal care
- unusual fear of needles, IVs, or medical procedures
- extreme sensitivity about bodily exposure
- recoiling when touched during an exam

## For Women with Substance Use Disorders:

Current practices of self-quarantine and social distancing mimic the isolation which many people find themselves in when experiencing substance use disorders (SUDs). People with SUDs are at risk of increasing their use of substances to help manage stress especially during this time. This can result in obtaining substances from unfamiliar sources or using potentially riskier substances.

- Ask women with SUD how they are coping, if they have had any relapse, and reassure them that there are treatment options.
- Know that for women with opioid use disorders, methadone, buprenorphine (first line agents in pregnancy) and naltrexone are still available treatment options
- Suggest participation in virtual support groups, like AA, NA and Smart Recovery—for more information check [www.boston.gov/departments/recovery-services](http://www.boston.gov/departments/recovery-services).
- Refer to The Journey Recovery Project for resources specific to pregnant and postpartum women <https://journeyrecoveryproject.com/>.
- Call the MA Helpline at 800-327-5050 or view resources at [www.helplinema.org](http://www.helplinema.org) to help with finding all levels of treatment including telehealth.
- Obtain drug tests when clinically indicated or to confirm adherence to treatment. Can use other clinical signs to assess for risk of substance use such as attendance at appointments, appearance/signs of intoxication (either in-person or via telehealth). To limit exposure, would not ask patients to come in solely for drug testing, but would be reasonable to pair with an already scheduled in-person visit.

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[www.postpartum.net](http://www.postpartum.net)