

Vermont Perinatal Mood and Anxiety Consultation Service

During pregnancy and the first year postpartum, a wide spectrum of emotional complications are possible. Post Partum Depression, a well known term, is just one of the Perinatal Mood and Anxiety Disorders. These disorders can undermine the health and well-being of our mothers, children, and families. As many as one in five women suffer from the symptoms of these disorders, making this one of the most common complications of pregnancy.

GOAL

Prescribing clinicians working with women in this important period may be the first, and possibly the only, providers to see women/families struggling with PMADs. Front-line primary care, obstetric, and pediatric providers often have limited access to mental health resources and supports needed to address mental health in their perinatal patients. This service provides perinatal psychiatric consultation and resources for obstetric, primary care, pediatric, and psychiatric providers

COMPONENTS:

- Training, Toolkits, Resources
- Perinatal Psychiatric Consultation.
 - Identification of risk factors
 - Screening, Assessment, and Diagnosis
 - Treatments
 - Psychotropic medications
 - Considerations for decision making
 - Start, continue, discontinue, or change a medication before, during, or following pregnancy or in lactation.
 - Recommended Psychotherapeutic models
- Strategies for prevention, risk reduction

CONSULTATION PROVIDED BY

Sandra Wood CNM, PMHNP
Certified Nurse-Midwife
Psychiatric Nurse Practitioner
Specializing in Perinatal Mental Health.

WOMEN'S HEALTH CARE SERVICES

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PHONE

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DISCLAIMER

Consultant will not provide direct treatment only support for providers in managing the care of their patients.

This is not an emergency service

This a free service provided in collaboration with the Vermont Department of Health.



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Perinatal Mood and Anxiety Consultation Service

This service provides consultation, education, and resources for healthcare and community providers, who have questions about risks, screening, diagnosis, treatment, and prevention of perinatal mood and anxiety disorders.

Consultation is provided by Sandra Wood CNM, PMHNP in the University of Vermont Medical Center Women's Services. Sandra is a Certified Nurse-Midwife and Psychiatric Mental Health Nurse Practitioner providing Perinatal Mental Health care within University Obstetrics and Midwifery Services.

Potential Topics:

- What are the risk factors for perinatal mood and anxiety disorders?
- Are there tools for prevention of emotional complications during pregnancy or postpartum?
- Screening pregnant/postpartum women
 - What screening tool(s) to use?
 - When to screen?
 - How to implement in your setting/agency?
 - Follow up for at-risk scores and crisis plan?
- Assessment and diagnosis in pregnancy and postpartum.
 - What can mood and anxiety disorders look like in the perinatal period?
- What are some tools for insomnia during pregnancy?
- What psychotherapy has been studied for perinatal depression?
 - How to find resources on these treatments?
- What treatment options are available aside from antidepressants and psychotherapy?
- Prescribing Psychotropic medications
 - What to keep in mind when making a decision with a client.
 - to start, restart, continue, or discontinue psychotropic medications before or during the perinatal period?
 - to start, restart, continue, or discontinue medication postpartum or in lactation?
- What safety information is available on a specific medication during pregnancy or lactation?
- Are there alternative psychotropic medications to be considered in the pre conception period, pregnancy, postpartum, in lactation?
- How long should conception be postponed after medication is discontinued or switched (antidepressants, mood stabilizers)?
- What are the best choices as an initial antidepressant for breastfeeding women?
- What mood stabilizers could be considered for a pregnant/breastfeeding woman with bipolar disorder?
- How should an infant be monitored if exposed to a medication in breast milk?
 - What side effects might be expected for an infant?
 - Are there strategies for reducing medication exposure in breastfeeding infants?
 - Should any blood tests be conducted on the mother and nursing infant?

If you do not see your topic of interest in the examples, you should still feel free to make contact and we'll determine if this is an appropriate resource.

Questions will generally be answered or responded to within three business days.



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