

Supplement 1: MDD management considerations for perinatal populations

This supplement addresses the principles of care for pregnant and postpartum women. As an additional and practical resource for primary and generalist care, the principles presented here are not exhaustive of the subject matter, acknowledging that healthcare professionals in these settings may also refer or co-manage with specialists as required.



Pregnant and postpartum women

Assessment

- The Edinburgh Postnatal Depression Scale is a tailored assessment tool and may be used to assess depression symptoms in the pregnant or postpartum stage.⁹⁴
- DSM or ICD criteria informs the diagnosis of MDD. Note that sleep, energy levels, and appetite may be disrupted during pregnancy, which may be conflated with MDD symptoms.
- In addition to typical mental state assessments for adults, check for any impairments to mother-child bonding. Other factors that inform management planning include obstetric health, breastfeeding status, experience of pregnancy/parenting (including specific stressors), social or partner support, and caregiving responsibilities.⁹⁴ Problems with sleep can be addressed, if present.⁹⁵

Principles of management for patients with a diagnosis of MDD (if managing in primary or generalist care)

- Overall, psychological treatment is preferred over antidepressants for treating MDD in the perinatal period.^{16,96-98}
 - Patients in these populations tend to prefer non-pharmacological treatment.^{16,99}
 - Psychotherapy has proven efficacy for treating perinatal depression, especially cognitive behavioural therapy.^{100,101} Current evidence indicates that supportive counselling is efficacious in treating postpartum depression.¹⁰¹
- For patients at higher severity, optimise decision-making by discussing treatment options, including medications and seeking specialist advice or referral.
- Given that poor mental health is a significant contributor to maternal mortality¹⁰² and that perinatal depression may also result in adverse health outcomes for the child,^{103,104} providing antidepressant treatment is preferred over not treating perinatal depression:

Considerations for use of antidepressants in perinatal MDD

	Benefits		Risks
Pregnancy	No direct evidence of efficacy, ¹⁰⁶ although efficacy among the general adult population is well established. ³⁸	For women already receiving antidepressant treatment, discontinuation during pregnancy may be associated with increased risk of relapse. ¹⁰⁶	There is considerable uncertainty in the evidence concerning adverse outcomes with antidepressant use during pregnancy, and these adverse outcomes remain overall rare: potential risks include those to the mother (such as postpartum haemorrhage and preeclampsia) and to the child (including risk of pre-term birth and lower APGAR scores). ^{106,107,108}
Postpartum	Evidence of efficacy, though few trials have been conducted. ¹⁰⁹ Nonetheless, efficacy among the general adult population is well established. ³⁸		Uncertain as evidence on risks is limited. ^{109,110}

- If starting an antidepressant, note that international guidelines recommend SSRIs,^{18,96,111,§§} although evidence of efficacy is only established for sertraline in treating postpartum depression.¹⁰⁵ Most reports have found no adverse effects of sertraline on breastfed infants.¹¹²
- Whilst not developed specifically for the local population, references such as UKTIS, MotherToBaby, and LactMed may facilitate patient education and discussion.
- Always check if the patient is breastfeeding so that lactational safety of medications can be taken into account.
- Consider specialist input if deciding to initiate an antidepressant.

Clinical and community resources

Non-pharmacological and pharmacological interventions tailored for the perinatal population are available in tertiary care settings, such as:

- The National University Hospital Women's Emotional Health Service
- KK Women's and Children's Hospital
- Institute of Mental Health

APGAR, appearance, pulse, grimace, activity, respiration; DSM, Diagnostic and Statistical Manual of Mental Disorders; ICD, International Classification of Diseases; MDD, major depressive disorder; SSRIs, selective serotonin reuptake inhibitors; UKTIS, UK Teratology Information Service

§§ Please refer to package inserts for brand-specific indications and guidance on use in perinatal populations.

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