Mental Health and Psychopharmacology in Pregnant Veterans

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Objectives:
After presentation of our retrospective chart review, participants will be able to:
+ Discuss the overall mental health status, including diagnoses and treatment, of a population of women veterans who became pregnant during the study period.
+ Compare the demographic characteristics between veterans who chose to discontinue their antidepressants during pregnancy and those who did not.
+ Appreciate the complexity of the decision regarding antidepressant continuation or discontinuation during pregnancy and the value of an appropriate risk-benefit conversation between patient and provider.

Methods:
The VA Electronic medical record (EMR) was retrospectively reviewed for a 2-year review period to identify female Veterans seeking maternity care benefits through VA. Data were collected regarding demographics, medical, obstetric and psychiatric histories. Subject matter experts (SMEs) in psychiatry operationalized parameters for inclusion of mental health diagnoses (e.g., depressive disorders) and active use of psychiatric medications (e.g., anti-depressants, mood stabilizers). Discontinuation of prescribed psychiatric medications after learning of pregnancy were determined as 1) continued compliance, 2) self-discontinuation, or 3) provider discontinued.   Following extensive codebook training to establish interrater reliability (kappa > .90), six research assistants retrieved 505 EMRs. SMEs conducted independent EMR reviews following database creation to ensure accuracy.

Results:
Veterans ranged in age from 20 to 49 (M=31, SD=5) and the majority were black (45%), white (33%), or Latina (15%). EMR evaluation revealed high rates of depression (48.9%), anxiety (42.2%), and PTSD (40%) in this sample of female Veterans. Over half of our sample (57.2%) had a service-connected mental health disorder, and nearly one third (32.5 %) had a documented history of military sexual trauma. Approximately one half (48.9%) had a diagnosis of depression, and one third (33.3%) were prescribed antidepressants at the time they became pregnant. Of these patients who were prescribed an antidepressant at the time of pregnancy, approximately one third (34.5%) continued their antidepressant during their pregnancy. Of the two thirds who discontinued, fewer than half (47.2%) had documentation of a risk/benefit conversation with any medical provider in the VA system.

Additional results to be presented after completion of statistical analysis.

Conclusions:

Unsurprisingly, our sample of pregnant veterans had a high rate of mental health diagnoses, most prominently depression. A third of our sample was taking antidepressants at the time of their pregnancy, and a minority of these patients continued their antidepressant treatment despite the well-established safety profile of most antidepressants during pregnancy. Of those who discontinued treatment, fewer than half discussed the decision with their provider. Research shows that women are more likely to continue their medications, and feel better about their decision if they discuss the decision with their provider, offering a tremendous opportunity to support patients and their families through the pregnancy and set them up for success in the postpartum period and beyond.

Disclosures:
None.

The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.