

# A Guide for Triageing Maternal Anxiety During Covid-19

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*This document is meant to provide guidance and does not replace your best clinical judgment. Listening with compassion, normalizing the anxiety response, and getting patients connected with appropriate resources based on their symptoms is at the core of what is outlined ahead.*

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## Talking points:

We are glad you reached out for help coping with your anxiety. We are getting so many calls and messages about this and we are here to help you.

Anxiety is a **very normal response** to periods of uncertainty, like the one we are experiencing right now. And pregnancy, even in the best of times, amplifies our anxiety. In order to best help you, we are going to ask a few questions and do a brief formal assessment. Would that be OK?

- Can you tell me what worries you most today? (Note: Many women are concerned about not being able to have a support person with them in labor. Currently our policy at UCSF allows one support person on L&D as long as they do not have COVID-19 symptoms)
- Do you have a history of anxiety or depression?
  - o If yes, what has worked in the past?
  - o Do you have a therapist or psychiatrist you are currently working with?
  - o Are you currently taking any medication for anxiety or depression or have you in the past?

Thanks for answering those questions. Now we are going to go through two formal assessments to get a better idea of your symptoms. You probably did these when you started your prenatal care with us.

Please share the UCSF Department of Psychiatry “Resources to Support Your Mental Health During the COVID-19 Outbreak” webpage with all patients:

<https://psychiatry.ucsf.edu/coronavirus/families>

## **ADMINISTER GAD-7 AND PHQ-9** (in flowsheet in Apex, or send to patient via MyChart as questionnaire)

- Triage based on score

### **For GAD or PHQ $\geq 10$ \***:

Based on your answers we would like to place a referral to our Perinatal Wellness Program (PWP). We will also send you some information over MyChart for some things you can do to help take care of yourself and answers to common questions about COVID-19 and pregnancy. (**AVSMMHCOVID** and **AVSCOVDFQAQSMFM**).

\*If already connected with their own therapist, encourage follow up in lieu of referral to PWP

### **For positive response to question 9 on PHQ-9 (suicide screen)**

- In the past 2 weeks, how often have you thought of hurting yourself?
- PLAN: Have you thought about how you might hurt yourself? (Ask for details)
- INTENT: How likely do you think it is that you will act on these thoughts?
- BARRIERS: Is there anything that would prevent or keep you from harming yourself? (Ask for details)
- HISTORY: Have you ever attempted to hurt yourself in the past? (Ask for details)
- **Not at imminent risk for self-harm or suicide:** Refer to **Perinatal Wellness Program (SW)**
  - o In Epic: Ambulatory Referral to Obstetrics and Perinatology, select “social work” from list
- **Concern for imminent risk for self-harm or suicide:** Patient to be evaluated in Birth Center triage

**For patients with a primary complaint of insomnia:**

- Provide education on sleep hygiene (**AVSSLEEP**)

**Pregnancy safe pharmacologic aids for sleep:**

- Doxylamine (Unisom) 25 mg QHS PRN insomnia (OTC)
- Benadryl 25-50 mg QHS PRN insomnia (OTC)

**For patients who present with panic attacks or severe anxiety**

- Consider initiation of SSRI
  - o First line sertraline (Zoloft) Start at 25mg, then after 7d increase to 50mg, then after 7d increase to 100mg. A month after increase to 100mg, reassess and increase by 50mg every month until symptoms remit. Goal therapeutic range 50-200mg.
  - o Medication information for patients: <https://mothertobaby.org/fact-sheets/sertraline-zoloft-pregnancy/>
- Consideration may be given to a benzodiazepine to acute relief:
  - o Should also start SSRI if you give benzodiazepine Rx
  - o Ativan 0.5 mg q4-6 hours PRN severe anxiety/panic, #10
  - o Medication information for patients: <https://mothertobaby.org/fact-sheets/benzodiazepines-pregnancy/>
- Refer to OB Psychiatry to ensure appropriate treatment
  - o In Epic: Ambulatory Referral to Obstetrics and Perinatology, select “psychiatry” from list

**PLEASE SEND MESSAGE IN APEX TO AMANDA AND MARGO ABOUT ANY URGENT REFERRALS. Feel free to call Amanda with any questions: 415.439.9365 (cell)**

**Helpful Websites (**AVSMMHLINKS**):**

UCSF Department of Psychiatry “Resources to Support Your Mental Health During the COVID-19 Outbreak”

<https://psychiatry.ucsf.edu/coronavirus/families>

A toolkit from Shine on how to “Care for Your Coronavirus Anxiety”

<https://www.virusanxiety.com/>

Psychology Tools “Free Guide to Living with Worry and Anxiety Amidst Global Uncertainty”

[https://www.psychologytools.com/assets/covid-19/guide\\_to\\_living\\_with\\_worry\\_and\\_anxiety\\_amidst\\_global\\_uncertainty\\_en-us.pdf](https://www.psychologytools.com/assets/covid-19/guide_to_living_with_worry_and_anxiety_amidst_global_uncertainty_en-us.pdf)

From the World Health Organization “Mental Health and Psychosocial Considerations During COVID-19 Outbreak”

<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

From the CDC “Manage Anxiety & Stress During COVID-19”

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

2020 Mom has a list of resources to help with reducing anxiety

<https://www.thebluedotproject.org/blog/2020/3/22/resources-for-increased-anxiety>

Anxiety and Depression Association of America (AADA)

<https://adaa.org/finding-help/coronavirus-anxiety-helpful-resources>