Working with Pregnant Patients on the Psychiatric Unit

Last updated June 2024

Introduction It's not uncommon to encounter pregnant patients in a general adult psychiatric unit. Providing comprehensive care to these patients requires a solid understanding of the obstetric care needed at different stages of pregnancy, along with vigilance for potential complications. Here we review the basics of prenatal care, with emphasis on aspects that are particularly relevant in psychiatric settings.

Initial Assessment

Upon confirming a pregnancy, reach out to the ObGyn team. Depending on the stage of pregnancy at which the patient presents, the following assessments will be initiated or updated:

- **Laboratory Tests**: Blood type, Rh factor, complete blood count, urine analysis, tests for HIV, hepatitis B, syphilis screening, immunity to rubella, and a Pap smear.
- **Ultrasound**: To confirm the pregnancy's viability and establish gestational age.

Informed Consent and Capacity

- **Capacity Assessment**: The ObGyn team will seek your input to evaluate the patient's ability to make informed decisions, especially regarding invasive procedures like Cesarean sections. This involves assessing whether the patient understands the treatment's nature and purpose of the treatment, the benefits and risks involved, and whether they can communicate their decision.
- **Surrogate Decision-Making**: If the patient is deemed incapable of making informed decisions:
    - **Primary Surrogates**: Typically, a next-of-kin, such as a spouse or adult child, will make healthcare decisions on the patient's behalf.
    - **Appointed Guardian/Conservator**: In cases where no next-of-kin is available or suitable, a court-appointed guardian or conservator may need to be designated.
- **Bioethics Team Involvement**: For urgent decisions where a surrogate decision-maker is not immediately available, the hospital's bioethics team may act temporarily to ensure the patient's best interests.
- **Emergency Exception Rule**: In life-threatening situations where there is no time to secure informed consent and no surrogate is available, healthcare providers may proceed under the emergency exception rule.
- **Continuously reassess** the patient's capacity to make informed decisions and care for the infant throughout pregnancy and delivery. A lack of capacity at one stage does not necessarily imply a lack at another.

Ongoing Prenatal Care

Ensure regular ObGyn visits are scheduled:

- Monthly until 28 weeks,
- Biweekly from 28 to 36 weeks,
- Weekly from 36 weeks to delivery.

Common Pregnancy Complications

- **Gestational Diabetes**: The Obgyn team will perform an oral glucose tolerance test between 24 and 28 weeks of gestation, or possibly earlier for high-risk patients, e.g. with a history of gestational diabetes, obesity, or on antipsychotic medications like olanzapine or quetiapine.
- **Preeclampsia**: Characterized by high blood pressure and proteinuria. The ObGyn team will assess blood pressure and urine protein levels at each prenatal visit. Alert the ObGyn team if the patient develops high blood pressure between visits. Preeclampsia can lead to serious complications, including acute renal failure, seizures, placental abruption, and preterm birth.
- **Vaginal Bleeding**: Light spotting is common and generally not a concern. In cases of moderate to heavy bleeding, immediately reach out to the ObGyn team.

Labor

- Signs of labor include:
  - Regular contractions that increase in intensity and frequency,
  - Pain in the lower back radiating to the abdomen,
  - Leakage of amniotic fluid.
- Ensure that all nursing and staff members know how to contact the Labor & Delivery team after hours.

Postpartum Care

- **Monitoring for Complications**: The ObGyn team will keep a close watch for potential complications such as postpartum hemorrhage and infection. Although patients typically return to the psychiatric unit within a day of delivery, the ObGyn team will continue to oversee the patient's health during this transition period.
- **Psychiatric Relapse**: Monitor closely for signs of postpartum depression or psychosis. Early detection and intervention are critical to managing these relapses effectively.
- **Breastfeeding Support**: Provide access to breast pumps and related supplies to facilitate breastfeeding. Regular milk expression is necessary to prevent complications like painful breast engorgement and mastitis, and to maintain milk production, particularly for those planning to continue breastfeeding after discharge.

Newborn Care and Coordination

- **Immediate Postnatal Care**: After delivery, the pediatric and neonatology teams will ensure the newborn is healthy and stable. This includes assessing the Apgar score at 1 minute and again at 5 minutes after birth. This score evaluates the newborn's heart rate, breathing, muscle tone, reflex response, and skin color. Each of these five criteria is scored from 0 to 2, with total scores ranging from 0 to 10. A score of 7 to 10 is considered normal.
- **Psychosocial Care:** Continue to work with the patient's family, social services, and Child Protective Services if there are concerns about the mother's ability to safely care for the baby due to severe mental illness or active substance abuse, to determine the best course of action for the infant's living arrangements.