

**Name: Bruce Nsubuga**

## Complicated Pregnancy Case Study

**What next Questions do you have for Jamie?**

How long have you been taking buprenorphine/naloxone, and what was it prescribed for?

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**As a PMHNP, what education would you provide Jamie about buprenorphine/naloxone use in pregnancy?**

It will be essential to educate Jamie about the safety of buprenorphine/naloxone treatment to her and fetal health. Buprenorphine/naloxone is considered safe during pregnancy (Link et al., 2020). However, it will be essential for Jamie to consult with her obstetrician about the treatment. The consultations will help monitor the pregnancy and prepare for possible effects on fetal health. Notably, buprenorphine/naloxone treatment could lead to neonatal abstinence syndrome (NAS) that would require pharmacotherapy after birth (Ordean & Tubman-Broeren, 2023). In addition, it will be essential to educate Jamie on the importance of continued engagement with her addiction treatment program for relapse prevention. Jamie will also receive additional information about local support groups and resources that could help her in the recovery journey.

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**What education can you provide to Jamie regarding her concerns?**

Firstly, I would provide education on pain management during

labor and delivery. I would explain that her concerns about pain during labor and delivery are valid but reiterate that healthcare providers are well-equipped to manage pain effectively and safely. I would also discuss different pain relief options available, including intravenous pain medications, epidurals, and non-pharmacological techniques such as relaxation techniques, position changes, and breathing exercises. I would encourage Jamie to discuss about her pain management concerns and preferences with her obstetrician before the due date. Secondly, I would educate her about the importance of continued medication-assisted treatment during her pregnancy. As supported by evidence, MAT significantly reduces the risk of relapse and enhances adherence to prenatal care (Macfie et al., 2020). I would emphasize that continuing her treatment will reduce the risk of her baby being born addicted to opioids. Thirdly, I would educate Jamie about trauma-informed care, acknowledging her traumatic experiences during the first delivery. In this regard, I would suggest therapy or counselling to help Jamie address her post-traumatic stress symptoms and help her process the memories. Fourthly, I would remind and emphasize that she could have a positive pregnancy experience despite her worries. I would encourage her to focus on prenatal care and bonding with the baby, while also educating her on strategies such as mindfulness exercises and relaxation techniques to manage her anxiety.

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### **What screening tools would be appropriate to use with Jamie?**

In selecting appropriate tools, I would focus on the specific symptoms and suspected disorders, Jamie's comfort and willingness to complete the assessments, the ease of administration, and the availability of validated versions for pregnant individuals. However, the following tools would form the foundation of the assessment: Edinburgh Perinatal Depression Scale (EPDS), Perinatal Obsessive-Compulsive Scale (POCS), the Perinatal Anxiety Screening Scale, and the Trauma Screening Questionnaire (TSQ). The first three validated instruments would enable context-specific and specific

information about symptoms of depression (Levis et al., 2020), obsessive-compulsive behaviors (Pereira et al., 2022), and anxiety (Koukopoulos et al., 2021) during the prenatal period. TSQ would enable the measurement of PTSD symptoms (Kjeruff et al., 2021). Combining the instruments would help address her issues and develop a tailored intervention plan.

### **Given the information you currently have on Jamie, what other questions would you ask her regarding her current symptoms?**

I would consider asking Jamie the following questions.

- a. Could you describe the symptoms of anxiety that you have been experiencing, like restlessness, muscle tension or others?
- b. How have the symptoms been affecting your daily life and functioning recently?
- c. How often have you been experiencing distressing thoughts, memories, or nightmares related to the past traumatic event?
- d. I noticed some mild symptoms of depression; can you describe them and the specific times of the day or situations when you experience the symptoms?
- e. Have you had any thoughts of self-harm or suicide or harming your unborn child? If so, could you offer some more details about the thoughts?
- f. Have you discussed the symptoms with your husband or other support systems?
- g. What techniques or strategies have you been using to manage your symptoms?
- h. Have you found any specific coping strategy being helpful for you?
- i. Are there other friends or family members you feel comfortable seeking support from or confiding in?
- j. What are your preferences regarding treatment options for the symptoms?

### **List 3-5 differential diagnoses for Jamie.**

The potential diagnoses to consider include:

- a. Post-Traumatic Stress Disorder: Jamie's high score on the PCL-5, along with distressing memories and rumination of the previous traumatic childbirth experience, suggest the possibility of PTSD. The anxiety symptoms could also be linked to the traumatic experience.
- b. Generalized Anxiety Disorder (GAD): Jamie's elevated score on the GAD-7 indicate severe anxiety symptoms that could suggest GAD. She has been experiencing excessive worries about the possibility of her child being born addicted to opioids. The worries have affected her daily life and functioning significantly.
- c. Major Depressive Disorder (MDD): Although Jamie's PHQ-9 score is relatively low (6), it is important to consider a diagnosis of MDD. Indeed, the score falls within the cut-off for mild depression. Symptoms such as low mood, sleep disturbances, and potential effect on her ability to enjoy her pregnancy could be considered indicative of MDD.

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**Of your differentials, which diagnoses would you, the PMHNP, choose as a primary diagnosis to work on for today's session?**

As a PMHNP conducting a session with Jamie, the choice of a primary diagnosis to work on during today's session would depend on several factors, including the severity of symptoms, the impact on her functioning, and her current distress. In this regard, I would focus on PTSD. The decision is based on Jamie's high PCL-5 score, distressing memories related to her traumatic childbirth experience and the significant impact of these symptoms on her emotional well-being. The traumatic memories are denying Jamie a chance to enjoy her second pregnancy and may affect her childbirth experiences.

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**Describe your pharmacologic treatment regimen below, including medication chosen (if any) and why; risks, benefits, side effects and alternatives as well as relationship to trimester should also**

## be included.

In addressing Jamie's psychiatric symptoms, a balanced approach that minimizes risks to herself and the unborn baby would be essential. Trimester considerations are critical in the choice of the medications. Evidence associates some medications used in treating mental health problems with teratogenic effects on unborn children during early pregnancy (Sun et al., 2022). Sertraline would be selected as the first-line treatment for her symptoms. The selective serotonin reuptake inhibitor (SSRI) is used in treating anxiety, and depression. Sertraline has low placental-to-infant passage compared to other common antidepressants such as fluoxetine and citalopram, making it safe during the first trimester (Anderson et al., 2020; Heinonen et al., 2021). However, therapeutic drug monitoring is essential during its administration considering inter-individual variations in maternal concentrations during pregnancy. Preterm birth and neonatal withdrawal syndrome are possible risks with sertraline if taken up to the third trimester. The side effects associated with sertraline include nausea, insomnia, vomiting, headache, agitation, and decreased sex drive. Non-pharmacological interventions could be considered as possible alternatives depending on the patient's preferences and severity of the symptoms. Trauma-focused therapy would be a crucial alternative or adjunct treatment in addressing PTSD symptoms. In addition, cognitive-behavioral therapy (CBT) and mindfulness-based interventions could be beneficial alternatives because of their benefits in reducing potential risks to the fetus.

## What patient education will you provide regarding your chosen medication?

Providing comprehensive education about sertraline would be critical to her treatment. First, I would educate Jamie about the purpose of the medication, emphasizing its effects on anxiety, depression, and PTSD symptoms. I would discuss its benefits in

improving her mood and alleviating the symptoms, as well as reducing complications related to untreated mental health disorders during pregnancy. I would also educate the patient about the potential side effects associated with sertraline, including changes in sexual function, nausea, and vomiting that may aggravate hyperemesis gravidarum (morning sickness). I will also explain the slight but possible risk of neonatal withdrawal symptoms if the treatment continues to the third trimester. I would encourage her to engage her primary care provider or obstetrician for regular monitoring of drug concentration to avoid adverse fetal outcomes. It will be essential to advise Jamie to avoid alcohol or other substances that could interact adversely with sertraline leading to the worsening of the side effects. Finally, I will provide clear instructions on how to take the medication, emphasizing the importance of adherence and reporting any unexpected effects such as the emergence of suicidal ideations.

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### **What non-pharmacologic treatment options would you suggest for Jamie?**

The following non-pharmacological interventions could benefit Jamie.

- a. Psychotherapy, including CBT and trauma-focused CBT (TF-CBT) could help her identify and modify negative thought patterns and behaviors. It would benefit in treating anxiety, depression, and trauma-related symptoms.
- b. Mindfulness meditation and yoga could provide awareness of her thoughts and emotions and enhance stress reduction and coping.
- c. Joining a support group of people experiencing similar challenges could help her with a sense of belonging, enhance coping with her trauma, and improve her focus on positive childbirth experiences.

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### **What education do you provide to her?**

Pertaining the effect of sertraline on the unborn baby, I would reiterate that the medication poses a low risk of NOWS compared to other SSRIs but she should seek frequent monitoring. In addition, I would emphasize that sertraline is relatively safe during breastfeeding. However, I will educate her on the need to weigh the benefits of breastfeeding against her concerns about medication exposure. I will recommend that she discusses her breastfeeding plan with her primary care provider for personalized guidance and monitoring of the baby's development while breastfeeding. I will explain that the decision to continue, taper, or discontinue the medication during breastfeeding should involve consultations with her healthcare team. For the postpartum period, I will educate her about the possibility of postpartum depression and anxiety. I will provide comprehensive information about the signs of postpartum depression or anxiety and the need to seek help if she experiences the symptoms. I will also discuss the possibility of adjusting her medication dosage or treatment plan postpartum if she has concerns. Finally, I will encourage her to maintain open communication and consult the healthcare team for regular monitoring and reporting any new or worsening symptoms throughout her pregnancy.

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### **What will be your safety plan and follow up plan for Jamie?**

Her safety plan will include a list of readily available emergency contacts that she can reach in case of a mental health crisis. In addition, education on the recognition of warning signs of worsening mental health symptoms would be included in the plan. The follow-up plan will include regular appointments for monitoring, support, medication management, mental health assessment, and reassessment of the safety plan.

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### **Please enter any additional information you would like to include on this case.**

The complexity of case underscores the significance of a multidisciplinary approach to Jamie's care. Comprehensive care will depend on collaboration and information sharing among different professionals to tailor interventions to her needs and optimize the outcomes.