It takes a village - A multidisciplinary approach to catatonia in pregnancy
Mariella Suleiman MD, Ahmad Mohammed MD, Patricia Paparone MD
Maimonides Medical Center, Department of Psychiatry, Brooklyn, NY

Introduction

- Limited data is available on how to approach catatonia in pregnancy [1]
- Benzodiazepines (BZD) remain the drugs of choice for catatonia [2]
- Electroconvulsive therapy is also a safe and effective treatment modality for various psychiatric disorders in pregnancy including catatonia [3]
- Clinicians continue reporting lack of knowledge and low level of comfort managing mental health concerns in pregnancy, especially if potentially life-threatening

Case Presentation

- 38-year-old primigravid patient with a diagnosis of schizoaffective disorder, presented to the ER in her 3rd trimester denying her pregnancy, lacking prenatal care, and in a catatonic state (Bush-Francis Score: 12) in the setting of medication non-adherence

Symptoms:

- Pacing
- Non-purposeful excessive movement
- Minimally verbal
- Negativism, turning away from staff members
- Intermittently hostile
- Posturing
- Combative

Medications:

- Lorazepam 1mg PO TID
- Paliperidone 9mg PO QHS
- Paliperidone LAI

- A contingency plan was made for safe transportation of the patient in case of pregnancy related emergencies or onset of labor
- She began acknowledging her pregnancy and engaging in discussions about her baby’s health
- There was resolution of psychosis; she acknowledged that she thought people were trying to kill her.
- Our multidisciplinary care team decided to transfer the patient from inpatient psychiatry to OB to await delivery with consult-liaison psychiatric follow up.
- She successfully participated in normal vaginal delivery at term

Lessons learned

Initially the focus was on stabilizing psychiatric symptoms in order to participate with obstetric exams

An individualized plan is necessary

Frequent multidisciplinary meetings were a primary reason for safe care delivered to this patient

Discussion

The benefits of treatment outweighed the risk of neonatal abstinence syndrome

The benefits of BZD in 3rd trimester outweighed the risk of congenital malformations

A multidisciplinary approach is essential

References