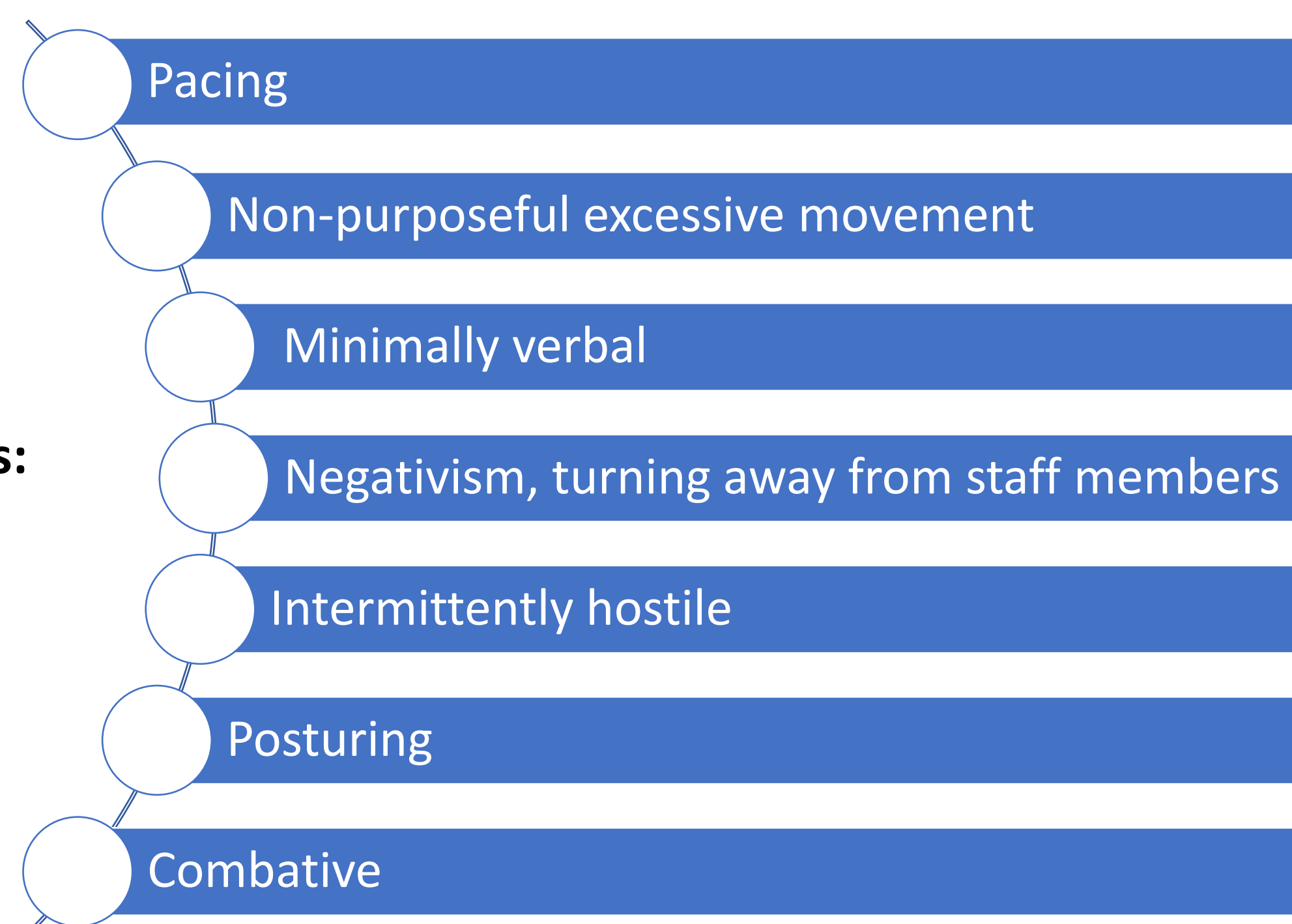


Introduction

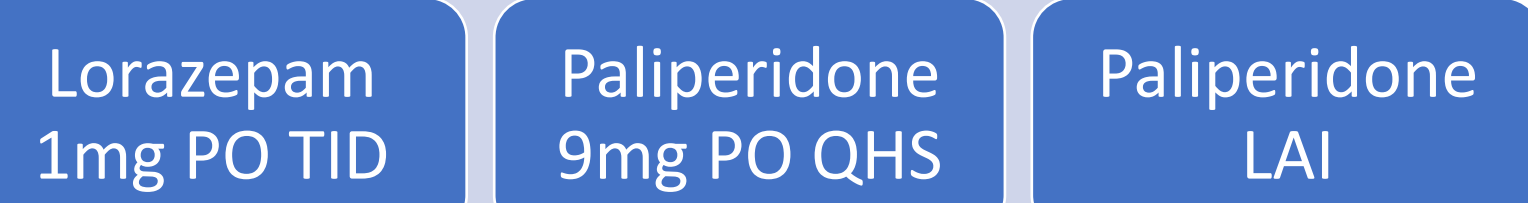
- Limited data is available on how to approach catatonia in pregnancy [1]
- Benzodiazepines (BZD) remain the drugs of choice for catatonia [2]
- Electroconvulsive therapy is also a safe and effective treatment modality for various psychiatric disorders in pregnancy including catatonia [3]
- Clinicians 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



Medications:



- 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

Discussion

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

Lessons learned



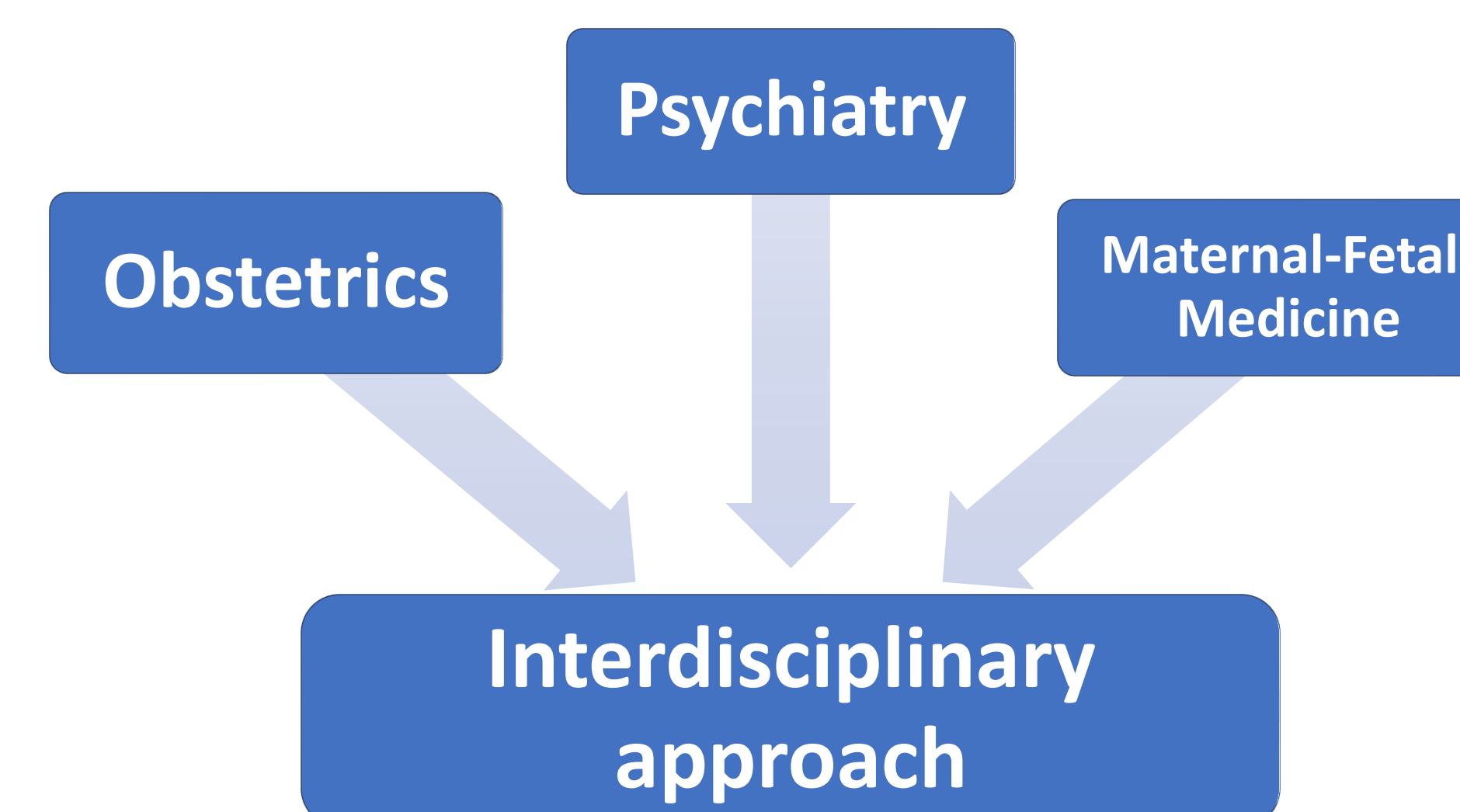
The **benefits of treatment outweighed the risk** of neonatal abstinence syndrome

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

A multidisciplinary approach is essential

DSM-5 criteria for catatonia

Stupor
Catalepsy
Waxy flexibility
Mutism
Negativism
Posturing
Mannerism
Stereotypy
Agitation
Grimacing
Echolalia
Echopraxia



References

[1]Daniels, Jessica. "Catatonia: Clinical Aspects and NEUROBIOLOGICAL CORRELATES." *The Journal of Neuropsychiatry and Clinical Neurosciences*, vol. 21, no. 4, 2009, pp. 371-380., doi:10.1176/jnp.2009.21.4.371.

[2]Sienaert, Pascal, et al. "A Clinical Review of the Treatment of Catatonia." *Frontiers in Psychiatry*, Frontiers Media S.A., 9 Dec. 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4260674

[3]Ward, Heather Burrell, et al. "Recommendations for the Use of Ect in Pregnancy: Literature Review and Proposed Clinical Protocol." *Archives of Women's Mental Health*, vol. 21, no. 6, 2018, pp. 715-722., doi:10.1007/s00737-018-0851-0.

[4]"Continuous Single Drawn One Line Pregnant Woman Hand Drawn Picture Silhouette Vector Illustration, Mother, Pregnant, Vector Png and Vector with Transparent Back...: Line Art Drawings, Silhouette Vector, Line Art." Pinterest, <https://www.pinterest.com/pin/847450854881110928>

[5]August;17(8):16-26, *Current Psychiatry*. 2018, and MD Amelia N. Dubovsky Steven L. Dubovsky. "Catatonia: How to Identify and Treat It." *MDedge Psychiatry*, 11 Dec. 2018, <https://www.mdedge.com/psychiatry/article/171089/schizophrenia-other-psychotic-disorders/catatonia-how-identify-and-treat?channel=293>.