Management of ADHD in the Perinatal Period

Treatment of ADHD in the perinatal period is important to preserve overall functioning of the patient, as well as in some cases, to effectively control symptoms of disorders commonly comorbid with ADHD such as depression, anxiety, and substance abuse.

Please reference the algorithm below when caring for perinatal patients with ADHD:

1. Confirmation of diagnosis of ADHD
2. Review target symptoms, triggers, and current treatment (pharmacologic and non-pharmacologic)
3. Review co-morbidities and optimize treatment therein (e.g., is undertreated mood/anxiety disorder contributing to their "ADHD" symptoms?)
4. Optimize non-pharmacologic treatments
   - psychoeducation, cognitive training
   - behavioral interventions: time-management, organizational and planning abilities
   - reduce workload/driving
5. Pursue trial off of ADHD medication if this has not been done in recent memory; assess level of functioning/impairment:
   a. mild to moderate ADHD/functional impairment: **stop medication**
   b. moderate ADHD with co-morbidities (depression/anxiety): **consider PRN stimulant use**
   c. severe ADHD/functional impairment: **continue meds**

Mild ADHD *(Minimal Functional Impairment Off Medication)*	**Moderate ADHD** *(Some Functional Impairment Off Medication)*	**Severe ADHD** *(Significant Functional Impairment, Including Driving)*
Optimize sufficient non-pharmacologic management strategies and ensure self-management strategies in place	Optimize non-pharmacologic strategies; consider when necessary use of stimulant	Maintain medication, consider closer obstetric monitoring for fetal growth and hypertensive disorders of pregnancy

Above is adapted using content from this article:

- Baker, A. S., & Freeman, M. P. (2018). Management of Attention Deficit Hyperactivity Disorder During Pregnancy. Obstetrics and Gynecology Clinics of North America, 45(3), 495–509. https://doi.org/10.1016/j.ogc.2018.04.010