

Table 1. Prevalence of Bipolar Disorder and Bipolar-Spectrum Mood Episodes in the Perinatal Period<sup>a</sup>

Article Identifier	Perinatal Status			Overall Rates of Bipolar Disorder		Rates of Mood Episodes That Occur in the Perinatal Period			
	Pregnant	Postpartum	Population	Rates	Notes on Study Calculation of Overall Rates	Manic Rates	Depressive Rates	Mixed Rates	Notes on Study Calculation of Episode Rates
Celik et al 2016 <sup>51</sup> (n = 63)		X	All	4.8%–17.5%	MDQ original scoring (7 + 2) method <sup>b</sup> used (4.8%) and alternate MDQ scoring (7+ only) <sup>c</sup> used (17.5%)	No rates; see Notes for scores	22.2%–42.9%	NA	mHCL-32 used to measure manic symptoms (27.0% had 13+ symptoms but validated criteria are higher; therefore, does meet criteria for potential manic/hypomanic episode); EPDS used to measure depressive episodes (42.9% positive); BDS used to measure depressive episodes (22.2% positive)
Clark et al 2015 <sup>30</sup> (n = 1,279)		X	All	3.3%	MDQ original scoring (7 + 2) method <sup>b</sup> used (3.3%) in all participants; for those that screened positive on EPDS and/or MDQ, SCID was used (37.0%)	NA	11.1%	NA	EPDS used to measure depressive episodes (11.0% positive in all participants, 66.7% in those MDQ+; 91.2% in those with BD per SCID)
			MDQ+	100% <sup>d</sup>		NA	66.7%	NA	
Driscoll et al 2017 <sup>45</sup> (n = 159)	X	X	BD only	100% <sup>e</sup>	SCID used	No rates; see Notes for scores	No rates; see Notes for scores	NA	Scales were used to measure differences between women who continued or discontinued psychiatric medications in pregnancy/PP. SIGH-ADS and HDRS used to measured depression at points in pregnancy—the mean scores were similar across groups and of mild/moderate severity; SIGH-ADS and HDRS scores tended to be lower PP for all groups. MRS used to measure mania—similar, low scores across all groups in pregnancy and PP
Dudek et al 2014 <sup>31</sup> (n = 344)		X	All	3.8%–25.5%	MDQ original scoring (7+2) method <sup>b</sup> used (3.8%), alternate MDQ scoring (7+ only) <sup>c</sup> used (25.5%), and alternate MDQ scoring (8+ only) <sup>f</sup> used (15.1%)	NA	16.0%	NA	EPDS used to measure depressive episodes (16.0% positive in all, 65.6% positive in MDQ+ using 7+ only scoring, 72.1% positive in MDQ+ using 8+ only scoring)
			MDQ+	100% <sup>d</sup>		NA	65.6%–72.1%	NA	
Giardinelli et al 2012 <sup>32</sup> (n = 590)	X		All	1.5%	SCID used	NA	21.9%	NA	EPDS used to measure depressive symptoms in pregnancy and postpartum, but neither rates, scores, nor associations with bipolar disorder reported; in pregnancy, overall 12% scored 10–12, 10% > 13; postpartum, 7.6% scored 10–12, 5.6% > 13.
		X				NA	13.2%	NA	
Jaeschke et al 2017 <sup>33</sup> (n = 434)		X	All	4.6%–23.7%	MDQ original scoring (7+2) method <sup>b</sup> used (4.6%) and alternate MDQ scoring (7+ only) <sup>c</sup> used (23.7%)	NA	15.2%	NA	EPDS used to measure depressive episodes (15.2% positive overall; 24.3% positive in those MDQ+; 12.4% in those MDQ–)
			MDQ+	100% <sup>d</sup>		NA	24.3%	NA	
Kim et al 2006 <sup>34</sup> (n = 154)	X		All	3.9%	MDQ original scoring (7+2) method <sup>b</sup> used	NA	22.1%	NA	PRIME-MD PHQ used to measure depressive episodes (14.3% screened positive for minor depression, 7.8% for major depression)
Kimmel et al 2015 <sup>46</sup> (n = 93)	X	X	BD/MDD	32.3% <sup>e</sup>	SCID used	NA	16.2%–44.0%	NA	SCID used to measure current depressive episodes (30.8% developed postpartum depression in BD; 44.0% developed postpartum depression in MDD, 39.5% overall); Overall, 25% remained well all through perinatal period; 25% were depressed in pregnancy but recovered and were well postpartum; 33.9% were depressed all perinatal period; 16.2% were well in pregnancy but developed PPD.
		X	BD	100%		NA	30.8%	NA	
Kumar et al 2016 <sup>35</sup> (n = 152)		X	All	0%	MINI used	NA	27.0%	NA	MINI used to diagnose depressive episodes (27.0% with depressive disorder NOS)
Masters et al 2019 <sup>36</sup> (n = 574)	X	X	All	8.7%–18.8%	MDQ original scoring (7+2) method <sup>b</sup> used (8.7%) and alternate MDQ scoring (7+ only) <sup>c</sup> used (18.8%)	NA	22.5%	NA	EPDS used to measure depressive episodes (22.5% positive overall; 55.6% positive in those MDQ+)
			MDQ+	100% <sup>d</sup>		NA	55.6%	NA	
Pingo et al 2017 <sup>37</sup> (n = 57)		X	All	0%	SCID used	31.6%	15.8%–45.6%	17.5%	Highs scale used to measure hypomanic episodes at 3 days PP (31.6%); EPDS used to measure depressive episodes at 3 days pp (15.8% positive) and 6 weeks PP (45.6%); 17.5% positive on both highs and EPDS at 3 days PP to measured mixed episodes
Pope et al 2013 <sup>38</sup> (n = 147)	X	X	MDD/BDII	36.1% <sup>e</sup>	SCID used	No rates; see Notes for scores	NA	NA	YMRS used to measure hypomanic symptoms (40.8% score > 3, but validated criteria cutoff is higher; therefore, does meet criteria for potential manic/hypomanic episode)
Robakis et al 2015 <sup>39</sup> (n = 98)	X	X	Combined	8.2% <sup>e,g</sup>	SCID used	NA	No rates, see notes for scores	NA	EPDS was used to measure depressive symptoms: mean postnatal EPDS scores were 5.81 for women with no mood disorder history, 6.86 for women with history of unipolar depression, and 12.25 for women with history of bipolar disorder, respectively
Sharma and Xie 2011 <sup>40</sup> (n = 125)		X	MDD/BD	45.6%–48.0% <sup>e</sup>	MDQ original scoring (7+2) method <sup>b</sup> used (45.6%) and alternate MDQ scoring (8+ only) <sup>f</sup> used (48.0%); SCID used (45.6%)	NA	NA	NA	NA
Sharma et al 2013 <sup>41</sup> (n = 53)	X		BDII	100% <sup>e</sup>	SCID used	8.1%	43.2%	NA	SCID used to measure hypomanic and depressive episodes; 51% had a mood episode while pregnant; 70.3% had a mood episode postpartum; 8.11% had 1+ hypomanic episodes in pregnancy and 43.24% had 1+ depressive episodes in pregnancy; 27.03% had 1+ hypomanic episodes in pregnancy and 43.24% and 1+ depressive episodes in pregnancy
		X				27.0%	43.2%	NA	
Sharma et al 2014 <sup>47</sup> (n = 146)	X		MDD/BDII	37.0%	SCID used at start (37.0%) and MINI at end (41.1%) to see conversion rate to BD	NA	NA	NA	NA
		X		41.1%		NA	NA	NA	
Sit et al 2014 <sup>42</sup> (n = 192)	X		Combined	26.0% <sup>e,g</sup>	SCID used	NA	NA	NA	NA
Solé et al 2019 <sup>48</sup> (n = 200)	X		Combined	50.0% <sup>e,g</sup>	SCID used	NA	NA	NA	NA
Uguz et al 2019 <sup>43</sup> (n = 1,154)		X	All	0.2%	SCID used	NA	NA	NA	NA
Vesga-López et al 2008 <sup>49</sup> (n = 1,524)	X	X	All	2.9%	AUDADIS-IV used	NA	NA	NA	NA
Wisner et al 2004 <sup>50</sup> (n = 37)	X		BD	100%	SCID used	NA	NA	NA	Episodes compared between medicated (VLP) and non-medicated groups; hypomanic/manic episode postpartum (6.7% in VLP vs 9.1% in non-medicated); mixed episode PP (6.7% in VLP vs 18.2% in non-medicated); depressive episode PP (53.3% in VLP vs 45.5% non-medicated); any episode PP (66.7% in VLP vs 72.7% non-medicated)
		X		100% <sup>e</sup>		7.7%	50.0%	11.5%	
Wisner et al 2013 <sup>44</sup> (n = 826)		X	All PPD	NA 22.6%	SCID used (22.6% in those with postpartum depression)	NA NA	14.0% 100% See Notes for association	NA NA	EPDS used (14.0% overall, 100% in those with postpartum depression); higher EPDS cut points more predictive of BD than MDD or others

<sup>a</sup>Table 1 presents prevalence of BD and bipolar-spectrum mood episodes by study in this review. Perinatal status indicates when the sampling was done—during pregnancy only, postpartum only, or both. Population describes the group of women in the denominator of the reported rates; all indicates that there were no pertinent exclusion criteria and the sample ostensibly represents the “general” perinatal population; MDQ+ is reporting rates for the subset of the sample that had a positive MDQ score (and thus probably have BD); BD only is reporting rates only in women with BD preceding the perinatal period. Rates or rate ranges are reported both for prevalence of BD and by mood episode type. Finally, Notes elaborate more on the specifics of how rate measurements were conducted.

<sup>b</sup>Original scoring (7 + 2) method = screen is considered positive if individuals report at least 7 of 13 symptoms associated with bipolar disorder and that these co-occurred and caused a significant impairment to their life.

<sup>c</sup>Alternative scoring (7+ only) method = screen is considered positive if individuals report at least 7 of 13 symptoms associated with bipolar disorder, without any supplementary questions.

<sup>d</sup>Examining symptoms within the participants that were MDQ+ only.

<sup>e</sup>Studies not included in lifetime prevalence calculation summaries because diagnoses/symptoms were part of inclusion criteria/were confirmatory rather than diagnostic.

<sup>f</sup>Alternative scoring (8+ only) method = screen is considered positive if individuals report at least 8 of 13 symptoms associated with bipolar disorder, without any supplementary questions.

<sup>g</sup>Combined = includes participants with mood disorders and asymptomatic participants as controls.

Abbreviations: AUDADIS-IV = Alcohol Use Disorder and Associated Disabilities Interview Schedule-*DSM-IV*, BD = bipolar disorder, BDS = Beck Depression Scale, EPDS = Edinburgh Postnatal Depression Scale, GA = gestational age, HDRS = Hamilton Depression Rating Scale, MDD = major depressive disorder, MDQ = Mood Disorder Questionnaire, mHCL-32 = Modified hypomania Checklist, MINI = Mini-International Neuropsychiatric Interview, MRS = Mania Rating Scale, NA = not applicable, NOS = not otherwise specified, PP = postpartum, PPD = postpartum depression, PPH = postpartum hypomania, PRIME-MD PHQ = Primary Care Evaluation of Mental Disorders Patient Health Questionnaire, SCID = Structured Clinical Interview for *DSM-IV*, SI = suicidal ideation, SIGH-ADS = Structured Interview Guide for the Hamilton Depression Rating Scale–Atypical Depression Supplement, VLP = valproate, YMRS = Young Mania Rating Scale.