



PREGNANCY AND POSTPARTUM MENTAL HEALTH: IDENTIFICATION, SUPPORT & RESOURCES

Wendy N. Davis, PhD
OCTOBER 2020
11:00 AM – 12:30 PM pacific



POSTPARTUM SUPPORT INTERNATIONAL

Oregon Home Visiting Meeting
Perinatal Mental Health
Webinar

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POSTPARTUM SUPPORT INTERNATIONAL

English & Spanish Support
Connects with local support volunteers and resources
"Chat with an Expert" Phone Forums For Moms and Dads
Educational DVDs – English and Spanish
Online Video-Based Support Groups
Professional Trainings and Conferences

www.postpartum.net
1-800-944-4PPD
1-800-944-4773

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Portland Area Support for Families



- www.babybluesconnection.org
- Call or text 1-800-557-8375
- Support for Portland and Vancouver Parents
- Facilitated peer-to-peer groups
- Mom and Dad groups
- Private FB groups for parents

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Myths & Stigma in Mental Health for Parents

- Social myths, like selfless motherhood and joyful parenthood, make parents feel worse when they feel down.
- Parents feel guilty and embarrassed about the feelings and thoughts that arise with depression and anxiety.
- Most depressed moms/parents don't recognize that what they are feeling is depression; they feel they are failing.



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Obstacles to Care

- Shame and Fear
- Provider Misinformation
- Cultural Taboos
- Provider Accessibility



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The Challenge

- How do we reassure parents when they are afraid to disclose that they need help?
- How can we help them when they don't know what's wrong?
- Our challenge is to reduce shame and normalize the new parent's need for support
- Treatment will not lead to full recovery if shame is not addressed



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Message to Parents

- **You are not alone**
 - Other parents experience this
 - Support is available
- **You are not to blame**
 - This is not something you caused
 - This is not a reflection of you as a parent
- **With help, you will be well**
 - All symptoms are treatable
 - It is okay to need help
 - It will get easier



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Home Visiting 2020

- Unexpected stress and the new normal
- How do we reach for our best goals?
- Stressful realities and creative solutions



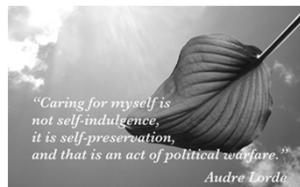
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Caring for Yourself

- Self-Awareness
 - Stressors
 - Traumas/Triggers
- **What is my role vs. What do they need?**
- Where is your support?
- Where can you access information?
- Using supervision



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How does parent's mental health impact home visitor goals?

- › Emotional health and support system directly affect family's ability to work toward goals
- › Important to assess emotional and mental health before identifying goals
- › If they are depressed or anxious, common suggestions might not work well
- › Parents might appear to be accepting suggestions but might be overwhelmed and incapable of taking the first step



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Home Visitors and PMDs

- › What are the aspects of Home Visiting that make it such an effective way to address maternal mental health?
- › Are there any aspects of home visiting that make it more difficult to address the subject?



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Adjustment, Blues, or Beyond?

- › New parenthood is always a big adjustment
- › Even normal "Baby Blues" can be rough
- › How do we know who is at risk?



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Mood or Mood Disorder?

- Severity
- Timing
- Duration
- History
- Functionality



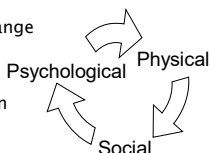
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Causes of PMADs

- **Physical**
 - Genetic Predisposition
 - Sensitivity to hormonal change
- **Psychosocial Factors**
 - Inadequate support
 - Perfectionism, Superwoman
- **Concurrent Stressors**
 - Sleep disruption
 - poor nutrition
 - health challenges
 - Interpersonal stress
 - Cultural stress and barriers



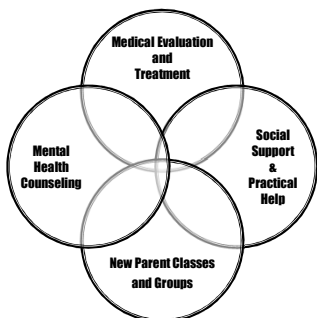
Domenech (2000); de Paúl and Domenech (2000);
Schuetze and Eiden (2005)

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Treatment Options



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Ruling Out Other Causes

- PTSD
 - Birthing Trauma
 - Undisclosed trauma or abuse
- Thyroid or pituitary imbalance
- Anemia
- Side effects of other medicines
- Alcohol or drug use



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Cultural Diversity



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Culturally Responsive Approach


- Sensitivity & Receptivity
- Humility: “teach-me” approach
- Check your judgments, assumptions, and expectations about motherhood and parenting practices



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Risk Factors

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Evidence Based Risk Factors

- ▶ Previous PMDs
 - Family History
 - Personal History
 - Symptoms during Pregnancy
- ▶ History of Mood Disorders
 - Personal or family history of depression, anxiety, bipolar disorder, eating disorders, or OCD
- ▶ Significant Mood Reactions to hormonal changes
 - Puberty, PMS, hormonal birth control, pregnancy loss




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Evidence Based Risk Factors

- ▶ Endocrine Dysfunction
 - Hx of Thyroid Imbalance
 - Other Endocrine Disorders
 - Decreased Fertility
- ▶ Social Factors
 - Inadequate social support
 - Interpersonal Violence
 - Financial Stress/Poverty
 - High Stress Parenting
 - Military Families
 - Teen Parents
 - Moms of Multiples




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Contributing Factors for PMDs

- ▶ **Childbearing & Infant Complications**
 - Pregnancy
 - Birth
 - Breastfeeding
- ▶ **Age-related stressors**
 - Adolescence
 - Perimenopause
- ▶ **Climate Stressors**
 - Seasonal Depression or Mania
- ▶ **Perfectionism** and high expectations



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Risk Factor Check List

- ☐ It's hard for me to ask for help.
- ☐ I've had trouble with hormones and moods, especially before my period.
- ☐ I was depressed or anxious after my last baby or during my pregnancy.
- ☐ I've been depressed or anxious in the past.
- ☐ My mother, sister, or aunt was depressed after her baby was born.
- ☐ Sometimes it's hard to slow down: I don't need to sleep, have lots of new ideas, and feel very restless.
- ☐ My family is far away and I don't have many friends nearby.
- ☐ I don't have the money, food or housing I need.

If you checked three or more boxes, you are more likely to have depression or anxiety during pregnancy or postpartum. Reach out for help to reduce your risk.


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Definition: Perinatal Mood Disorders

- ▶ Can begin any time during or after pregnancy, including loss
- ▶ Might merge with baby blues or start later
- ▶ Onset any time in the first year postpartum
- ▶ Common triggers for later onset
 - Hormonal Triggers
 - Rapid Weaning
 - Hormonal birth control
 - Increased family stress
 - Return to work
 - Illness or hospitalization
 - Loss and grief



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Other Perinatal Mental Health Issues

- ▶ Grief Reactions
- ▶ Postpartum Exhaustion
- ▶ Endocrine Disorders
- ▶ Substance Abuse and Dependency



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STUDY OF 10,000

- ▶ 21% had postpartum depression
 - 68.5% primary diagnosis was unipolar depression
 - 66% with MDD had comorbid anxiety disorders, most commonly generalized anxiety disorder
 - 22.6% of the women were diagnosed with bipolar disorder
 - 19.3% of the women endorsed thoughts of harming themselves

Wisner KL, Sit DKY, McShea MC, et al. *JAMA Psychiatry* March 2013

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Types of Perinatal Mood Disorders (PMADs)

- ▶ Prenatal Depression or Anxiety
- ▶ Major Postpartum Depression
- ▶ Postpartum anxiety or panic disorder
- ▶ Perinatal obsessive-compulsive disorder
- ▶ Post-Traumatic Stress
- ▶ Bipolar Disorders
- ▶ Postpartum Psychosis



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Mental Health in Pregnancy



- Rates in pregnancy are just as high as postpartum
- Distress in pregnancy often discounted by providers as normal pregnancy complaints
- Prenatal Anxiety tends to be intense and persistent
- Pregnancy and infant loss also cause distress and increase risk for mental health challenges

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DEPRESSION: Pregnancy OR Postpartum

- Sadness, Crying Jags
- Feeling overwhelmed
- Irritability, Agitation, Anger
- Sleep Disturbance
- Appetite Changes
- Mood Swings
- Apathy
- Exhaustion



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ANXIETY: Prenatal & Postpartum

- Normal new parent worry vs. anxiety disorder
- Possible Symptoms
 - Panic Attacks
 - Insomnia
 - Low appetite
 - Fears:
 - losing control, illness, danger, fainting
 - Physical symptoms:
 - shaky, dizzy or short of breath



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Postpartum Anxiety & Panic

- *"I finally told my husband that he and my daughter would be better off without me—that I was not a good mother or wife. I felt like things were never going to get better—that I would never feel happy again. The only way out was to die."*



...*"I am going to act as though everything is fine and I am terrified of what lies ahead."*

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Picking Up Cues

- Depression
 - Withdrawn
 - Distance
 - Flatness of facial expression & voice
 - Anger and irritability
- Anxiety
 - Repetitive fears & questions
 - Over-protective
 - Too well put-together
 - Above-average fear of others taking care of baby



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Perinatal Obsessive-Compulsive Disorder (OCD)



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Obsessive Compulsive Disorder

- Intrusive, repetitive thoughts—usually of harm coming to baby
- Tremendous guilt and shame
- Horrified by these thoughts
- Hypervigilance
- Engage in behaviors to avoid harm or minimize triggers



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Post-Traumatic Stress Disorder



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Post Traumatic Stress Disorder

- Cheryl Beck “Trauma is in the eye of the beholder”
- Trauma = perceived threat to the psychological or physical well being and safety of self or loved one
- Shattered Expectations



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Picking up Cues – PTSD

- Avoiding contact with childbirth providers or locations
- Distancing from partner
- Nightmares and emotional flooding
- Recurring feelings and ruminating about birth or past trauma
- PTSD vs General Anxiety?
 - PTSD focuses on the trauma
 - Generalized anxiety focuses on many sources of anxiety



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Bipolar Disorders



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Bipolar Disorders



50% of women with bipolar disorder are first diagnosed in postpartum period



60% of bipolar women present initially as depressed postpartum



If prescribed antidepressant w/out mood stabilizer, at risk of cycling into mania



85% of bipolar women who go off their medications during pregnancy will have a bipolar relapse before the end of their pregnancy

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Bipolar I vs Bipolar II

- Severity of the mania distinguishes the two
- Bipolar I has manic episodes
- Bipolar II has hypomanic episodes
- Bipolar II: longer and more severe episodes of depression

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Symptoms of Bipolar II

- Periods of severe depression
- Hypomania
 - Distinct period of persistently elevated, expansive or irritable mood
- Anxiety
- Irritability
- Racing thoughts, talkative, distractibility
- Psychomotor agitation
- Decreased need for sleep
- Grandiosity, Over-driven re goals

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Understanding Bipolar II

- Over 60% misdiagnosed with unipolar depression
- Over 35% suffered for 10 or more years with incorrect diagnosis (Bipolar Depression, Current Psychiatry, 2004)
- “PPD Imposter” (Beck & Driscoll, 2006 Sichel & Driscoll 1999)
- www.psycheducation.org
Jim Phelps, MD

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Postpartum Psychosis

- 1-2 per thousand births
- Early Onset – usually first two weeks
- Delusions (e.g. baby is possessed by a demon)
- Hallucinations (e.g. seeing someone else's face instead of baby's face)
- Insomnia
- Confusion/disorientation
- Rapid mood swings
- Waxing and waning (can appear and feel normal for stretches of time in between psychotic symptoms)

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"I pretended I was delighted in order not to make other people alarmed. But I was steadily getting worse, and soon resented having to change and feed Elizabeth."

A deep male voice started talking to me, coming to me at times I couldn't predict. He told me I was so bad at being a mum that Elizabeth would be better off if I were dead."

The voice told me that Elizabeth was sent by the devil. Then, when I began to fantasise about hurting her, I knew it was time to seek help."

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Low Risk vs High Risk?

- **Low Risk – Anxiety and OCD**
 - Mother doesn't want to harm baby
 - Extreme anxiety related to thoughts
 - Mother has taken steps to protect baby
 - Mother has no delusions or hallucinations related to harming baby



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High Risk of Harm

▸ High Risk – Psychosis

- Mother has delusional beliefs about the baby; e.g. that the baby is a demon or supernatural
- Thoughts of harming baby are ego-syntonic (mother thinks they are reasonable and/or feels tempted to act on them)
- Mom appears to have less anxiety when indulging in thoughts/behaviors

▸ History of Violence/Abusive Behavior

- Mother has a labile mood or impulsive behavior
- Mother has a history of violence

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Don't Forget the Partners

- Dads and other partners also experience stress, anxiety, and depression.



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How do we support partners?

- ASK how they are doing
- Use Inclusive Language
- Include them in visits and conversation
- Ask for their stories
- Remember and respect diversity



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Depressive Symptoms in Dads

- › Research: 10% of Fathers
- › Initial high after birth may give way to depression
- › Rather than sadness, men may be more likely to be irritable, angry
- › Distancing: “Checking Out”
- › Distractions and Habits



James F. Paulson, et al, Pediatrics, Aug 2006 2012

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Assessment

Tools, Talk, and Observation

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Home Visitor Role

- › Normalize emotions and mental health
- › Avoid judgment
- › Use active listening skills
- › Use screening tool
- › Find out what she knows
- › Menu of options
- › Share resources & referral



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Drawing Her Out

- Reassurance First
- Many parents feel _____.
How is it for you?
- Is becoming a parent
(having another baby)
different than you
expected?



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Conversation Tips: Myths and Stigma

- *"Becoming a parent can be a tough transition. We talk to all our families about emotions and mental health. How do you feel emotionally?"*
- *"Lots of people feel like being a new parent is harder than they expected. How has it been for you?"*
- *"It looks like you're taking good care of your baby. Parenthood can be hard work. When do you take breaks? How are you finding time to take care of your own needs too?"*



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Assessment : The Basics

- **Moods:** Intensity, Duration, Volatility
- **Appetite**
- **Pains**
- **Sleep**
- **Support System**
- **Self-Harm**




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Screening

"You Can't Tell By Looking"



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Screening vs. Diagnosis


Important

- Screening tools **are not** diagnostic
- Women with a positive screen should be referred to a mental health professional trained in Perinatal Mood Disorders for assessment, clinical evaluation and a formal diagnosis

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After Screening and Scoring

- Normalize screening and scoring
- Review screen regardless of score
- Give Resources and Options
- Facilitate connection with resources
- Make appt with client for follow up



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Small Steps to Healthy Goals

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Essential Elements of Recovery

- ▶ Reliable information about perinatal mental health
- ▶ Reassurance and Connection
- ▶ Physical wellbeing
 - Informed medical care
 - Rule out other causes
 - Good nutrition
 - Rest
- ▶ Practical support
 - Help with childcare and housework
- ▶ Emotional expression and support
- ▶ Time and faith



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Conversation Tips

- ▶ *"Remember that you will feel better, one step at a time. It helps to start with small steps, and build from there."*
- ▶ *"We can make a shopping list of easy foods right now if you'd like."*
- ▶ *"Yes, they say you 'need to exercise', but they might forget how hard it can be to get going. It is really helpful to start small. For example, you can step outside for a few minutes each day, then you can add a little walk next, and build up from there."*

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Reducing stress during recovery

- › Break down goals to small, achievable steps
- › Check expectations and perfectionism
- › Teach her the wisdom of saying YES to help and NO to stress



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Self-Care Strategies



- › Supportive relationships
- › Connection
- › Healthy nutrition
- › Physical activity
- › Sleep/rest
- › Take breaks
- › Positive coping strategies
- › Stress-reduction techniques
- › Reach out for help (practical and supportive)



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Sharing Resources and Referrals



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Helping her reach out

- › Listen to her without judgment
- › Encourage or help her call PSI or local group for telephone or email support
- › Encourage or help her talk to her healthcare and mental health provider

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Reassurance and Next Steps

- › *Thank you for telling me how you're feeling*
- › *It sounds like you might be having some depression or anxiety*
- › *I want to make sure you get all the support you need. Let's slow down for a moment right now and figure that out together*
- › *So many moms/parents go through this – it's not your fault, you didn't cause it.*
- › *Reaching out like this is a sign of what a good parent you are, even though you feel like you're struggling right now.*

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Peer Support




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Counseling

"Put out the fire before you rewire the house"
Susan Hickman, Ph.D., MFCC




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RESOURCES for Parents



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PSI Online Support Groups
English or Spanish

WEEKLY ONLINE SUPPORT MEETINGS

- » Join the meeting from your computer, tablet or smartphone.
- » Get comfortable, grab a cup of coffee!
- » Listen and share your story as a mom.
- » Meeting in Spanish offered!

GO TO: WWW.SUPPORTGROUPSCENTRAL.COM/PSI
AND CLICK THE JOIN BUTTON!



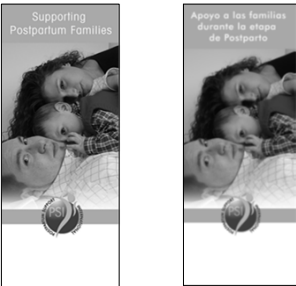
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PSI Educational Brochures English & Spanish

www.postpartum.net/resources/psi-brochure/



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PSI Public Awareness Posters

"You are not alone"



www.postpartum.net/resources/psi-awareness-poster/

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PSI Educational DVD




- ▶ Healthy Mom, Happy Family
- ▶ 13-minute DVD
- ▶ www.postpartum.net/resources/psi-educational-dvd/
- ▶ Stream or Buy PSI DVDs Online
<https://vimeo.com/ondemand/postpartumvideo>

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EDUCATIONAL VIDEOS



Postpartum Depression in African American Community PSA

- ▶ PSI Educational DVDs – promo/trailer link
<https://vimeo.com/ondemand/postpartumvideo>
- ▶ PSI Public Service Announcements
 - 7 PSAs available to view or download/share on Vimeo
 - www.postpartum.net/news-and-blog/publicserviceannouncements/



Help for Postpartum Depression and Anxiety PSA

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PSI Social Media

- ▶ Facebook Open Page:
www.facebook.com/PostpartumSupportInternational
- ▶ Facebook Closed Group:
www.facebook.com/groups/25960478598/
- ▶ Twitter: @postpartumhelp
- ▶ Instagram @postpartumsupportinternational
- ▶ VIMEO: <https://vimeo.com/postpartumsupport>
- ▶ YouTube Channel:
<https://www.youtube.com/user/postpartumvideo>

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www.smartpatients.com/ppd



Postpartum Support International (PSI) is proud to partner with Smart Patients to offer this online community, where women can receive peer support in a private space where they can feel comfortable sharing openly. The Smart Patients Postpartum community complements the programs of PSI to provide the education and comfort to pregnant and new mothers suffering from perinatal mood and anxiety disorders like postpartum depression, postpartum anxiety, postpartum PTSD, postpartum psychosis and postpartum obsessive and compulsive disorders.

One of PSI's main goals is to make mothers and families aware that effective help is available, that they can get better, and that PSI can help them find knowledgeable providers who understand how to treat PPD.

Join Smart Patients, ask a question, participate in the discussions and support others who can learn from you.

Learn from other patients.
 Patients often become extraordinarily knowledgeable about their disease. You can too.

- Online health forum for medical and mental health challenges
- PSI staff moderates the PMAD forum
- Can be anonymous

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PSIDirectory.com



PSI PERINATAL PROVIDER DIRECTORY
 START YOUR FREE LISTING TODAY!

Postpartum Support International | www.postpartum.net | 800-944-4773


<https://psidirectory.com>

- Share with Families
- All trained in Perinatal Mental Health
- Integrated with PSI Support Network
- Psychotherapists, Psychiatrists, Physicians, Support Groups, PMH-Cs

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Discussion Tool



Perinatal Mental Health Discussion Tool

As many as 1 in 7 moms (1 in 10 dads) experience symptoms of depression and anxiety during the postpartum period. People of every age, income level, race and culture can develop Perinatal Mood and Anxiety Disorders (PMADs) during pregnancy and within the first year after delivery. This tool can help track your symptoms and discuss them with your healthcare provider.

www.postpartum.net/resources/discussion-tool

As many as 1 in 7 moms (1 in 10 dads) experience symptoms of depression and anxiety during the postpartum period. People of every age, income level, race and culture can develop Perinatal Mood and Anxiety Disorders (PMADs) during pregnancy and within the first year after delivery. This tool can help track your symptoms and discuss them with your healthcare provider.


Being your own advocate is okay and you deserve to be well. Download or bring our discussion tool to your provider.

If you would like to help us translate this tool in to other languages, please contact us communications@postpartum.net

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PSI National Psychiatric Consultation Line



PSI Psychiatric Consult Line:
 1-800-944-4773 Ext 4

Perinatal Psychiatric Consult Service

Medical prescribers can call our free consultation line. Within 24 hours of calling you will be connected with an expert perinatal psychiatrist who can provide advice on diagnosis, treatment and medication management for preconception, pregnant and postpartum women.

For medical prescribers

Medical prescribers can call the **PSI free national perinatal psychiatry consultation line.**

Within 24 hours of request, callers are connected with an expert perinatal psychiatrist who provides advice on diagnosis, treatment and medication management for preconception, pregnant and postpartum women.

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 Visit us at Postpartum.net

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Resources: medication in pregnancy & breastfeeding

- ▶ InfantRisk: 806-352-2519
<http://www.infantrisk.com/>
- ▶ MotherToBaby: 866-626-6847
<http://www.mothersbaby.org/>
- ▶ Mass General Women's Health
www.womensmentalhealth.org



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Contact Information

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Postpartum Support International
800-944-4773 helpline
503-894-9453 office
www.postpartum.net

Oregon Help
www.postpartum.net/locations/oregon/

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