

Overview of Perinatal Mental Health


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- In relation to this presentation, I declare that I have no financial disclosure or conflicts of interest with the presented material.
- I do not own the right to any included images.


Introduction


- Master of Social Work
- Licensed Clinical Social Worker- Perinatal Mental Health Counselor
- Board Chair Idaho Chapter of Postpartum Support International
- Worked at Saint Alphonse since 2014
- Worked in the mental health since 2010
- Mom of two 😊


Learning Objectives

 Understand the signs and symptoms of perinatal mood and anxiety disorders as well as the factors that would identify a woman as high-risk for these disorders.

 Develop knowledge of screenings and assessment tools. Understand how to interpret screening results.

 Discuss the impact of political influence and environmental stressors

 Learn about additional support services and resources for both the patient and provider

 Develop knowledge of prevention and treatment options

Who are we referring to?

- “Perinatal Mental Health” and “Maternal Mental Health” both refer to the mental health during pregnancy and/or the postpartum period.
- In the United States, the postpartum period is defined as up to a year postpartum.

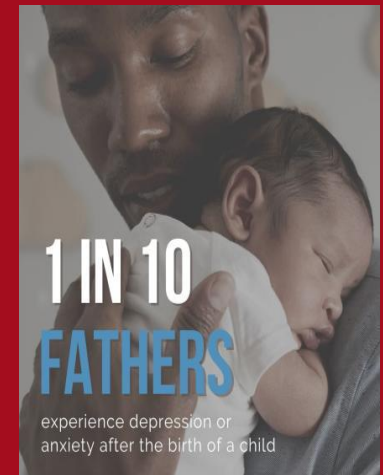


Created by Karen Kleiman & Molly McIntyre for The Postpartum Stress Center (Familius, March 1, 2019)

Introduction to PMADs



- **Perinatal Mood and Anxiety Disorders** are the #1 complication of childbearing (Postpartum Support International)
 - Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most under diagnosed obstetric complication in America. (AAP)



- One third of women around the world feel their birth was traumatic – a risk factor for PMADs.
- PMADs do not discriminate – cuts across all demographics around the world (teens, parents of multiples and people of color, however, have twice the rate of PMADs).
- We must reduce the stigma of this common issue, increase identification/assessment of PMADs and improve access to treatment.
- Perinatal Mood and Anxiety Disorders are 100% treatable and 100% curable.

PMAD Statistics

The Baby Blues

- 80% of all new mothers
- Normal – not a disorder; usually resolves itself within 2 weeks

Postpartum Depression and Anxiety

- 1 in 7 new mothers or 21.9% (total population of *reported cases*), 1 in 5 mothers within first year
- 38% of mothers of color
- 1 in 10 new fathers – postpartum depression
- Does not always resolve without treatment

Psychosis

- 1-2 per 1000 new mothers; sudden onset usually within 2-4 weeks postpartum
- Medical emergency

(Source: Postpartum Support International; JAMA Psychiatry)

Symptoms

Postpartum Depression

- Anger/irritability, guilt, hopelessness, fear, loss of interest/pleasure, mood swings
- Anxiety about feeling depressed
- Lack of concentration
- Intrusive or unwanted thoughts**
- Changes in appetite, weight/sleep

Postpartum Anxiety

- Constant or near constant worry
- Panic attacks/restlessness
- Feelings of dread/fear bad things will happen
- Very physical: heart palpitations, hyperventilation, sweating, shakiness/trembling, nausea/vomiting

Symptoms can overlap

Symptoms Cont'd

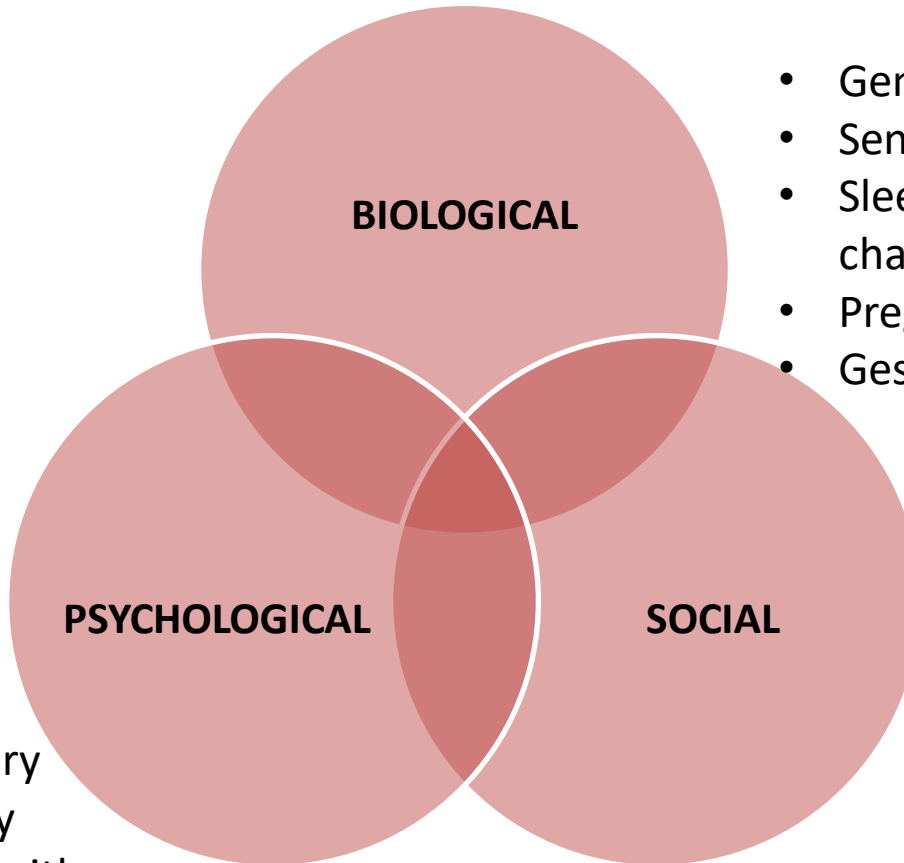
Postpartum Psychosis

- Delusions/hallucinations
 - Significant irritability
 - Hyperactive/decreased need for sleep
 - Significant mood changes
 - Poor decision making
- *5% suicide rate *4% infanticide rate

Other Perinatal Mental Health Disorders

- Bipolar Disorder
 - 70% who stop medication become significant ill during pregnancy
- Panic Disorder
 - 10% of postpartum women
- Posttraumatic Stress Disorder (PTSD)
 - Up to 9% of postpartum women
- Obsessive-Compulsive Disorder (OCD)
 - Up to 11% of women will develop symptoms

(Source: Postpartum Support International)



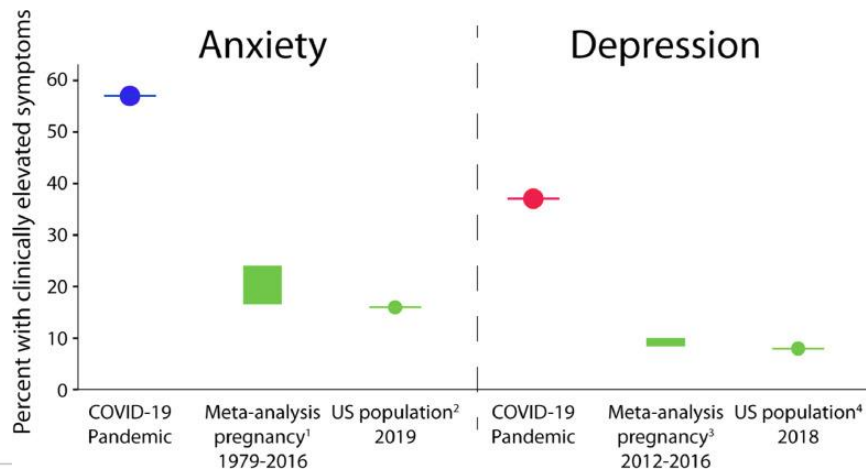
- Genetic vulnerability
- Sensitivity to hormonal changes
- Sleep/circadian rhythm changes
- Pregnancy complications
- Gestational diabetes

- Unplanned or unwanted pregnancy
- Stressful life events
- Socioeconomic status
- Lack of perceived support
- Single parenting

- Coping skills
- Feelings of inadequacy
- Self-esteem
- Depression
- Anxiety
- Trauma History
- Abuse History
- Relationship with their own mother

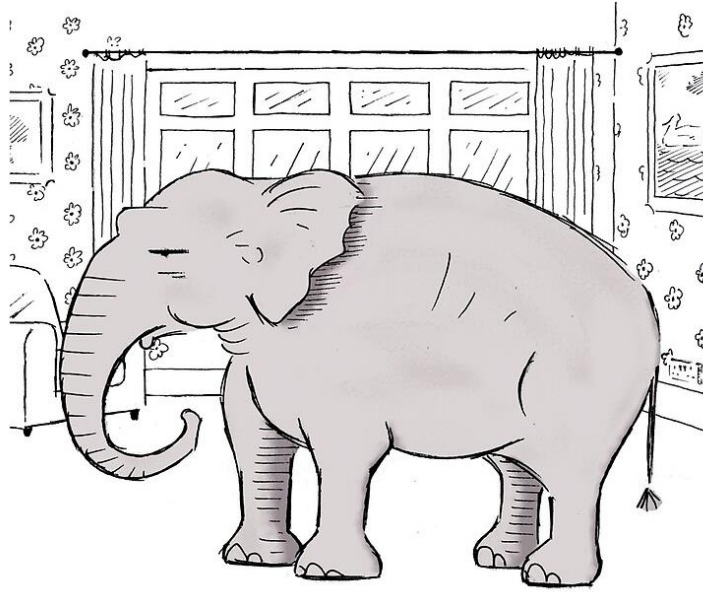
Pandemic/COVID-19

- Studies show that during the COVID-19 pandemic there was an increase in both postpartum depression and anxiety (1 in 3 experienced PMADs)
 - Concerns about lack of access to necessary pre/postnatal care, partners not allowed to attend doctor's visits, limited family at birth/post birth.
 - Concerns about own life, baby's health, relationship strain, isolation.
- Social support and physical activity are protective factors during the postpartum period but particularly during the pandemic.



Legislative Impact

- Access and availability of maternal care
- Fertility treatments
- Financial hardship
- Potential for unfavorable outcomes



"Just pretend I'm not here..."

- Healthcare coverage
- Fear of dying during childbirth
- Domestic violence
- Emotional impact

What Does This All Mean?

Barriers to Treatment

Patient

Lack of detection
Fear/stigma
Limited access

Provider

Lack of training
Discomfort
Few resources

Systems

Lack of integrated care
Screening not routine
Isolated providers

Women do not
disclose symptoms
or seek care

Underutilization
of Treatment

Unprepared providers,
With limited resources

Poor Outcomes

Screening and Assessment Tools

- Who can screen?
 - Any provider who interfaces with pregnant or postpartum women
- When should I screen and how frequent?
 - First prenatal visit and at least once per trimester of pregnancy
 - First postpartum visit (appx 6 weeks postpartum), 6 months postpartum, 1 year postpartum
 - Pediatric appointments (usually 3, 6, 9 months)

SCREENING TOOLS: COMMONLY RECOMMENDED TOOLS FOR DETECTING MATERNAL DEPRESSION AND ANXIETY

One

Patient Health Questionnaire (PHQ 2, 4, or 9)

includes 2, 4, or 9 questions. The PHQ 4 detects depression and anxiety though currently underutilized. Given its brevity, this tool is an effective first-line ultra-brief screener

Two

Generalized Anxiety Disorder (GAD 3 or 7)

offers both a short (3 question) and long (7 question) screener to detect generalized anxiety and worry associated with other anxiety-related disorders.

Three

Edinburgh Pregnancy/ Postnatal Depression Scale (EPDS)

is a 10-question survey specific to the perinatal period, to detect depression which also includes two questions about anxiety.



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Scoring
 < 10- Depression Unlikely
 >/= 10 Possible Depression
 >/= 13 Probable Depression

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <p><input type="checkbox"/> As much as I always could</p> <p><input type="checkbox"/> Not quite so much now</p> <p><input type="checkbox"/> Definitely not so much now</p> <p><input type="checkbox"/> Not at all</p> | <p>*6. Things have been getting on top of me</p> <p><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</p> <p><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</p> <p><input type="checkbox"/> No, most of the time I have coped quite well</p> <p><input type="checkbox"/> No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things</p> <p><input type="checkbox"/> As much as I ever did</p> <p><input type="checkbox"/> Rather less than I used to</p> <p><input type="checkbox"/> Definitely less than I used to</p> <p><input type="checkbox"/> Hardly at all</p> | <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, some of the time</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, never</p> | <p>*8. I have felt sad or miserable</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> |
| <p>4. I have been anxious or worried for no good reason</p> <p><input type="checkbox"/> No, not at all</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Yes, very often</p> | <p>*9. I have been so unhappy that I have been crying</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Only occasionally</p> <p><input type="checkbox"/> No, never</p> |
| <p>*5. I have felt scared or panicky for no very good reason</p> <p><input type="checkbox"/> Yes, quite a lot</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No, not much</p> <p><input type="checkbox"/> No, not at all</p> | <p>*10. The thought of harming myself has occurred to me</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Never</p> |

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Screening & Assessment Tools

Alternative Diagnostic Tools

- Postpartum Depression Screening Scale (PDSS)
- Mood Disorder Questionnaire (MDQ)
- Obsessive Compulsive Inventory (OCI 12 or 4)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
- Beck Depression Inventory II (BDI)
- Brief Pregnancy Experience Scale (PES)
- Tilburg Pregnancy Distress Scale (TPDS)
- Perceived Prenatal Maternal Stress Scale (PPNMSS)

Non-Diagnostic Tools

- “Could I Have Postpartum Depression ?” Checklist
- Perinatal Mental Health Discussion Tool
- Postpartum At-Risk Checklist



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 medical provider. Being your own advocate is okay and you deserve to be well.

I have been experiencing the following symptoms: (please mark all that apply)

- Feeling depressed or void of feeling
- Feelings of hopelessness
- Lack of interest in the baby
- Trouble concentrating
- Brain feels foggy
- Feeling anxious or panicky
- Feeling angry or irritable
- Dizziness or heart palpitations
- Not able to sleep when baby sleeps
- Extreme worries or fears (including the health and safety of the baby)
- Flashbacks regarding the pregnancy or delivery
- Avoiding things related to the delivery
- Scary and unwanted thoughts
- Feeling an urge to repeat certain behaviors to reduce anxiety
- Needing very little sleep while still functioning
- Feeling more energetic than usual
- Seeing images or hearing sounds that others cannot see/hear
- Thoughts of harming yourself or the baby

Risk Factors

Below are several proven risk factors associated with postpartum depression (PPD) and postpartum anxiety (PPA). Knowing these risk factors ahead of time can help you communicate more effectively with your family and medical provider and put a strong self-care plan in place.

Please mark all risk factors that apply:

- History of depression or anxiety
- History of bipolar disorder
- History of psychosis
- History of diabetes or thyroid issues
- History of PMS
- History of sexual trauma or abuse
- Family history of mental illness
- Traumatic pregnancy or delivery
- Pregnancy or infant loss
- Birth of multiples
- Baby in the NICU
- Relationship issues
- Financial struggles
- Single mother
- Teen mother
- No or little social support
- Away from home country
- Challenges with breastfeeding

RESOURCES

www.postpartum.net

- **PSI Helpline:** For local resources please call 800-944-4773 or text us at 503-894-9453. We can provide information, encouragement, and names of resources near you.
- **FREE Online Weekly Support Groups:** Lead by a trained facilitator. For days and times please visit: <http://www.postpartum.net/get-help/psi-online-support-meetings/>
- **FREE Psychiatric Consult Line:** Your medical provider can call 800.944.4773 x 4 and speak with a reproductive psychiatrist to learn about medications that are safe for you to take while pregnant and breastfeeding. <http://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>

** This is not a diagnostic tool and should not take the place of an actual diagnosis by a licensed professional. **



The patient may not feel safe or comfortable disclosing symptoms. Listen to what your patient is saying and pay attention to their behavior. PMADs can sound like....

- I feel like running away
- I don't feel like myself anymore
- I'm a bad person and a bad mother
- I feel like I am going crazy
- No one understands
- I'm never going to feel like myself again

Partner may report

- I never know what to expect when I get home
- Will my partner ever be the same
- Something is wrong and I don't know how to help

Support Role of Provider



- Normalize the experience and explain that PMADs are common during the pregnancy and postpartum period
- Provide education on prevalence and signs/symptoms of PMADs
- Provide non-judgmental listening and support
- Be mindful of how treatment options are presented
- Debrief after delivery and answer questions
- Address fears related to Child Protective Services
- Destigmatize medication
- Debunk societal pressure to “bounce back” or be “super mom”
- Risks related to untreated perinatal mood disorders often outweigh the risks of treatment

Considerations After A Positive Screen

- Assess severity and comorbidities
 - Comorbidities include but are not limited to PTSD, eating disorders, substance abuse and medical causes (TSH, CBC, B12, Vitamin D and folate)
- Consider all treatment and support options
- Consider patient preference
- Consider treatment risks/benefits



Mild depression

No suicidal ideation

Able to care for self/baby

Engaged in psychotherapy

Depression has improved with psychotherapy in the past

Strong preference and access to psychotherapy

Moderate/severe depression

Suicidal ideation

Difficulty functioning caring for self/baby

Psychotic symptoms present

History of severe depression and/or suicide ideation/attempts

Comorbid anxiety

Treatment and Support Options

- Self Help
 - Sleep & Nutrition
 - Relaxation Techniques & Exercise
 - Stress Management
- Therapy/Support Groups
 - Cognitive Behavioral Therapy (CBT)
 - Interpersonal Therapy
 - EMDR



Please note that the patient *must* be willing to participate in therapy for it to be beneficial

- Medication
 - Psychotropic Medication
 - Vitamin D/Supplements
 - Postpartum Infusion (Zulresso)
 - Postpartum Depression Oral Medication (Zurzuvae)
- Options Other Than/In Addition to Western Medicine/Counseling
 - Holistic Remedies
 - Acupuncture/Chiropractic

Provider Resources

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FOR WOMEN'S MENTAL
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Wednesdays, 2-3pm EST
One-time registration required

Link to Zoom Registration:
bit.ly/2M4xQCz



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MIND THE GAP
Ensuring Perinatal Mental Health Is A National Priority

Mind the Gap is a collective impact initiative to address America's silent health crisis: untreated and unaddressed perinatal mental health disorders. Through policy, practice, and partnerships, we are advancing the first national, Strategic Roadmap to ensure perinatal mental health is a priority.



Saint Alphonse



**PSI Psychiatric
Consult Line:
877-499-4773**

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.



NURSE-FAMILY PARTNERSHIP-PARENTS

[Home](#) > [Health](#) > [Clinics](#) > [Family Programs](#) > [Nurse-Family Partnership-Parents](#)

Nurse-Family Partnership-Parents
208-327-7400

[All Department Contacts >>](#)

Home Visiting Program

Central District Health provides Nurse-Family Partnership services in Ada County. Are you pregnant with your first baby? Would you like a **free** personal nurse who can help guide you through pregnancy, postpartum, and beyond? Reach out today!

NFP is an evidence-based home visiting program which pairs a specially trained RN with first-time mothers beginning in early pregnancy – and has a decades-long track record of improving maternal and child health outcomes. There is no cost to the family if they meet eligibility criteria.

Eligibility Criteria:

- Pregnant
- First-time mother
- Less than 29 weeks gestation
- Low income (e.g., qualifies for and/or receives Medicaid or WIC services)
- Resident of Ada County

Have questions? Call us at **208-327-7400** for more information.

Not Feeling Like Yourself?

Let's Talk About It.



For Emotional Support & Resources
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(1-833-852-6262)

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Join the world's largest event
raising funds and awareness for the
mental health of new families.
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Get Help

Call the PSI HelpLine:
1-800-944-4773

#1 En Español or #2 English

Text in English: 800-944-4773
Text en Español: 971-203-7773

[FIND LOCAL RESOURCES](#)

- PSI "Warmline", the Helpline (800-944-4PPD) is active and helps individuals navigate resources and connect with volunteers and support groups.

Patient Resources

- Websites
 - Postpartum Support Internal: postpartum.net
 - Perinatal Mental Health Alliance for People of Color: pmhapoc.org
 - The Postpartum Stress Center: postpartumstress.net
 - Postpartum Progress: Postpartumprogress.com
 - LGBTQ Birth Education and Connection: lgbtqbirth.com
- Books
 - *And Baby Makes Three* by Julie & John Gottman
 - *This Isn't What I Expected* by Karen Kleiman, M.S.W.
 - *What Am I Thinking: Having A Baby After Postpartum Depression* by Karen Kleiman, M.S.W. and Valerie Raskin, M.D.
 - *After the Baby* by Rhonda Kruse Nordin
 - *All Joy and No Fun* by Jennifer Senior

CHAT WITH AN EXPERT



Becoming a new parent is often filled with many questions. We are here to help with the ones revolving around mental health. Call our weekly chat, led by a licensed mental health professional.

What kind of questions can I ask?

- I'm not sure if I need help. How do I know?
- I'm not depressed, I'm anxious. Where do I turn for help?
- Why am I angry all the time?
- How do I find a counselor?
- What will my first therapy appointment be like?
- I don't have any insurance. Is there help for me?
- I can't sleep. What can I do?
- How do I know if medication is safe to take while I'm pregnant or breastfeeding?

EVERY WEDNESDAY - MOMS
FIRST MONDAY - DADS

Chat Number: 800.944.8766
Participant Code: 73162

For days and times visit: www.postpartum.net/get-help/chat-with-an-expert

PSI ONLINE SUPPORT GROUPS SCHEDULE



WEEKLY GROUPS:

- | | | | |
|-------------|---|-------------|---|
| MON: | <ul style="list-style-type: none">• Perinatal Mood Support for Moms• Loss Support for Parents• Postpartum Psychosis Support for Moms• Desi Chaat (South Asian Moms)• Pregnancy After Loss | THU: | <ul style="list-style-type: none">• Perinatal Mood Support for Moms• NICU Parents• Fertility Challenges• Termination for Medical Reasons |
| TUE: | <ul style="list-style-type: none">• Perinatal Mood Support for Moms• Perinatal Mood Support for Parents• Apoyo Perinatal• Black Moms Connect• Pregnancy Mood Support | FRI: | <ul style="list-style-type: none">• Perinatal Mood Support for Parents• Pregnancy & Infant Loss for Moms |
| WED: | <ul style="list-style-type: none">• Military Moms (Pregnancy & Postpartum)• Perinatal Mood Support for Moms• Queer & Trans Parents• Pregnancy Mood Support | SUN: | <ul style="list-style-type: none">• Black Moms Connect• Perinatal Mood Support for Moms |

MONTHLY GROUPS:

- | | | | |
|-------------|--|-------------|---|
| 1ST: | <ul style="list-style-type: none">• 1st Sunday - Support for Families Touched by PPP• 1st Monday - Birth Moms | 3RD: | <ul style="list-style-type: none">• 3rd Wednesday - Mindfulness |
| 2ND: | <ul style="list-style-type: none">• 2nd Monday - Support for Families After Maternal Death | | |

BI-MONTHLY GROUPS:

- | | |
|--|--|
| <ul style="list-style-type: none">• 1st & 3rd Tuesday - Perinatal OCD Support for Moms• 1st & 3rd Friday - Dads Support• 1st & 3rd Sunday - Perinatal Mood Support for Parents | <ul style="list-style-type: none">• 2nd & 4th Wednesday - Special Needs & Medically Fragile Parenting• 2nd & 4th Thursday - Pregnancy & Infant Loss for Parents |
|--|--|

SCAN HERE FOR
UP-TO-DATE
SCHEDULE



Take Away...



PERINATAL MOOD AND ANXIETY DISORDERS (PMADs)

Perinatal: Anytime during pregnancy through the first year postpartum



SYMPTOMS



Feelings of guilt, shame or hopelessness



Feelings of anger, rage, or irritability, or scary or unwanted thoughts



Lack of interest in the baby or difficulty bonding with baby



Loss of interest, joy or pleasure in things you used to enjoy



Disturbances of sleep and appetite



Crying and sadness, constant worry or racing thoughts



Physical symptoms like dizziness, hot flashes, and nausea



Possible thoughts of harming the baby or yourself



RISK FACTORS



History of depression, anxiety, OCD



Pregnancy or delivery complications, infertility, miscarriage or infant loss



Abrupt discontinuation of breastfeeding



Thyroid imbalance, diabetes, endocrine disorders



Premenstrual Syndrome (PMS)



History of Abuse



Lack of support from family and friends



Financial stress or poverty



Unwanted or unplanned pregnancy

TREATMENT OPTIONS

Counseling

Medication

Support from others

Exercise

Adequate sleep

Healthy diet

Bright light therapy

Yoga

Relaxation techniques

- Increase education and understanding of PMADs with frontline providers
- Use research-validated screening tools to identify those who may be struggling during the pregnancy and postpartum period- Proper screening and diagnosis is key!
- Work towards screening all individuals and transition to a preventative care model
- Become familiar with all treatment options and resources and support mothers with their treatment of choice
- Destigmatize perinatal mental health- these are treatable!

Postpartum Support International | www.postpartum.net | 800.944.4773 (call or text)



**“You are not alone.
You are not to blame.
With help you will be well”**



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- Postpartum Stress Center: www.postpartumstress.net
- *Recognizing & Treating Postpartum Depression, A Practitioner's Guide*