



Welcome!



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia

Annual Meeting & Conference

Gwinnett Technical College

October 4, 2016



HEALTHY MOTHERS, HEALTHY BABIES

Coalition of Georgia

Est. 1973

Our mission is to improve access to healthcare for Georgia's women and children through advocacy, education and access to vital resources.

Achieving Maternal Mental Health:

Patient, Provider and Advocacy Perspectives

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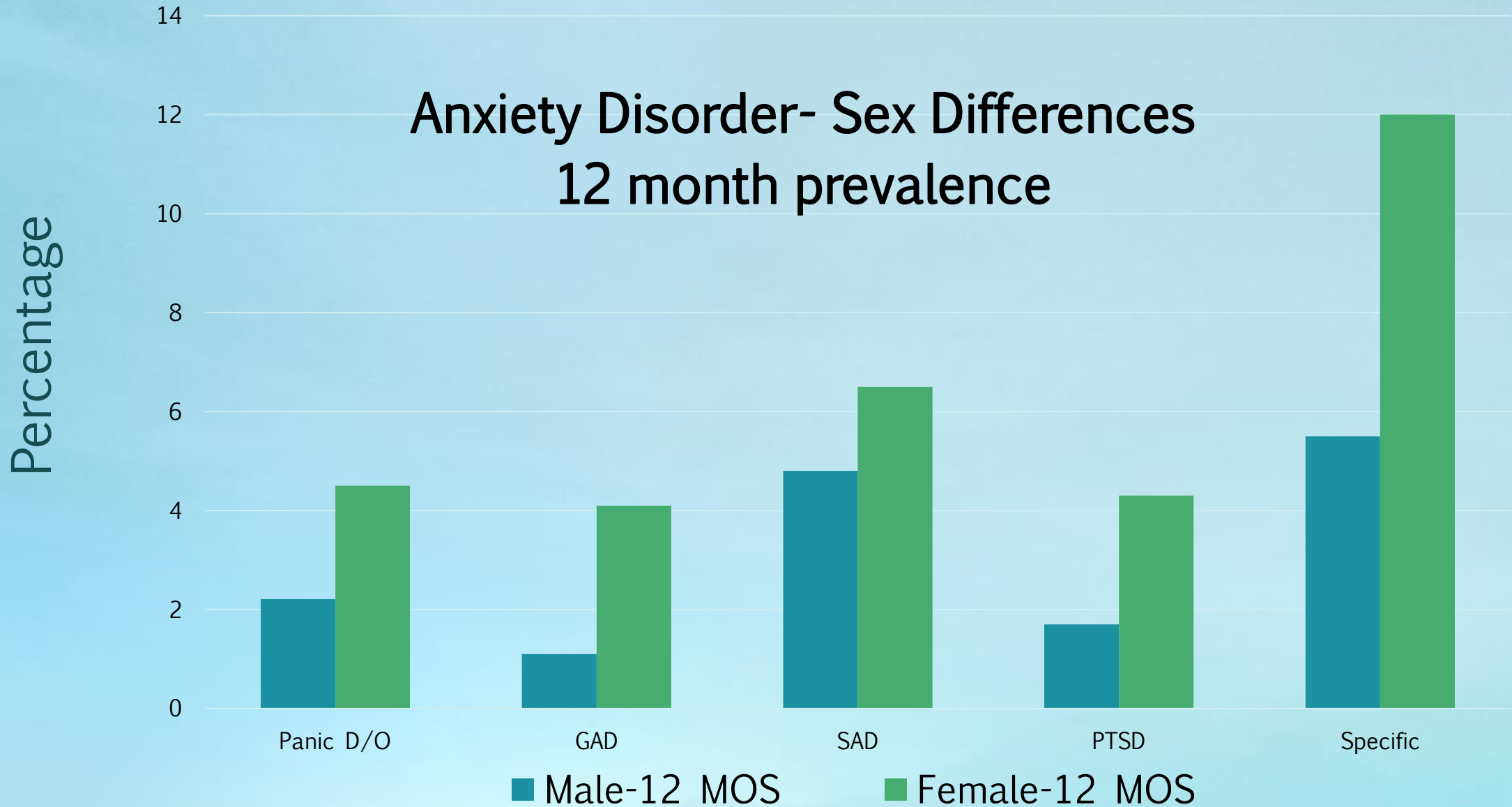
Disclosure

I have no actual or potential conflict of interest in relation to this presentation.

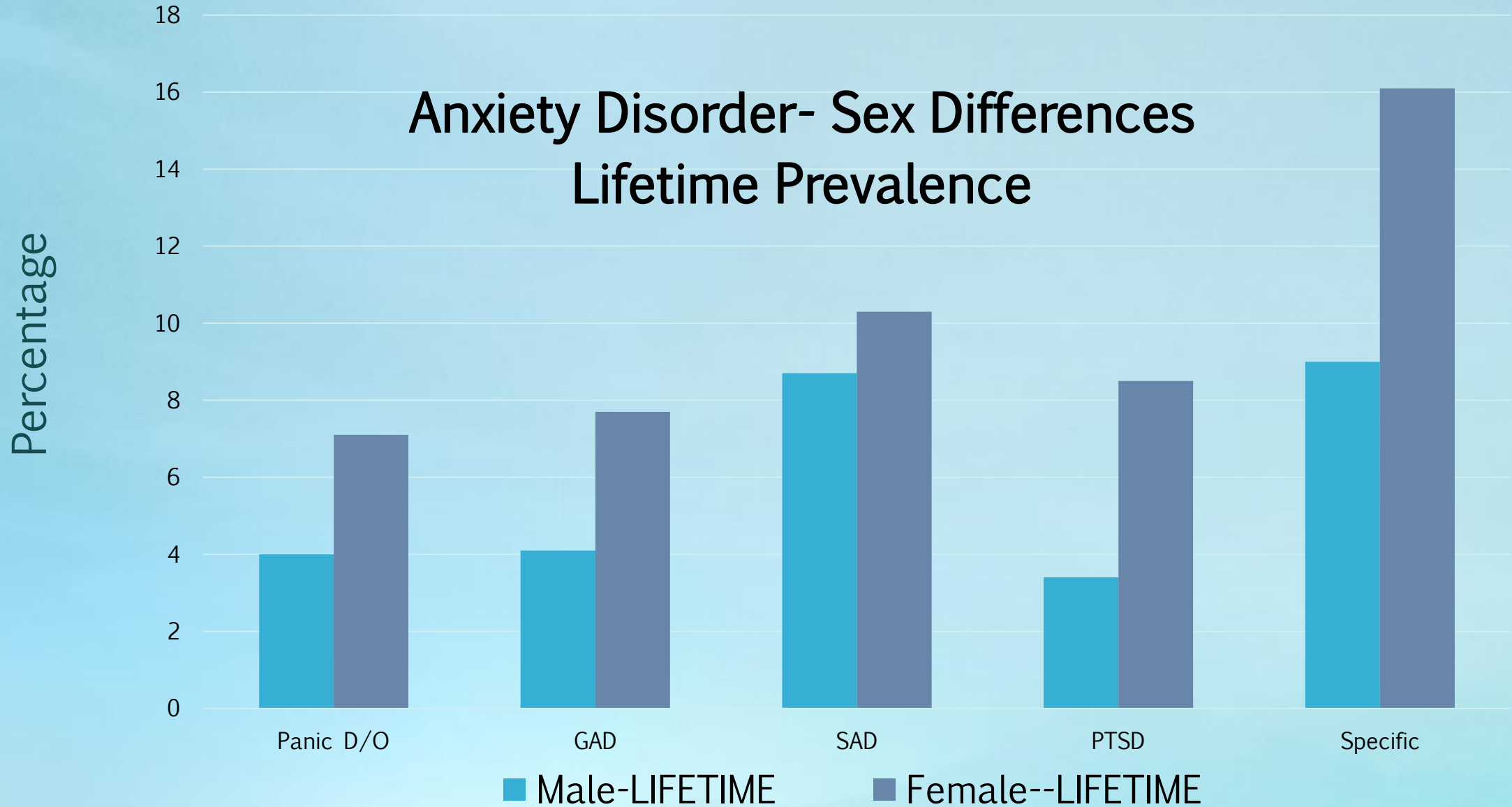
Prevalence of Depression

- Depression is a prevalent and impairing problem
 - Affects 20% of adults in their lifetime
- Disparities in prevalence rates in adults
 - Age, ethnicity, sex, and marital status
- Many adults are parents
 - Similar rates, disparities
 - 7.5 million parents are affected by depression annually
 - At least 15.6 million children live with an depressed adult in the past year

Anxiety Disorder- Sex Differences 12 month prevalence



Anxiety Disorder- Sex Differences Lifetime Prevalence



Barriers to Depression Care

- Many (40-70%) depressed individuals do not receive any kind treatment
- Individual, provider, and system-level barriers exist that decrease the access to and quality of care for depressed adults



~~Postpartum Depression~~

Perinatal Mood and Anxiety Disorders

“Postpartum
Blues”

Depression

Psychosis

Bipolar Disorder

Panic Disorders

Agoraphobia

Anxiety

OCD

PTSD

"What's in a name ?
that which we call a rose by
any other name would smell
as sweet."

Why does it matter what we call it.

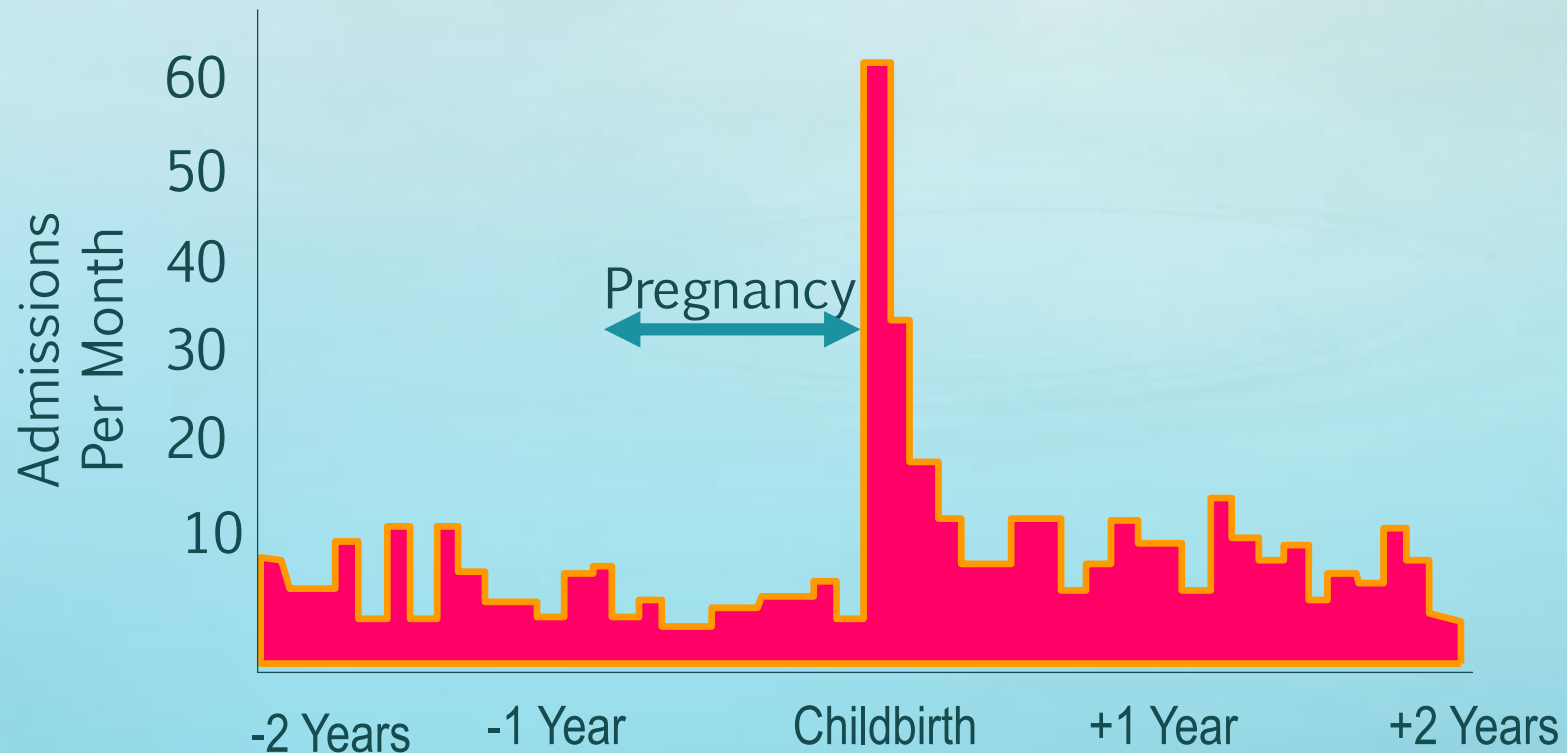
- Postpartum Mood and Anxiety Disorders
 - Are highly prevalent
 - Symptom clusters are not normal!
 - **Major** risk factors for an infant's development
 - Highly treatable

Impact of Perinatal Psychiatric Disorders

- Depression leads to sustained individual, family, and societal costs
 - Interfere with parenting quality
 - Poor Child health and development

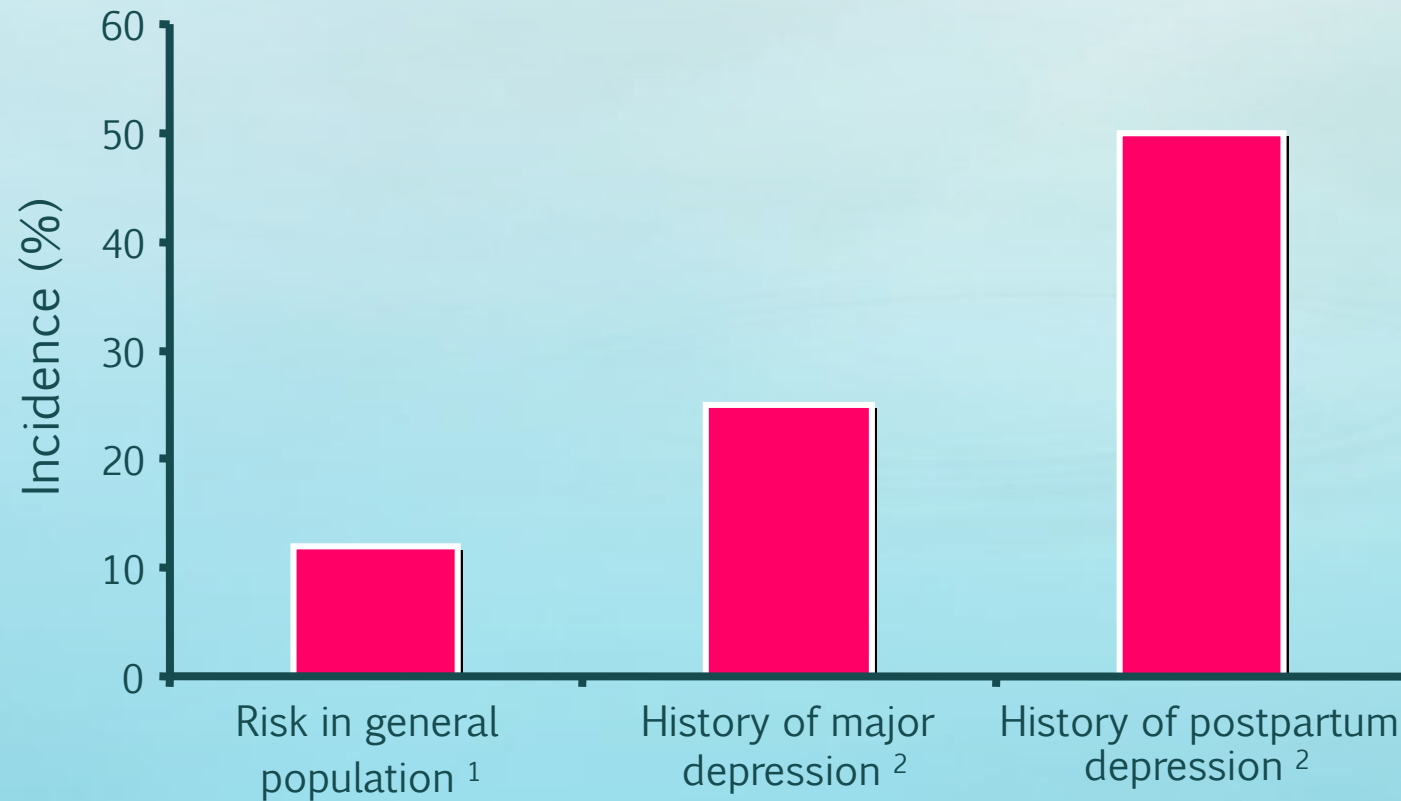
At least 15.6 million children live with
an adult who had
major depression in the past year

Risk of Psychiatric Illness During Perinatal Period



Kendell et al. Br J Psychiatry. 1987;150:662

Psychiatric History Predicts Risk of PP Depression



O'Hara MW, et al. *J Abnorm Psychol.* 1984;93:158-171.

O'Hara MW, et al. *Postpartum Depression: Causes and Consequences.* New York, NY: Springer-Verlag; 1995.

Prenatal Depression

Onset	Prevalence	Symptoms
During pregnancy	10 to 20 percent of pregnant mothers	<ul style="list-style-type: none">• Crying, weepiness• Sleep problems• Fatigue• Appetite disturbance• Anhedonia• Anxiety• Poor fetal attachment• Irritability

Baby Blues

Onset	Prevalence	Symptoms
Begins during the first few weeks after delivery (usually in first week, peaking at 3-5 days). Symptoms usually resolve by two weeks after pregnancy.	As high as 80 percent of new mothers	<ul style="list-style-type: none">• Crying, weepiness• Sadness• Irritability• Exaggerated sense of empathy• Anxiety• Mood lability (“ups” and “downs”)• Feeling overwhelmed• Insomnia, trouble falling or staying asleep; fatigue/exhaustion• Frustration

Postpartum Depression

Onset	Prevalence	Symptoms
Usually within the first two to three months post-partum, though onset can be immediate after delivery (distinguishable from “baby blues” as it lasts beyond two weeks post-partum)	10 to 20 % of new mothers	<ul style="list-style-type: none">• Typical MDD symptoms• Anxiety manifested as bizarre thoughts and fears, such as obsessive thoughts of harm to the baby• Feeling overwhelmed• Somatic symptoms (headaches, chest pains, heart palpitations, numbness and hyperventilation)• Poor bonding with the baby (no attachments), lack of interest in the baby, family or activities

Postpartum Psychosis

Onset	Prevalence	Symptoms
Typically begins suddenly in the days or weeks after having a baby	It occurs in about 1 in every 1000 women (0.1%) who have a baby.	Feeling 'high', 'manic' or low mood and tearfulness Anxiety or irritability Rapid changes in mood Confusion, restlessness, agitation Racing thoughts, flight of ideas Insomnia, or decrease need for sleep Loss of inhibitions, impulsivity Paranoia, suspiciousness, delusions Hallucinations Combination of depressed and manic symptoms

Postpartum OCD

Onset	Prevalence	Symptoms
<p>In contrast, to non-postpartum OCD, the postpartum variant typically comes on rapidly, sometimes within a week of giving birth.</p>	<p>1-3% of childbearing women</p>	<ul style="list-style-type: none">• Obsessions related to harm befalling the newborn infant<ul style="list-style-type: none">• The idea that the baby could die in her sleep (S.I.D.S).• The thought of dropping the baby from a high place.• The thought of putting the baby in the microwave.• Thoughts of yelling at the baby.• Thoughts of poking the baby in the soft spot in her head (fontanel).• Thought of stabbing the baby.• Thoughts of drowning the baby during a bath• Compulsive rituals among mothers with postpartum OCD often include checking on the baby• Mental compulsions, such as praying over and over to prevent disastrous outcomes.• Many postpartum OCD sufferers engage in compulsive reassurance-seeking

Who is at greater risk of developing PPPI*?

- Mothers under age 30 years
- Parents of young children
- White, non-Hispanic women
- Latina adolescent mothers
- Low income women
- Women with less education
- Immigrants (especially Asian and Latina)

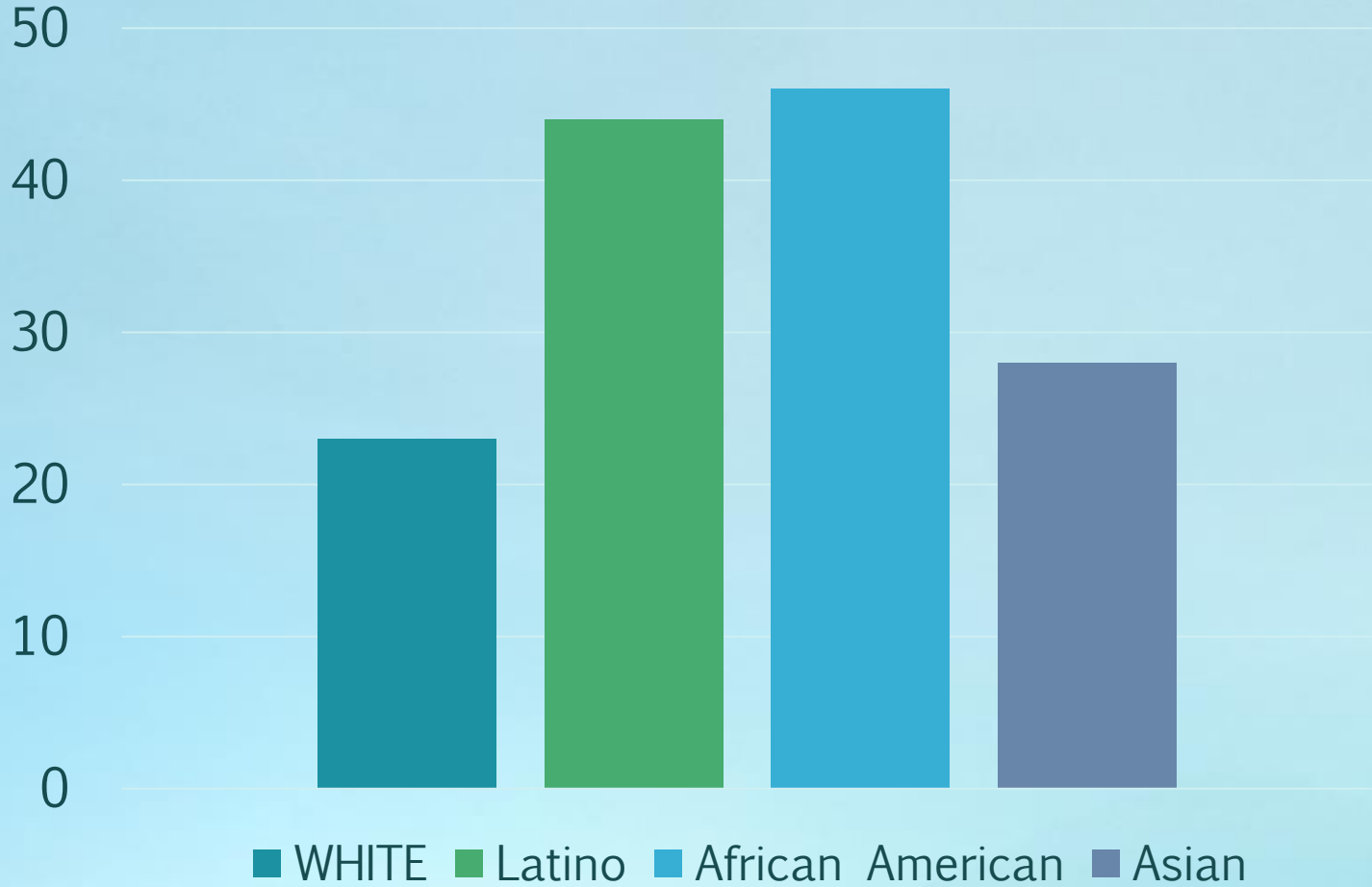
*Peri Partum Psychiatric Illness

Risks for PPPI*

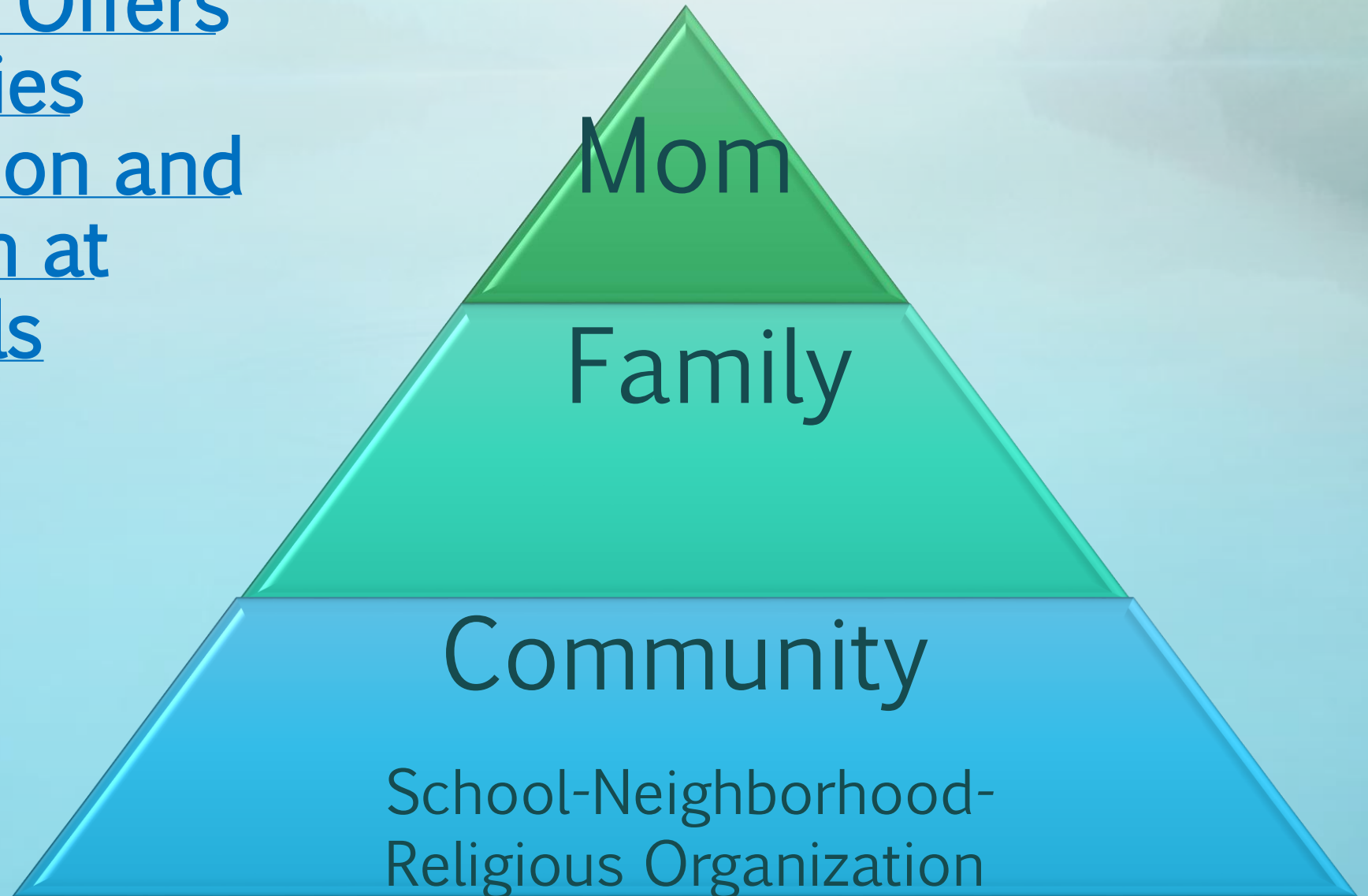
- Extensive family history of mental illness, especially parents
- Prior history of mental illness
- Personality
- Bereavement
- Exposure to trauma
- Poverty
- Social isolation
- Job loss
- Unemployment
- Family breakup
- Loss of community
- Dislocation

*Peri Partum Psychiatric Illness

Self-Reported Race and Depression During Pregnancy



Depression Offers Opportunities for Prevention and Recognition at Three Levels



Barriers to Depression Care

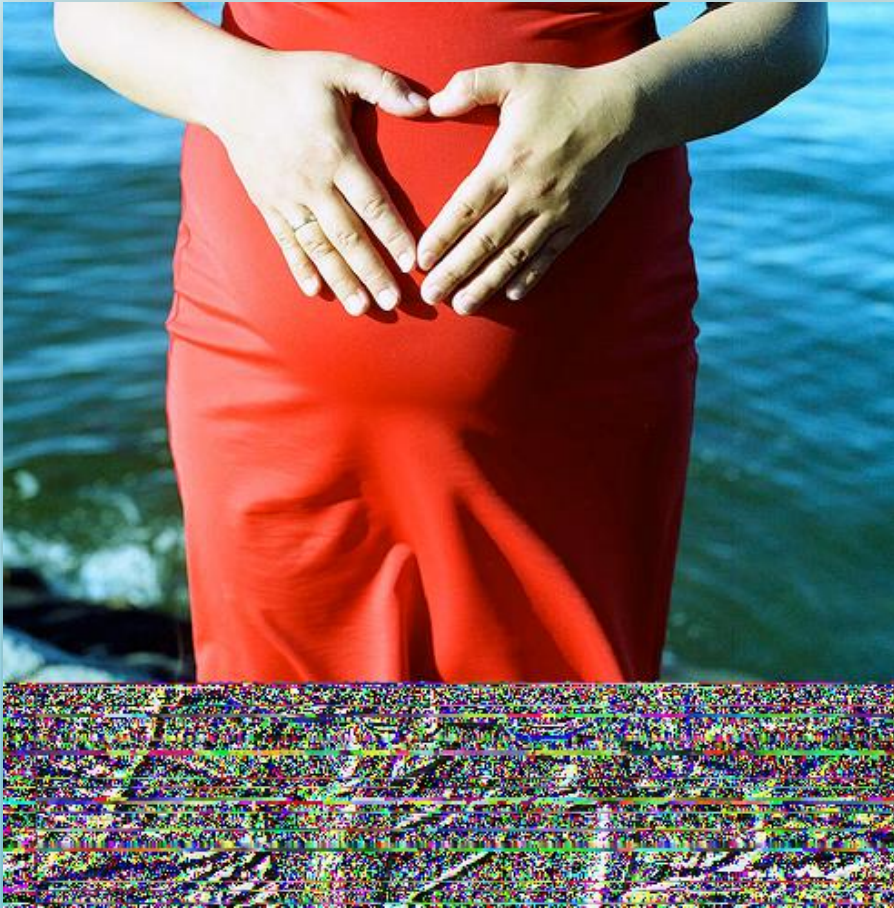
- Many (40-70%) depressed individuals do not receive any formal treatment or any treatment at all.
 - Informal sources (Mommy and Me)
 - Religious leaders
- Formal treatments
 - Psychotherapy
 - Antidepressants

Early Detection of PPPI*

- Symptoms of postpartum depression may be difficult to distinguish from normative postpartum symptoms
 - Fatigue (insomnia vs. not enough sleep)
 - Weight loss (normal vs. low appetite)
- PPOCD- adversely affects self-esteem as mother. Moms believe themselves to be evil, or bad parent.
- PPPI may result in actual harm to the mother or child due to delusions or hallucinations impacting judgment
- Need for Screening tool

*Peri Partum Psychiatric Illness

Prevalence of other conditions routinely screened:



- Gestational Diabetes 4.6%
- Hypertension 5%

Detection of perinatal depression without formal screening:

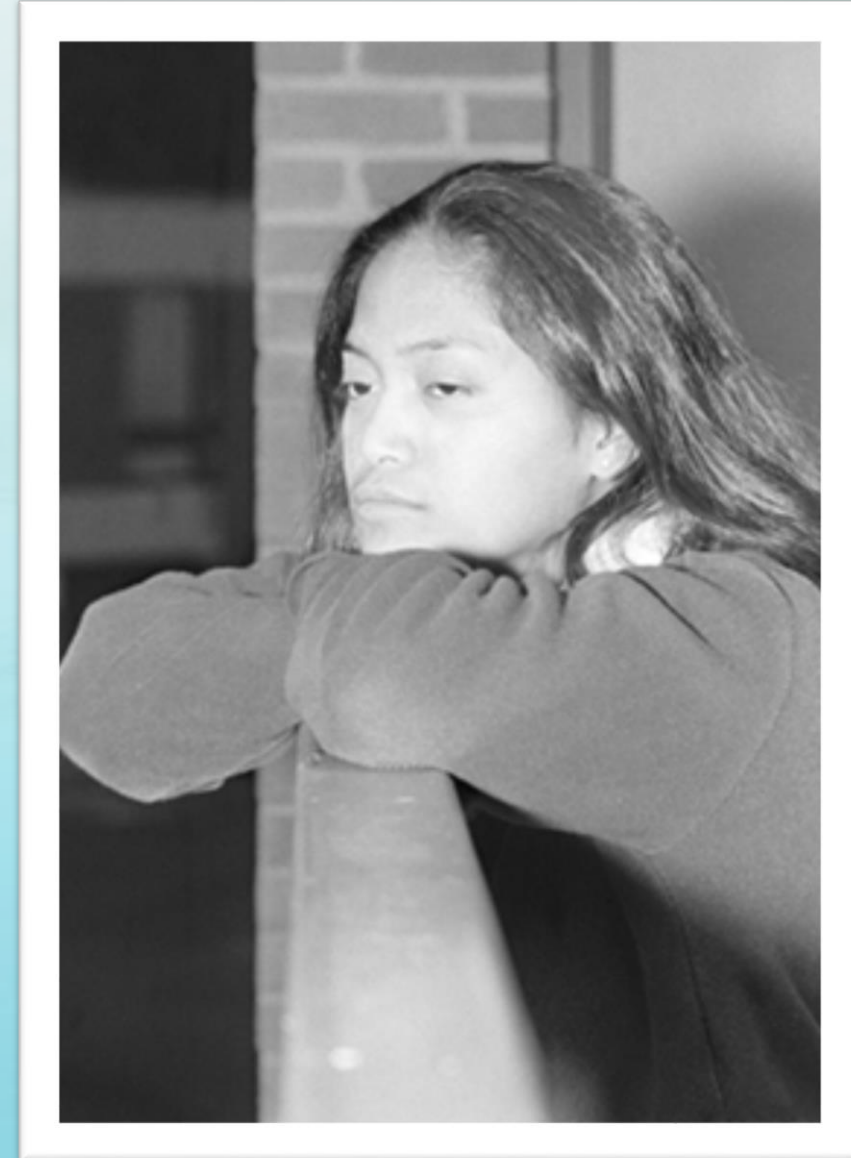
- 6% with standard care
- 34% with Edinburgh Postnatal Depression Scale



Who should screen?

Every health care provider that interacts with women of childbearing age

- Mental Health Providers
- Family Practice
- OB/Gyn
- Pediatricians
- Internists
- Community Health Workers
- Others including social service providers



When to Screen for Postpartum Depression

- At preconception visit
- During prenatal intake & subsequent visits
- During postpartum exams
- During infant's WCC & WIC visits
- When infant is seen for sick care or in ER
- At early intervention home visits
- At family planning visits during the first year postpartum
- At mother's visits for routine episodic care



“Who Knew?”



Among women who were screened and identified as depressed, **less than half** report that they recognized their depression.

Maternal Behavior Changes With Antepartum PI

- Poor intake
- Inadequate weight gain
- Insomnia
- Missed prenatal visits
- Inadequately following medical instructions
- Use of harmful substances

API affects pregnancy outcomes

GREATER RISK

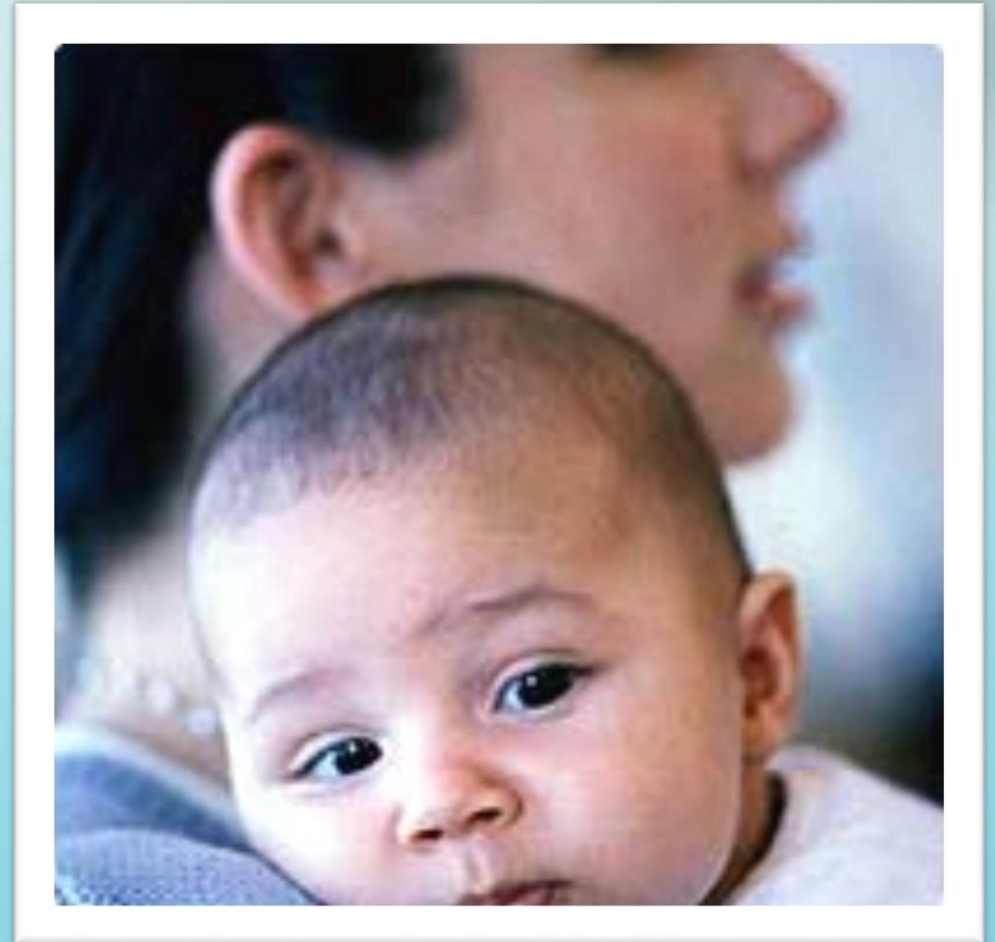
preterm birth
low birth weight
miscarriage
preeclampsia



Marcus, S., & Heringhausen, J. (2009). Depression in Childbearing Women: When Depression Complicates Pregnancy. *National Institute of Health*. Primary Care, March 2009.

Health Care Consequences for Infant

- More urgent care/ER visits
- Behind on immunizations
- Potential exposure to more risk filled environments



Impact of Maternal Depression on Developing Child

- PPI **directly** impacts the infant's experience and current studies indicate negative consequences on development
 - Social
 - Emotional
 - Cognitive
 - Language
 - Attention
 - Mother/Father-Infant Relationship

Avoid the “pit of Despair”



Harlow HF, "The Nature of Love," American Psychologist (1958):685

Treatment

- Psychotherapy
 - *Interpersonal Therapy
 - Cognitive Behavioral Therapy
 - *Couples Therapy
- Medication
- Electroconvulsive Therapy
- Alternative Therapies
 - Light box
 - Increased exercise



Barriers to Treatment: Public Awareness

“Something’s got to come out of it that’s positive,” he said, “or I won’t feel like I did what I needed to do.”

Greg Ludlam, August 2016

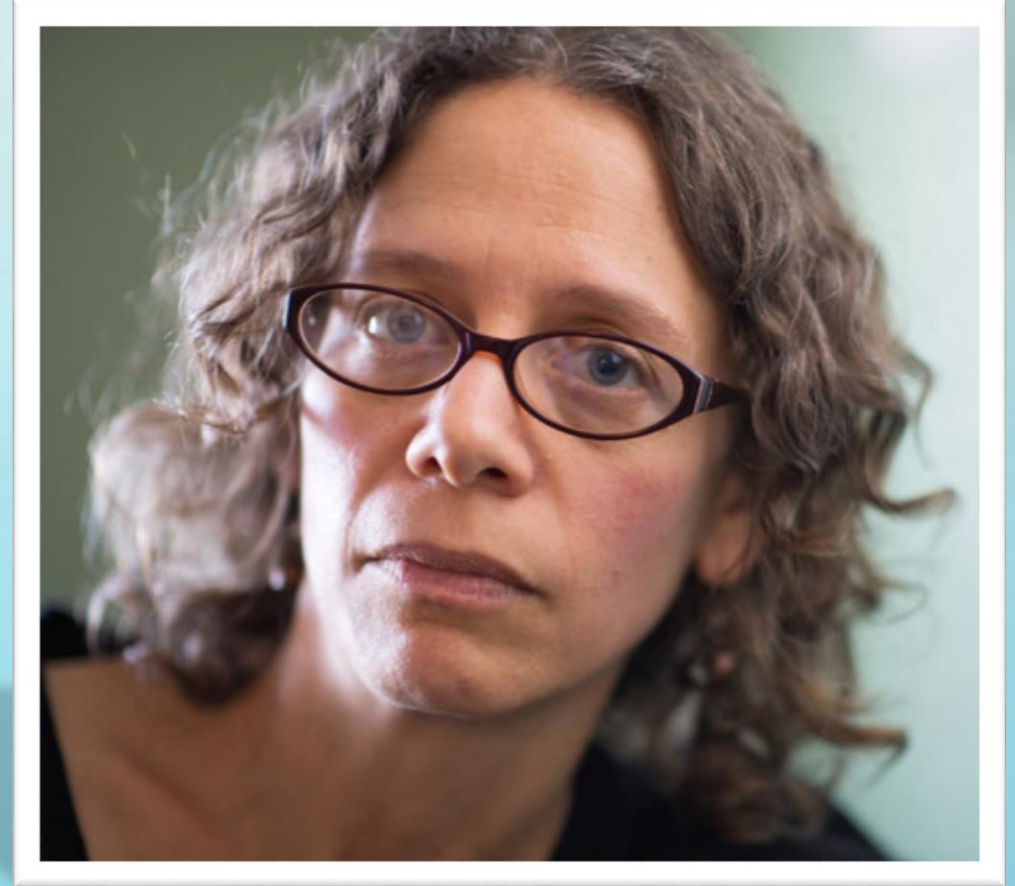


Elizabeth Ludlam
1977-2016

*It is not just PPD-
remember the anxious,
obsessive woman!*

Barriers to Treatment: Stigma

- Damn straight she was “evil.” Look at how her concerns are all about her: she felt shame, she noticed changes, she couldn’t bear the thought. What a selfish, awful woman.
 - Elie Mystal, *Above the Law* 3/25/13



Cynthia Wachenheim
1969-2013

Stigma

- Prevents families from acknowledging their experience
- Prevents help seeking behavior
- People will think I am “crazy”
 - PPPI means I want to kill my child.
- Fearful of what depression will mean for their children. Fear Child Services
- Reluctant to take medication because they think I may impair their parenting.



Lisa Gibson
1981-2013

Community Education & Advocacy

To increase awareness and understanding of PPI

- Reduce stigma – more acceptance of PPPI and possible occurrence over pre- and long post-natal period.
- Capacity building – more providers recognizing, treating disorders during pregnancy and during 1st year of infancy.
- Increase 1:1 and group treatment

Cross-Cultural Approaches to the Postpartum Woman



“The world of early humans was dangerous. The pregnant woman and mother and child were objects to prey for all manner of evil spirits; so it was that the crisis of childbirth came to be surrounded with precautions and prohibitions, spells and incantations, things to be done and things to be avoided at all costs.”

Eric J. Sharpe (Man, Myth, & Magic)

Seclusion Rituals

- Seen as protecting the new mother and her community
 - Blood is source of deep impurity
 - Blood is viewed as a dangerous power
 - Spirits that may be looking for the baby

Micronesia

Mother and child isolated for 4 days

- 8 times each day she is cleaned by the midwife with coconut oil
- After the last bath, the mother is reintegrated into the society
- Similar ritual bathing seen in the Navajos and followers of Shinto religion





Yemen

- Baby and mother are secluded for forty days after birth
- The baby is wrapped in swaddling clothes to recreate the security of the mother's womb



Northern Australian Aborigines

Baby Smoking -the mother and the grandmother first collect branches and leaves of the Konkerberry bush.

After the mother has waved her baby over the smoke, she passes the baby to the grandmother

This smoke allows the baby to enter life with the multiple blessing of the earth mother and the mothers of the tribe.

Cuarentena- Mexico and Latin America

- 40 days or 6 weeks
- Abstention from Sex
- Dedicated to breastfeeding
- Caring for self
- Other family members pitch in to cook, clean, care for other children



China- Sitting the month

- Traditional Chinese Medicine- women are more susceptible to cold air, so women will refrain from washing themselves or their clothing
- Do not leave home
- Diet of hot soups, avoid “cool foods.”
- Nannies can be hired
- Confinement center





Aidan Clinton Mezvinsky
June 16, 2016



Theodore James Kushner
March 27, 2016

Please
Vote
on
11/8



The choice is yours....