

Maternal Mental Health: The Basics and Beyond

Sarah Hightower, LPC



Postpartum Support International Universal Message



*You are not alone
You are not to blame
With Help, you will be well.*



Keep up with us:

www.facebook.com/PSIGACHAPTER/

and www.psigas.org



Postpartum Support International
Georgia Chapter

You are not alone



If you are depressed or anxious when you are expecting or have a new baby, you need to remember...

You are not alone. You are not to blame. With help, you will feel better.



Did You Know?



- About 80% of new mothers experience the baby blues in the first few weeks after the baby arrives.
- At least 1 in 8 mothers experience serious depression or anxiety during pregnancy or postpartum.
- 1-2 mothers out of 1,000 might have a serious condition called postpartum psychosis.
- 1 in 10 fathers experience depression before or after the birth of their child



PSI Principle of Social Support



Every mother is entitled to a social support network in her community. It is time for every community around the world to value, honor and support mothers, not only in words, but in action.



Spectrum of Perinatal Mood & Anxiety Disorders (PMAD's)



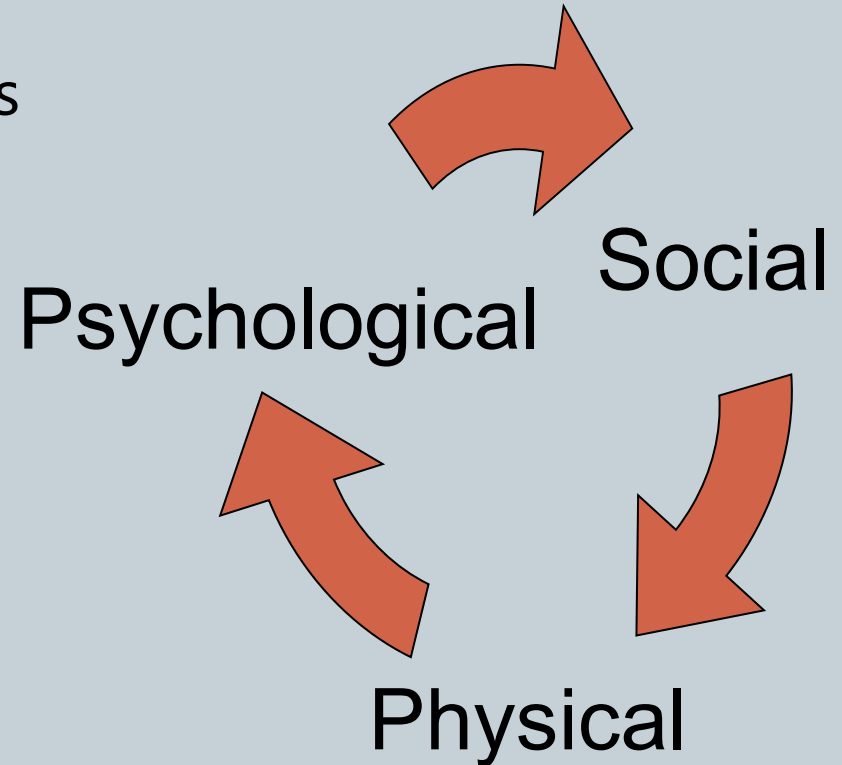
- Prenatal Depression or Anxiety
- Postpartum Depression
- Postpartum Anxiety or Panic Disorder
- Post-Traumatic Stress Disorder
- Postpartum Obsessive-Compulsive Disorder (OCD)
- Postpartum Psychosis



Etiology of PMADs



- **Genetic** Predisposition
- **Sensitivity** to hormonal changes
- **Psychosocial** Factors
 - Inadequate social, family, financial support
- **Concurrent Stressors**
 - Sleep disruption
 - Poor nutrition
 - Health challenges
 - Interpersonal stress



Predictive Risk Factors



- Previous PMADs (Perinatal Mood and Anxiety Disorder)
 - 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

Risk Factor Check List



Check the statements that are true for you:

- 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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Additional Risk Factors



- Endocrine Dysfunction
 - History of thyroid imbalance
 - Other endocrine disorders
 - Infertility
- Social Factors
 - Inadequate social support
 - Interpersonal Violence
 - Financial Stress/Poverty



Prevention



- Try not to make major changes to your life when you are pregnant or postpartum. If you do have changes, find extra help.
- If you are feeling anxious or depressed most of the time, don't just tell yourself that it will go away. You deserve support.
- Talk to someone you trust about it. If they are not helpful, find someone who is.



Elements of Prevention



All women and families, especially those at risk should:

- Be encouraged to get and maintain adequate rest, sleep, exercise, and proper nutrition.
- Education. Receive accurate information about PMADs and treatment (including information about medications).

Types of Prevention



- Reduce vulnerability, i.e. risks, to postpartum depression (primary prevention)
- Reduce severity and duration of symptoms when postpartum depression occurs (secondary prevention)
- Improve functioning, relationships, and prognosis for women and their children (tertiary prevention)

Baby Blues



- **Every** new parent needs support and help with the baby after birth.
- It is normal to have emotional ups and downs in the first few weeks after the arrival of a child. We usually call it the “baby blues.”
- With support, rest, and good nutrition, the baby blues will naturally disappear in a few weeks after the birth of the baby.
- If emotions worsen, or do not get better after 2 weeks, it might be perinatal depression or anxiety.

Reaching Out for Help



Depression and anxiety are more than a bad mood or a tough week.

If the parent feels sad, anxious, or overwhelmed, and their symptoms get in the way of their daily life or last more than two weeks, they need to reach out for help.

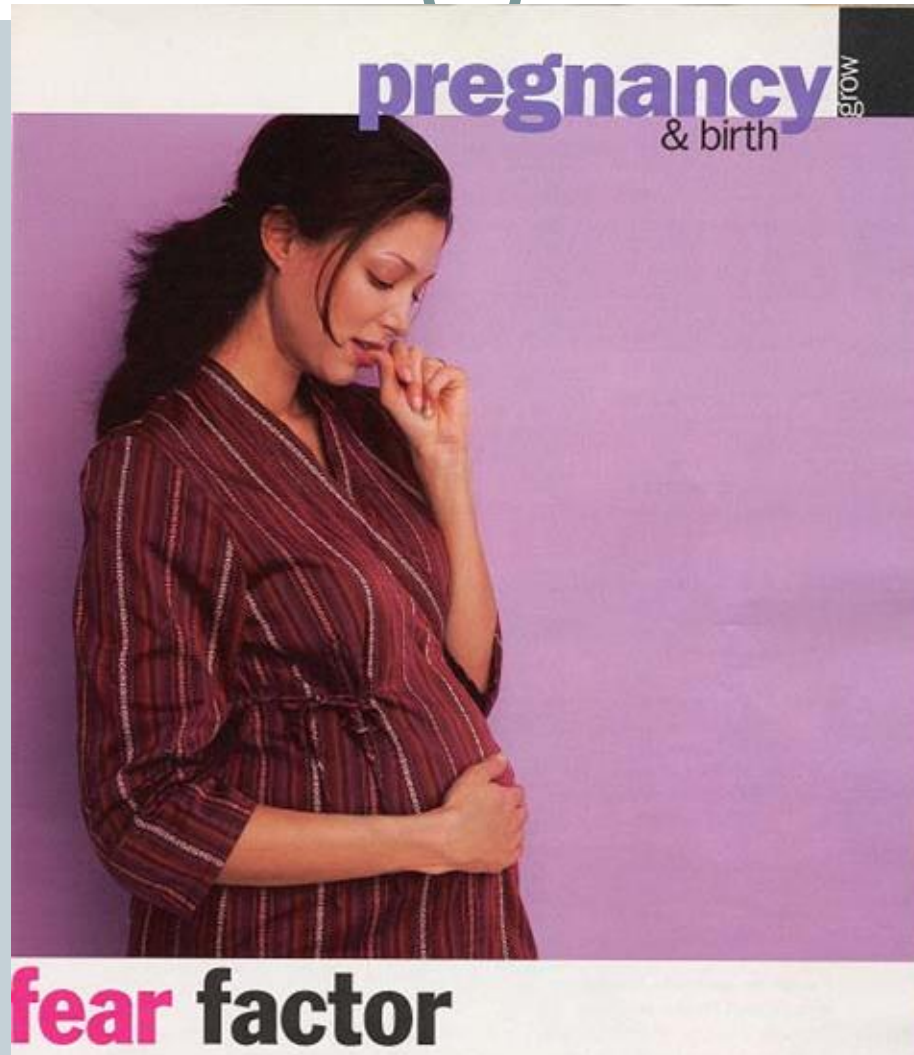


5 morsels to offer new moms



1. All new parents deserve help and support, and need breaks from taking care of children and housework.
2. Being depressed or anxious does not mean you are a bad mother.
3. You will feel better. Reach out to understanding family/friends and tell them how you're feeling.
4. You will feel worse if you judge yourself and/or your life when you are having a bad day.
5. There is no quick cure for depression or anxiety, but you will recover if you stick to a good plan of self-care and get professional treatment.

Pregnancy Depression



Pregnancy and Postpartum Anxiety

- It is normal to worry about your baby. But if you cannot relax, or the worry gets in the way of your enjoyment or connection with the baby or others, you need to reach out for help.



Anxiety Symptoms



- Anxiety can make us feel:
 - worried or panicky
 - afraid of losing control
 - too nervous to have healthy sleep or appetite.
 - feeling bad physically, i.e. shaky, dizzy or short of breath.
- Anxiety is treatable.



Taking Care of Mom's Emotions



- Reach out for help
- Take breaks
- Talk about how you're really feeling
- Be mindful of "perfect mom" thinking
- Use services and resources available to parents



Postpartum Depression (PPD)



Postpartum Depression (PPD)

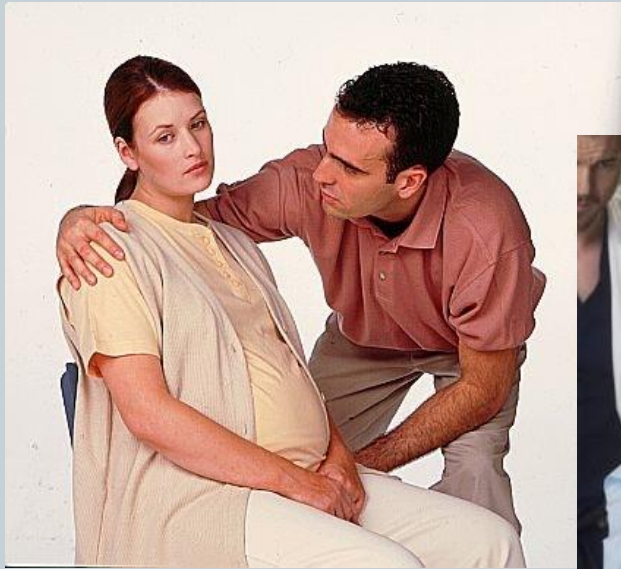
- Sadness, Crying Jags
- Feeling overwhelmed
- Irritability, Agitation, Anger
- Sleep Disturbance
- Appetite Changes
- Mood Swings
- Apathy
- Exhaustion
- What PPD Feels Like [video](#)



Partners Need Support Too



- Dads/Partners also experience stress, anxiety, and depression.



Depression in Fathers/Partners



- Fathers/Partners can feel the same overwhelming stress as mothers.
- 1 in 10 fathers/partners become depressed or anxious after a new baby joins the family.
- Dads/Partners need and deserve support and treatment to feel better.
- Don't forget to ask dad/partner how he is doing emotionally



Postpartum Obsessive-Compulsive Disorder “Intrusive Thoughts & Images”



Obsessive Compulsive Disorder



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



Post-Traumatic Stress



Ruling Out Other Causes



- Post Traumatic Stress Disorder (PTSD)
 - Birthing Trauma
 - Undisclosed trauma or abuse
- Thyroid or pituitary imbalance
- Anemia
- Side effects of other medicines
- Alcohol or drug use



Post Traumatic Stress



- “Post Traumatic Stress” includes difficult memories or feelings that are a result of a frightening experience.
- Post Traumatic Stress can make us feel: anxious, panicky, angry, or a sense of unreality.
- Sometimes moms or dads have stress and anxiety because they felt afraid during pregnancy or childbirth.
- Sometimes people have recurrent images or nightmares, fears, or want to withdraw and avoid people and places that remind them of the event.
- Post traumatic stress is treatable. You will feel better if you reach out for help.

Postpartum Psychosis



- Postpartum psychosis is a serious but rare condition that requires **immediate** medical attention. It occurs in up to 1-2 out of 500 women after birth.
- People experiencing psychosis have a complete break from reality, and might see, hear, or believe things that are not true for others (hallucinations or delusions).
- Psychosis can cause: severe mood swings, inability to sleep, extreme irritability, withdrawal, inappropriate conversation, hallucinations, and irrational or violent thoughts and beliefs.

Postpartum Psychosis



- If you or someone you know sees or hears things that others do not, or has beliefs or plans to cause harm to self or baby, this is an emergency. You must get immediate help and treatment.
- If any of these symptoms are present, a family member should call your healthcare provider or crisis line immediately, or go to the hospital for help.
- You can't expect a person in a psychotic state to agree to your logic. You have to be willing to let them be upset with you for getting treatment.

9 Steps to Wellness from Jane Honikman



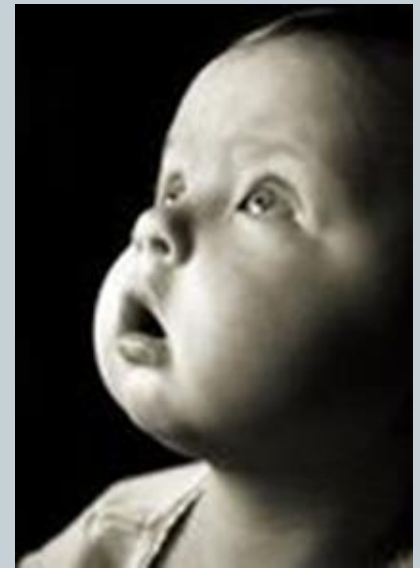
1. Education
2. Rest
3. Nutrition
4. Exercise and Time for Yourself
5. Non-Judgmental Sharing
6. Emotional Support
7. Practical Support
8. Professional Resources
9. Plan of Action

www.janehonikman.com

First Steps: Helping Moms Reach Out



- Listen to her without judgment
- Help her contact her healthcare or mental health care provider
- Help her contact Postpartum Support International (PSI) or another support organization for telephone or email support
- *Ask... "How are you doing?" and "Who do you talk to when you need support?"*



Reducing stress during recovery



- Break down goals into small, achievable steps.
- Check unrealistic expectations and perfectionism.
- Learn the wisdom of saying YES to help and NO to stress.



Emergency Resources



- In an emergency, call the Georgia Crisis and Access Line at 1.800.715.4225
- Go to your nearest Emergency Department
- Call National Suicide Hotline 1-800-273-8255 or www.suicidepreventionlifeline.org

Screening

*“YOU CAN’T TELL BY
LOOKING.”*



Preparing moms for screening

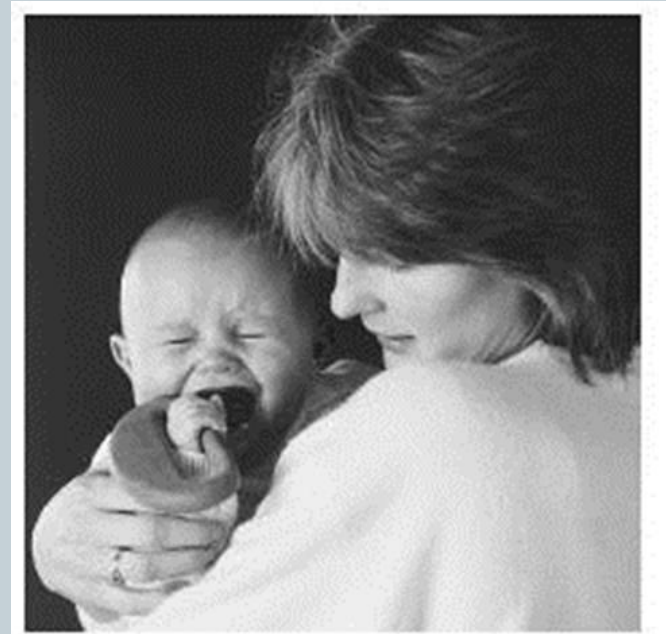


- *"We use this questionnaire with everyone we visit. All of our families are screened, because we know how important emotions are for new parents."*
- *"This is a screening for stress and depression. It does not guarantee a diagnosis."*
- *"This is a simple way to understand if there is something going on that's a little bit unusual from the way you usually feel."*

Sample Lead In Statement



- *"It is not easy being a new mother and it is okay to feel unhappy at times. As you have recently had a new baby, we would like to know how you are feeling."*
- *"Please check the answer that comes closest to how you have felt during the past several days, not just how you are feeling today."*



Prenatal Screening



- **Screening for occurrence of symptoms**
 - Most postpartum screening tools are equally effective during pregnancy and after loss
- **Screening for risk**
 - Cheryl Beck's Postpartum Depression Predictors Inventory-Revised (PDPI-R)



When to screen for perinatal depression?



- First prenatal visit
- Prenatal visits: initial contact, 28 & 36 weeks
- Postpartum period:
 - 2-6 weeks
 - 4-6 months
 - 12 months



Screening Tools



- Edinburgh Postnatal Depression Scale (EPDS)
 - Ten-item self-report questionnaire
 - Original research to support validity of EPDS done with home visits
 - Most thoroughly validated measure
 - Cost effective
 - Translated to more than 23 languages
 - Validated for pregnancy, teens, and dads
- **PHQ-2, PHQ-4, PHQ-9**
 - Patient Health Questionnaire
 - Corresponds to DSM diagnostic criteria

Treatment Options



1. I have been able to laugh and see the funny side of things.

- 0 As much as I always could
- 1 Not quite so much now
- 2 Not so much now
- 3 Not at all

2. I have looked forward with enjoyment to things.

- 0 As much as I ever did
- 1 Somewhat less than I used to
- 2 A lot less than I used to
- 3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

4. I have been anxious or worried for no good reason.

- 3 Yes, often
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

5. I have felt scared or panicky for no good reason.

- 3 Yes, often
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

6. Things have been too much for me.

- 3 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometimes I haven't been coping as well as usual
- 1 No, most of the time I have coped well
- 0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

8. I have felt sad or miserable.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Not very often
- 0 No, not at all

9. I have been so unhappy that I have been crying.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

10. The thought of harming myself has occurred to me.

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never

EPDS Interpretation



- Consider score along with the assessment of the health care provider.
- Cut-off score varies in different settings, typically from 10-12 used as score for referral
- Question 10: Any affirmative answer is cause for referral and follow up!
- Use caution when interpreting the score of mothers who are non-English speaking and/or use English as a second language or are multicultural.

After Screening and Scoring



- Normalize screening and scoring
- Review screen regardless of score
- Give Resources and Options- PSI Coordinators
- Facilitate connection with resources- PSI GA Website
- Make appointment with client for follow up
- Ask staff to follow up with client if needed



Communicating with Parents



- **You are not alone**

- Other mothers experience similar things
- Assure her that support is available

- **You are not to blame**

- This is not something you caused
- This is not something you can control
- This is not a reflection of you as person or as mother

- **With help, you will be well**

- Encourage moms to understand that depression is treatable
- Encourage moms to know that it is okay to ask for help

- **You are not “crazy”**

- Emphasize that this is a temporary illness
- Differentiate intrusive thoughts from psychosis

Internet Resources



- **Postpartum Support International** www.postpartum.net
- **PSI Georgia Chapter** www.psigga.org
- **Postpartum Progress** www.postpartumprogress.com
- **Jane Honikman's Steps to Wellness** www.janehonikman.com
- **MedEdPPD - Education for Professionals and Families**
www.mededppd.org
- **Postpartum Dads** www.postpartumdads.org
- **MCH Library, Non-English** www.mchlibrary.info/nonenglish.html

Information about medication during pregnancy & breastfeeding



- **MOTHERISK: 877-439-2744**
www.motherisk.org/prof/drugs.jsp
- **InfantRisk: 806-352-2519**
<http://www.infantrisk.com/>
- **Mother To Baby: 866-626-6847**
<http://mothertobaby.org>
- **Mass General Women's Health**
www.womensmentalhealth.org



Contact Information



Sarah Hightower, LPC

[404.428.4114](tel:404.428.4114)

sarah.hightower@gmail.com

Sarahhightower.com

Postpartum Support International

Warmline 1-800-944-4773

www.postpartum.net

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

www.postpartum.net

1-800-944-4PPD

1-800-944-4773