Perinatal Mood and Anxiety Disorders

Birdie Gunyon Meyer, RN, MA, CLC
Coordinator, Perinatal Mood Disorders Program
Indianapolis, IN
BMeyer2@iuhealth.org

Past-President
International Trainer
Past Chair, Education and Training
Certification Director
Postpartum Support International
www.postpartum.net
bmey@postpartum.net
Indiana University Health

Indiana University Health is Indiana’s most comprehensive healthcare system.

A unique partnership with Indiana University School of Medicine, one of the nation’s leading medical schools, gives patients access to innovative treatments and therapies.

IU Health is comprised of hospitals, physicians and allied services dedicated to providing preeminent care throughout Indiana and beyond.
Indiana University Health

- Total admissions: 136,371
- Total outpatient visits: 2,638,074
- Total staffed beds: 3,098
- Total physicians: 2,111
- Total nurses: 9,000+
- Total team members: 29,395
- 4 clinical programs ranked among the top 50 national programs (U.S. News & World Report)
- 9 specialty programs at Riley Hospital for Children at IU Health ranked nationally among top children’s hospitals
- Six Magnet-designated hospitals
Women’s Services

• We are teaching hospitals-IUSOM
• Magnet Designation
• Baby Friendly
• 15 hospitals state-wide
• Indy has 5 hospitals-1 of those is Riley Hospital for Children
• Delivery numbers/year: MH-4000, IUHN-2400, IUHW-1200 (Indy only)
• High Risk—MFM’s
Postpartum

- Some OB Offices screen or ask
- Few Peds offices screen
- Postpartum Nurses make follow up calls on all patients asking many general questions, including emotional health
- Phone calls made by PMD Staff to all patients who scored higher than 12 on EPDS from hospital or OB offices that screen—
- Resources given, education given, intake appointment offered, support group offered
10 IUH Community OB Care Centers

• Staffed by 22 CNM’s and 8 MD’s serving underserved population clients

• Each of these Centers has a Counselor & SW on staff (1 Bilingual-Spanish) 1 FT & 1 PT Psychiatrist for all 10 Centers—All Counselors, Psychiatrists, and Social Workers take PMD training

• Some of the Centers have Centering Pregnancy and cover PMD’s during the sessions

• Childbirth/Prenatal Education at some sites
Other Behavioral Care Resources

- Outpatient IU Behavioral Care Services at 4 locations
- Therapists, Psychiatrists, APNs
- Anxiety Therapy Groups
- Neuroscience Center—MDs, APNs, Therapists
- Inpatient at 1 location
Mother Connection and Toddler Time offered weekly at 2 locations—Facilitated by Pediatric NP
blog and fb page
raisingkidswithlove.org

PMD Support Group offered at 2 locations for pregnant and PP women—
10am-12noon

Breastfeeding Support Groups offered at 2 locations
Other Resources that support PMD Education

--2-hour Outreach class once/month on PMADs: signs and symptoms, risk factors, treatment options, and screening--attended by all new employees to Maternity Center and NICU---RN, SW, CNM, LC

--PSI’s 2-day PMD Training offered/sponsored once/year by IU Health Cont. ED: 2005-2013
Other Resources that support PMD Education

--Grand Rounds given once/year or every 2 years –1 hr. talk on PMD—OB, Psych, Peds, FP

--FP, Peds, & OB have a 2 hr. talk once/year with all interns/residents
Other Resources that support PMD Education

---e-learning CD for Healthy Families home visitors

---Nurse Family Partnership

---In-Home Counselors

---State-wide taskforce
Childbirth Classes

• Things may not go as planned
  (It’s not going to happen to me)
• Postpartum Class
• Risk Factors, Treatment/Self-Care, Guilt/Shame
• What it really looks like.....
• DVD’s
• Brochures
Where do they find me?
--Med Provider offices
--Facebook pages
--Word of mouth
--Google, and they find PSI page
How was your week?
What will you do “just for you” this week?
SUPPORT GROUP TOPICS

• Sex
• Mothers-in-Law
• Sleeping
• Unwanted Advice
• Partners/Spouses
• Mindfulness
• Intrusive Thoughts
• Seasons of Giving and Seasons of Receiving
Inpatient

• Inpatients seen by PMD staff if having present symptoms
• High Risk Antenatals
• NICU mommas
• Doula Interpreters—Spanish
• Lactation Consultants available
• All staff trained to watch for S&S of PMD
PSI's Vision

It is the vision of PSI that every woman and family worldwide will have access to information, social support, and informed professional care to deal with mental health issues related to childbearing. PSI promotes this vision through advocacy and collaboration, and by educating and training the professional community and the public.

© 2014 PSI
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 Support Groups
Professional Trainings and Conferences

www.postpartum.net
1-800-944-4PPD
1-800-944-4773
Why should we care about PMADs?

• #1 Medical complication related to childbearing
• Illness is detectable
• Opportunity to help women with prior undiagnosed mental illness or those at risk for continued mental illness.

Philip Boyce, University of Sydney, Nepean Hospital, Penrith NSW Australia
Why should we care about PMADs?

Tragic Consequences Affecting Society:
- Relationship problems/divorce
- Disability/Unemployment
- Child neglect & abuse
- Developmental delays/behavioral problems
- Infanticide/Homicide/Suicide

P. Boyce, University of Sydney, Nepean Hospital, Penrith NSW Australia
Perinatal Mood and Anxiety Disorders

- Depression and Anxiety Disorders can occur anytime in pregnancy or the first year postpartum
- PMAD is new term replacing the narrow definition of PPD
Prevalence

- Research says - about 80% of new mothers experience normal “baby blues” in the first few weeks after the baby arrives.

- At least 1 in 7 mothers experience serious depression or anxiety during pregnancy or postpartum.

- 1-2 out of 1,000 have postpartum psychosis.

- 1 in 10 fathers experience PPD
Suicide is one of the three leading causes of maternal death

Myths about POSTPARTUM DEPRESSION

- It’s only postpartum and it’s only depression
- It means I don’t love my baby/want to kill my baby
- It’s all about crying
- Andrea Yates drowned her 5 kids
- It’ll go away on it’s own
- Anxiety and depression don’t happen during pregnancy
- Physical/Mental Illness
- “Postpartum” -- new label
Myths of Motherhood

– Getting pregnant – Easy/hard
– 50% pregnancies are UNPLANNED
– Becoming a mother
– Being pregnant
– Labor & delivery
– Breastfeeding
– The baby will sleep all the time
– Superwoman/ wife /mother

© 2014 PSI
Myths of Motherhood (con’t)

• Happy all the time
• Myths about the couple
• Selective memory
• Media images
MYTHS OF PREGNANCY

• All pregnancies wanted
• Pregnancy = live baby
• Pregnancy = love in relationship
• Pregnancy = healthy baby
• Pregnancy = fulfillment
ENTERING MOTHERHOOD

Adjustments
Challenges
Myths and Expectations
Pregnancy - Psychological & Physiological Changes

• “It’s all about me,” with little awareness of how much that will change
• Hormonal changes
• Prenatal classes
• Preparing for parenthood
• Dreams and expectations
• Watching the “Baby Channel”
• Not always happy, “glowing” time
Postpartum - Psychological & Physiological Changes

- Focus on baby / forming attachment
- Fatigue / sleep deprivation
- Loss of freedom, control, and self-esteem
- Hormonal changes
- Birth not going as expected
- Learning new skills
- Role transitions
- Dreams and expectations
Postpartum Psychological/Physiological Changes (Cont’d)

• Facing fears and feelings
• Renegotiating responsibilities and relationships
• Relying on support systems
• Insecurities about parenting abilities
• Establishing breast or bottle feeding
• Physical healing from labor/delivery

© 2014 PSI
Postpartum Psychological/Physiological Changes (Cont’d)

Feelings of Loss:

- Loss of freedom/ Feeling tied down
- Loss of an old identity
- Loss of control
- Loss of a body image
- Loss of self-esteem
- Loss of financial means
- Loss of image of career/career potential

© 2014 PSI
PRACTICAL BARRIERS

- Cost of treatment
- Limited time
- Loss of pay from work
- Poor access or transportation
- Childcare
- Provider and consumer ignorance

(Kim JJ, Am J ObstetGynecol 2010;202:312.e1-5)
PSYCHOLOGICAL BARRIERS

- Illness itself
- Social Stigma
- Fear
- Lack of information
- Opposition to treatment (lack or poor support) (Dennis, CL and Chung-Lee, L. Birth 2006;33(4):323-331)
RACISM & HEALTH DISPARITIES

• Racism increases the “risk of risks”
  – Limits economic opportunity
  – Limits access to social resources
  – Increases exposure to dangerous work and living environments

• Poverty

Barriers to Treatment

– Teen pregnancy
– Fear of medication
– Denial, ignorance
– Being self-reliant
– Poor treatment referral network
A Variety of Perinatal Mood Disorders

- Depression
- Anxiety or Panic Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Psychosis
- Bipolar

These disorders can affect people at any time during their lives.
However, there is a marked increase in prevalence of these disorders during pregnancy & the postpartum period.
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**. Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development.
STUDY OF 10,000

21% had postpartum depression

- 26.5% of the episodes began before pregnancy with more chronic pattern
- 33.4% of the episodes had their onset during pregnancy
- 40.1% of the episodes began during the postpartum period

Wisner KL, Sit DKY, McShea MC, et al.  JAMA Psychiatry March 2013
STUDY OF 10,000

- 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
Depression/Anxiety in Pregnancy


Depression/Anxiety in Pregnancy

Rates vary by studies - up to 51% in low SES women (average is 18%)

Bipolar I in Pregnancy

Women with dx Bipolar I

- 71% had reoccurrence during pregnancy
- Women who stopped mood stabilizers had 2X risk of reoccurrence, 4X more rapidly than women on meds
- Most reoccurrences were depressive or mixed, often in first trimester.

Postpartum “blues”: Not a mild form of depression

- Features: tearfulness, lability, reactivity
- Predominant mood: happiness
- Peaks 3-5 days after delivery
- Present in 50-80% of women, in diverse cultures
- Unrelated to stress or psychiatric history
- Posited to be due to hormone withdrawal and/or effects of maternal bonding hormones

Miller and Rukstalis, 1999
Baby Blues: The Non-Disorder

- Affects 60-80% of new moms
- Symptoms include crying, feeling overwhelmed with motherhood, being uncertain, MILD
- Due to the extreme hormone fluctuation at the time of the birth
- Lasts no more than 2 days to 2 weeks
- Acute sleep deprivation
- Fatigue
Blues or Depression?

• Severity
• Timing
• Duration
Depression Symptoms

- Sadness, crying
- Unexplained physical complaints
- Suicidal thoughts
- Appetite changes
- Sleep disturbances
- Poor concentration/focus
- Irritability and anger
- Hopeless and helpless
- Guilt and shame
Perinatal Depression – Symptoms

• OVERWHELMED
• Lack of feelings toward the baby
• Inability to take care of self or family
• Loss of interest, joy, or pleasure
• Anxiety
• Isolation
• “This doesn’t feel like me”
• Mood swings
• Worthlessness
Anxious Depression

High co-morbidity between depression and anxiety symptoms in perinatal women.

PERINATAL ANXIETY AND PANIC DISORDERS
Anxiety Symptoms

- Agitated
- Inability to sit still
- Excessive concern about baby’s or her own health
- High alert
- Appetite changes- often rapid weight loss
- Sleep disturbances (difficulty falling/staying asleep)
- Constant worry
- Racing thoughts
- Shortness of breath
- Heart palpitations
Panic Symptoms

- Episodes of extreme anxiety
- Shortness of breath, chest pain, sensations of choking or smothering, dizziness
- Hot or cold flashes, trembling, rapid heart rate, numbness or tingling sensations
- Restlessness, agitation, or irritability
- Excessive worry or fear
- Panic may wake her up

*Beyond the Blues* by Indman and Bennett (2006)
Panic: Three greatest fears

• Fear of dying
• Fear of going crazy
• Fear of losing control
PERINATAL OBSESSIVE-COMPULSIVE DISORDER
OCD: Classic Symptoms

- Cleaning
- Checking
- Counting
- Ordering
- Obsession with germs, cleanliness
- Checking on baby
- Hypervigilence
OCD: Symptoms

- Intrusive, repetitive thoughts—usually of harm coming to baby (ego-dystonic thoughts)
- Tremendous guilt and shame
- Horrified by these thoughts
- Hypervigilence
- Moms engage in behaviors to avoid harm or minimize triggers

Educate mom that thought does not equal action
OCD: Things to Note

- Often occurs along with Depression
- Because women with OCD will not discuss thoughts, providers MUST ask about scary thoughts
- “Afraid I’m Andrea Yates”
PERINATAL POSTTRAUMATIC STRESS DISORDER
What is PTSD?

An anxiety disorder after a terrifying event or ordeal in which grave physical harm occurred or was threatened.

“It’s in the eye of beholder”

PTSD Symptoms

• Re-experiencing the traumatic event (flashbacks and flooding)
• Distressing memories, thoughts, feelings or external reminders of the event
• Spontaneous memories of the traumatic event
• Recurrent dreams/nightmares
• Avoidance of triggers
• Isolation from family/friends/providers
PTSD Symptoms

• Persistent and distorted sense of blame of self or others
• Numbing
• Hyperarousal/hypervigilance
• Dissociation
• Markedly diminished interest in activities, to an inability to remember key aspects of the event
Birth Trauma

An event occurring during the labor and delivery process that involves actual or threatened serious injury or death to the mother or her infant. The birthing woman experiences intense fear, loss of dignity, helplessness, loss of control, and horror.

Postpartum PTSD Themes

- Perception of lack of caring
  feeling abandoned
  stripped of dignity
  lack of support and reassurance
- Poor Communication
  Moms felt invisible
- Feeling of powerlessness
  Betrayal of trust
  Didn't feel protected by staff
- Do the ends justify the means?
  Healthy baby justifies traumatic delivery???

PTSD due to traumatic labor & delivery: resultant problems

- Avoidance of aftercare
- Impaired mother-infant bonding
- PTSD in partner who witnessed birth
- Sexual dysfunction
- Avoidance of further pregnancies
- Exacerbation in future pregnancies
- Elective C. sections in future pregnancies
TRAUMATIC BIRTH

- Up to 34% of moms report a traumatic birth (Beck C. and S. Watson, Nursing Research July/August 2008 Vol 57, No 4, 228–236)
- Up to 9% of women met DSM-V criteria for PTSD
- Up to 18% showed high levels of postpartum PTSD symptoms (Beck C. et al. Birth. September 2011;38:3)
SURVIVORS OF ABUSE

- Repugnance of blood/secretions
- Fear of unknown
- Body memories of abuse
- Fear of invasive procedures
- Hypervigilance
- Dissociation
- Increased risk PTSD, breastfeeding problems

Klaus & Simkin 2012
PTSD in NICU Parents

Risk factors

- neonatal complications
- lower gestational age
- greater length of stay in NICU
- stillbirth

Prominent symptoms

- intrusive memories of infant’s hospitalization
- avoidance of reminders of childbirth

Beck CT. Recognizing and Screening for Postpartum in Moms of NICU infants. Adv Neonatal Care. 2003;3(1)
NICU FAMILIES

• Common to experience PTSD, PMADs


www.Nationalperinatal.org
NICU Families

Stress associated with perception of severity of infant’s illness

NICU DADS

• Fathers of premature infants in a medical NICU demonstrated elevated levels of stress that persisted.

• Paternal self-reported stress and depressive symptomatology was independent of infant illness.

• 30% of NICU dads screened positive for depression

• Mental health screening (PMAD and PTSD)
• Providing emotional support and therapy to families in the NICU
• Overcome barriers to treatment
• Integrated family care
• National Perinatal Association (www.nationalperinatal.org)

Universal Screening by NICU caregivers
Clinicians can take a more active role in supporting mental health needs of family (Hynan M. Journal of Perinatology 2015 (35) S14–S18)

Awareness that PMADs can occur even after long anticipated discharge of their NICU
Realize they are in an ideal position to help identify mothers suffering from PPD

Bringing the Baby Home

• Suddenly faced with “fragile” infant at home
• Less support at home
• Assumption she’ll be fine once baby home
• First experience of loss of freedom/control
• Baby more at risk of illness – homebound
  • www.shareyourstory.org

© 2016 PSI
Parenting Multiples Stressors

81.8% stress of caring for more than one baby was the answer given by most parents
44.7% delivery complications
39.2% financial problems
38.8% marital problems stress
23% ill infants

Effects of Untreated Depression on OB Complications

• **Preterm birth**

• **Low Birth weight**
  (Grote N. et al. Arch Gen Psychiatry, Oct 2010, 67(10))

• **Pre-eclampsia**
  (Hu R. et al. 2015
  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4366102/pdf/pone.0119018.pdf)

• **Gestational Diabetes**
Examples of Perinatal Trauma

- Emergency Caesarean delivery
- Postpartum Hemorrhage
- Premature Birth
- Infant in NICU
- Forceps/Vacuum Extraction
- Severe Pre-eclampsia
- 3rd or 4th degree laceration
- Hyperemesis Gravidarum
- Traumatic Vaginal Birth
PTSD Websites

www.tabs.org.nz
www.solaceformothers.org
www.PATTCh.org
www.ican-online.org
www.homebirthcesarean.org
www.birthtraumaassociation.org.uk
www.HelpHer.org (Hyperemesis)
Perinatal Psychosis
Psychosis: Prevalence

• 1-2 in 1,000 postpartum women will develop PPP
• of those women:
  5% Suicide and 4% Infanticide
Onset usually within first 3 weeks after delivery

Sit D, Rothschild A, Wisner K, A Review Of Postpartum Psychosis, J of Women’s Health 2006(15)4
Postpartum psychoses: symptoms

- 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 (more than non-postpartum psychoses)
- Rapid mood swings (more than non-postpartum psychoses)
- Waxing and waning (can appear and feel normal for stretches of time in between psychotic symptoms)
Psychosis: Risk Factors

• Type 1 or Type 2 Bipolar Mood Disorder
  • 86% of women with Postpartum Psychosis met the criteria for Bipolar Mood Disorder. (Robertson, 2002 in Misri, 2005)
  • 45-52% of stable Bipolar patients experienced relapse or exacerbated symptoms during pregnancy

• History of psychotic episodes
• Family history of Psychosis or Bipolar
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

- Spectrum of BMDs: Type I and II

Viguera A, et al. Risk of Recurrence in Women with Bipolar Disorder During Pregnancy
Am J Psychiatry 2007, (164)12
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
Symptoms of Bipolar II

- Distinct period of persistently elevated, expansive or irritable mood
- Hypomania/Mania
- Decreased need for sleep
- Grandiosity, Over-driven re goals
- Racing thoughts, talkative, distractibility
- Psychomotor agitation
- Anxiety
History might include

- Treatment resistant depression
- Poor response to antidepressants
  - Initial positive response that fades
  - Medication induced mood elevation symptoms
- “Moody” or mood swings
- Pre-Menstrual Dysphoric Disorder (PMDD)
- Hypompanic episodes may last 1-6 days
- Might not cause functional impairment


Postpartum Mood and Anxiety Disorders: A Clinician’s Guide. Cheryl Beck and Jeanne Driscoll; 2005
Action on Postpartum Psychosis (APP)

- http://www.app-network.org/
- Collaborative project run by women who have experienced PP and academic experts from Birmingham and Cardiff Universities (Ian Jones, MD)
- Support, research, psychiatric services, public awareness
Dads and Depression

2006 study of 5,000 families published in Journal of Pediatrics

Found depression in 10% of the new dads

Postpartum depression more than twice as common than in the general adult male population in the U.S.


James F. Paulson, PhD, Center for Pediatric Research at the Eastern Virginia Medical School, Norfolk, Va.
Depressive Symptoms in Dads

• Initial high after birth may give way to depression

• Rather than sadness, men may be more likely to be irritable, aggressive, and sometimes hostile when depressed

• Distancing: “Checking Out”

• Distractions and Habits

James F. Paulson, et.al, Pediatrics, Aug 2006
Possible Factors in Partner Depression

- Feeling burdened or trapped
- Financial responsibility felt as burden
- Feeling outside the circle of attention
- Missing sexual relationship
- Sleep deprivation
- Isolation and Loneliness
  - Partner is often closest friend
  - Poor social support network
Marce Society
2005 Research on Dads

Conclusion of Study on Postpartum Dads:

“It took time to make people recognize PPD for women that should be ‘happy new mothers’ and it will take also time to make people recognize that "strong men" can also be depressed after childbirth.”

Glangeaud-Freudenthal N., Poinso F, Rainelli C, Sutter AL. Archives of Women's Mental Health 2005, vol 8 (2)
Resources for Fathers

www.postpartumdads.org

www.postpartummen.com

www.postpartumdadsproject.org

www.bcnd.org (boot camp for dads)

www.saddaddy.com

www.babiesaloud.com

© 2014 PSI
It’s Not All About Hormones . . .
Risk Factors For Perinatal Mood Disorders

• Biological / Physiological
• Psychological
• Social / Relationship
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

© 2014 PSI
Evidence Based Risk Factors

• **Endocrine Dysfunction**
  • Hx of Thyroid Imbalance
  • Other Endocrine Disorders
  • Decreased Fertility
  • Diabetes

• **Social Factors**
  • Inadequate social support
  • Interpersonal Violence
  • Financial Stress/Poverty
  • Recent Loss or Move

• **High Stress Parenting**
  • Military Families
  • Teen Parents
  • Moms of Multiples
  • Single Mothers

© 2014 PSI
Exacerbating Factors for PMADs

- Complications in pregnancy, birth, or breastfeeding

- Age-related stressors
  - Adolescence
  - Perimenopause

- Climate Stressors: Seasonal Depression or Mania

- Perfectionism/high expectations/
  “Superwoman syndrome”
Possible Exacerbating Factors

- Pain
- Lack of sleep  
  Okun ML, et al. Affect Disord. 2011 May;130(3):378-84
- Abrupt discontinuation of breastfeeding
- Childcare stress/Marital Stress
- Losses - miscarriage, neonatal death, stillborn, selective termination, elective abortion
- History of childhood sexual abuse


© 2014 PSI
Possible Exacerbating Factors

- Culture Shock—career vs motherhood
- Health Issues with mom or baby
- Unresolved grief or attachment with Mother
- Returning to work
- Temperament of baby
Ruling Out Other Causes

- Thyroid or pituitary imbalance
- Anemia
- Trauma
- Side effects of other medicines
- Alcohol or drug use
Primary Prevention Model

• Risk Factors are known
• Feasible to identify high-risk mothers:
  - Screening is inexpensive
• Screening is also educational
• Many risk factors are amenable to change
• Known, reliable, and effective treatments exist
Prevention

In other words, we know:

• Who is at risk
• How to screen
• How to engage Preventive Tools
• Reliable Treatment Methods
Why Screen?

High prevalence rate

Risks of untreated Perinatal Mood Disorder are well documented

Availability of effective treatments

“You can’t tell by looking”

Screening tools readily available

Increases rate of detection


c. 2014 PSI
Does the prevalence of perinatal depression warrant screening?

Yes!

By comparison:

• 4.8% have gestational diabetes
  (Ferrara 2002)

• 5% have hypertension in pregnancy
  (Haddad 1999)
Complications of Pregnancy

• Gestational Hypertension 6-8%

• Gestational Diabetes 6-8%

• Pre-eclampsia 6%

NIH/National Heart, Lung, and Blood Institute
Nhlbi.nih.gov

• PMADs 21%

Wisner KL, Sit DKY, McShea MC, et al. *JAMA Psychiatry March 2013*
Screen all pregnant and postpartum patients (excluding bereavement patients) before discharge using the EPDS.

Bedside nurse provides education about symptoms, risk factors, self care and resources. Please highlight PMD information in the You and Your Baby Book.

**Please place the completed EPDS top copy (WHITE) in the patient’s chart. Place duplicate (yellow copy) EPDS in the designated area on your unit.**

**Algorithm for the Perinatal Mood Disorders Screening Program**

- **Score <12**
  - Bedside nurse provides education about symptoms, risk factors, self care and resources. Please highlight PMD information in the You and Your Baby Book.
  - Document score in patient medical chart.

- **Score 12 or greater, 0 on #10 or no current suicidal ideation**
  - Bedside nurse provides education about symptoms, risk factors, self care, and resources. Highlight information in the “A New Beginning” Book or give PMD brochure.
  - Notify Ob provider and leave message on PMD program voicemail at 962-8191.
  - Document score and interventions.

- **Answers 1, 2 or 3 on #10 regardless of score**
  - Ask more questions….
  - Is pt currently suicidal?
  - Yes
    - Notify Ob provider.
    - Document score and interventions.
    - Page PMD program at 312-5471 or 312-8934.
    - If PMD program staff not available, call the Access Center at 962-2622 or the Unit Social Worker on call.
  - No
    - Document score and interventions.
    - PMD program will contact patient by phone within 24-48 hours.
    - PMD program will assess symptoms, offer appointment, support group referrals.

Updated 03/2015
IU Health Women’s Services
Please circle the answer that best describes how you have felt over the past 7 days.

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

Screening

EDUCATION !!!
Treatment Options
Critical Components to Recovery

- Medical Evaluation and Treatment
- Social Support & Practical Help
- Mental Health Counseling
- New Parent Classes and Groups

© 2013 Postpartum Support International
www.postpartum.net
PSI Motto

- **You are not alone (validation)**
  - Other mothers experience this
  - Connection and support will help you

- **You are not to blame (reassurance)**
  - This is not something you caused
  - This is not a reflection of your ability as a mother (or father)

- **With help, you will be well (hope)**
  - All symptoms are treatable
  - It is a sign of strength to reach out
  - It will get easier
Treatment Options

- Getting information & education
- Self care
  - Sleep
  - Nutrition
  - Exercise
  - Time for self
  - Spirituality
    - Faith factor
    - Refilling “pitcher”
- Treat thyroiditis
Treatment Options (con’t)

• Support from family / friends
• Support groups
  – Peer support
  – Professionally – led therapeutic group
  – Mommy & me groups
  – Parenting coaching
  – Self help tools and networks
• Therapy / Counseling
  – Individual
  – Couples
  – Family
Treatment Options (con’t)

• Medications
• TMS
• ECT
  – May be helpful in depression, mania, psychosis
  – No known adverse on offspring
• Hospitalization

Inadequate treatment can lead to chronic depression or relapse.
Medications

- Antidepressants
- Anti-anxiety
- Mood stabilizers
- Antipsychotics
- Herbs
Alternative & Complementary Interventions

Definition: “any form of treatment that lies outside the realm of conventional modern medicine and it encompasses a broad range of healing philosophies and therapies.”
Complementary Treatments

• Relaxation & Imagery, Meditation, Mindfulness
• Herbal medicine/Homeopathy
• Dietary supplements/nutrition
• Traditional Chinese medicine/Acupuncture
• Aromatherapy
• Light Therapy
• Omega 3’s
• Herbal Supplements
• Massage
• Nutrition and Exercise
• Bio-feedback
The risks of not treating PMD’s

- Mother
- Family
- Infant
Risks Of Untreated Depression During Pregnancy

- Postpartum Depression
- Negative Effect on Bonding
- Noncompliance With Prenatal Care
- Unknown Effects On Fetal Development
- Exposure To Additional Medications
- Suicide
- Poor Self-Care, Nutrition, Sleep
- Drug, Alcohol, Tobacco Use

Consider: Effects of Untreated Maternal Depression

- Negative and disengaged parenting behaviors
- Greater risk of insecure infant attachment
- Children more likely to experience psychiatric illness
- Prematurity
- Low birth weight
- Decreased global IQ and language development

- EEG changes in frontal lobe correlating with behavioral problems
- Alterations in Hypothalamic-Pituitary-Adrenal Axis
- Higher serum cortisol levels in child correlating with severity of maternal depression

Newport et al. Am J Psychiatry 2002
Women and their Partners should make an informed decision regarding breastfeeding.
“The decision to breastfeed is not, however, always so simple, especially for women who suffer from depression and are taking psychotropic medications”

Pregnancy Blues – Shaila Misri, M.D.
Three Choices . . .

1) Expose the baby to medication through the breast milk.
2) Expose the baby to the adverse effects of untreated depression in the mother
3) Take antidepressant medications and don’t breastfeed the baby

Pregnancy Blues – Shaila Misri, M.D.
Breastfeeding and PMD

- It may be the only thing that she feels good about
- **DO NOT** tell her she can’t breastfeed with PPD
- If she wants to wean, **DO NOT** let her wean abruptly
- Delayed PPD due to cessation of breastfeeding
Perinatal Resources
Resources

- Books/Journals
- Websites
- Pamphlets
- Videos
- Organizations – PSI
- Support Groups
- PSI Volunteer Coordinators
- Message Boards, Facebook, Twitter

© 2014 PSI
Support | Resources | Training
Connection

www.postpartum.net

1-800-944-4PPD ~ 1-800-944-4773
Postpartum Support International
Universal Message

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

© 2016 PSI
PSI Bridges the Gap

You are not alone
You are not at fault
With help you will be well

1-800-944-4PPD(4773)
Postpartum Support International

We provide direct peer support to families, train professionals, and provide a bridge to connect them.
PSI Support for Families

• PSI Support Coordinator Network
  • [www.postpartum.net/get-help/locations/](http://www.postpartum.net/get-help/locations/)
    • Every state and more than 40 countries
    • Specialized Support: military, dads, legal, psychosis
    • PSI Facebook Group

• Toll-free Helpline 800-944-4PPD support to women and families in English & Spanish

• Free Telephone Chat with an Expert
Local PSI Contact

• [http://www.postpartum.net/get-help/locations/](http://www.postpartum.net/get-help/locations/)

• Telephone and email support for moms/families
• Connect with help: providers, groups, classes
• Providers apply to be on local resource list

**PSI Regional Coordinators**

• Would you like to volunteer? Contact [psioffice@postpartum.net](mailto:psioffice@postpartum.net)
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.supportgroupcentral.com/PSI
AND CLICK THE JOIN BUTTON!

© 2016 PSI
PSI Chat with an Expert

• [www.postpartum.net/chat-with-an-expert/](http://www.postpartum.net/chat-with-an-expert/)

• **Every Wednesday** for Moms

• **First Mondays** for Dads
PSI Perinatal Mental Health Trainings

• **PSI 2-Day** Perinatal Mood and Anxiety Disorders Certificate Training:
  
  • [www.postpartum.net/professionals/psi-certificate-training/](http://www.postpartum.net/professionals/psi-certificate-training/)

• PSI and 2020 Mom Project Online Webinar MMH Certificate Training
  
  [www.2020momproject.com/maternal_mental_health_training_for_professionals](http://www.2020momproject.com/maternal_mental_health_training_for_professionals)

• **Annual Conference**: July 12-15, 2017 in Philadelphia

• **PSI Social Support Network** online training
PSI Public Awareness Posters

“You are not alone”

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

© 2016 PSI
PSI Educational Brochures
English & Spanish

www.postpartum.net/resources/psi-brochure/
PSI Educational DVDs

Healthy Mom, Happy Family
13 minute DVD
Information, Real Stories, Hope
1-800-944-4773
www.postpartum.net/resources/psi-educational-dvd/
Support for Fathers

• **Chat with an Expert for Dads: First Mondays**
• Dads Website [www.postpartumdad.org](http://www.postpartumdad.org)
• **Fathers Respond DVD** 8 minutes

Contact [psioffice@postpartum.net](mailto:psioffice@postpartum.net) to purchase DVD
PSI Social Media

• PSI Facebook Open Fan Page
  www.facebook.com/PostpartumSupportInternational

• PSI Facebook Closed Group
  www.facebook.com/groups/25960478598/

• PSI Twitter -- @postpartumhelp
  www.twitter.com/PostpartumHelp

• PSI YouTube Channel
  https://www.youtube.com/user/postpartumvideo

• PSI LinkedIn
  www.linkedin.com/company/postpartum-support-international
United States Support & Resources

Support and Resources in the United States

Welcome to the PSI Support network for the United States. You can find area volunteers by choosing an option from the drop-down below, scroll to find your state or by clicking on the map. Our volunteers will support you and help you find local providers.

For worldwide help, click here to visit our List of International Resources
Information about medication in pregnancy & breastfeeding

• MOTHERISK: 877-439-2744  
  www.motherisk.org/prof/drugs.jsp

• InfantRisk: 806-352-2519  
  http://www.infantrisk.com

• MothertoBaby: 866-626-6847  
  http://www.mothertobaby.org

• Mass General Women’s Health  
  www.womensmentalhealth.org
Specialty Programs

1. UNC Perinatal Psych Inpatient Unit
   http://www.med.unc.edu/psych/wmd/patient_care/perinatal-inpatient

2. Brown/Women & Infants Providence RI
   http://www.womenandinfants.org/dayhospital/range-of-services.cfm

3. Mountain View CA El Camino Hospital Maternal Outreach Mood Services (MOMS)

4. Grand Rapids, MI Pine Rest Mother and Baby Program

5. Minneapolis MN Hennepin Mother-Baby Day Hospital

6. Long Beach CA Community Hospital Long Beach  Outpatient & Inpatient

7. San Diego, CA UC San Diego Maternal Mental Health Program

8. Pasadena, CA Huntington Memorial Hospital Maternal Wellness Program

9. Hoffman Estates, IL AMITA Health Perinatal IOP at Alexian Brothers

10. Great Neck, NY Zucker Hillside Hospital Perinatal Psych  Outpatient & Inpatient

© 2016 PSI
PSI 2-day Certificate of Completion

- April 26&27---Muskegon, MI
- May 10&11—Phoenix, AZ
- May 17&18—Buffalo, NY
- June 6&7---Minneapolis, MN
- July 12&13—Philadelphia, PA with annual conference
- Oct. 26&27--Indianapolis

© 2016 PSI
PSI Annual Conference

July 12&13—Pre-conference
July 14&15--Conference

http://www.postpartum.net/professionals/
Text4baby

www.text4baby.org

To sign up for Text4Baby
Text ... BABY to 511411

Envia... BEBE al 511411 para Español

© 2016 PSI
Georgia Volunteer Support Coordinators

• GEORGIA STATE CO-COORDINATOR: Elizabeth O’Brien, MA, LPC
  NE Atlanta
  Telephone: 907-378-6972 cell
  Email

• GEORGIA STATE CO-COORDINATOR: Sarah Hightower, MA, LPC
  South Atlanta
  Telephone: 404-428-4114
  Voicemails can be left on my phone if I do not answer.
  Email

• GEORGIA STATE CO-COORDINATOR: Cassie Owens, MA, LPC
  Dunwoody/Perimeter area
  Telephone: 404-493-2112
  Email: cassieowensLPC@gmail.com
Georgia Volunteer Support Coordinators

• GEORGIA STATE CO-COORDINATOR: Joelle Daigrepont, RN
  Columbus/Fort Benning
  Telephone: 225-938-9084
  Email: jsdaigrepont@gmail.com

• GEORGIA STATE CO-COORDINATOR: Elizabeth A. Nicholson, LCSW
  Telephone: 404-550-3015
  Elizabeth@kout.com
Georgia Support Groups

• Postpartum Wellness Support Group
  Atlanta, GA
  Time: Every other Thursday from 11am – Noon
  Fee: None
  Contact: Cassie Owens, LPC
  Registration Required
  Telephone: 404-448-1733
  [Email]  [Website]
  You are not alone! This is a free group for moms who want to share and connect with other women for support. The group will offer education, support, and tools to help you feel like yourself again. Babies welcome!

• Postpartum Moms Group Atlanta, GA
  Telephone: 914.261.8182 or 404.874.8664
  Visit www.meetup.com/PPDAtlanta or Call or Email Amber Koter-Puline for more information about individual and small group peer support in the Atlanta area.
  [Email]  [Website]
Georgia Support Groups

New Moms Support Group, Atlanta
Location: Atlanta Medical Center
Time: Every Friday 11:00 – 12:00PM
Website  Email

New Moms Support Group, Northside Hospital
Location: Northside Hospital
Time: Every other Thursday from 10:30 – 11:30AM
Website  Email
Southside Atlanta New Mom Support Group

• Time: Every Wednesday from 10-11am
• Fee: $5
• Contact: Sarah Hightower, LPC or Nineshia Mont-Reynaud, LPC
• Registration is required
Telephone: 404.428.4114 or 678.834.0880
Email: sarah.hightower@gmail.com
Website: http://sarahhightower.com/counseling-services/new-moms-support-group/

Join us as we explore the role of being a new mom. We'll talk openly and honestly about motherhood, share information and resources about postpartum mood concerns, and provide loving support in a safe space with other moms. Lap babies are welcome!
• http://www.postpartumatlanta.com/group-support-in-atlanta.html
Pregnancy & Postpartum Wellness Group:

I facilitate a **FREE** pregnancy and postpartum support group every other Thursday from 11-noon, at Babies R Us in Dunwoody. This is a great group for moms and moms to be who want to share and connect with other women for support. This group offers education, support, and tools to help you feel like yourself again. **Babies welcome!**

1155 Mount Vernon Highway
Dunwoody, GA 30338

**Here is my winter/spring 2017 schedule:**
January 5, 19
Feb 2, 16
March 2, 16, 30
April 13, 27
May 11, 25
• **Atlanta PPD Meetup**
  Peer support group led by Amber Koter at The Lodge Cafe at Peachtree Presbyterian  A great way to connect monthly with other moms! Visit the site to sign up.  

**InMind Collaborative**
Free New Moms group in Grant Park every Friday from 10am-11am. Please contact Elizabeth O'Brien or Kirsten Justice for location and details.  

**Claudia Tillman**
Free group on Mondays 9:30 to 11:00 at the Solarium in Oakhurst. 321 W. Hill Street, Decatur 30030.  
First time moms with babies 4 months or less at start date. Please e-mail Claudia at [mondayammoms@gmail.com](mailto:mondayammoms@gmail.com) for more info and to register.
• **Women's Wellness Atlanta:**
  Exhale! A support group for new moms and moms to be in Decatur. Meets every other Tuesday from 3pm-4pm. Contact Dr. Peat for more information at (678) 909-9040 or click on the link below.
  [https://www.eventbrite.com/e/exhale-support-group-for-new-moms-and-moms-to-be-tickets-28394820673](https://www.eventbrite.com/e/exhale-support-group-for-new-moms-and-moms-to-be-tickets-28394820673)

**Dekalb Medical Center:**
Free New Parent Support Group
[http://www.dekalbmedical.org/patient-visitor-information/support-groups](http://www.dekalbmedical.org/patient-visitor-information/support-groups)
• **Kristin Mize, LPC**
  Free new moms support group every other Friday in Cobb! Contact Kristin Mize, [http://www.kristinmize.com](http://www.kristinmize.com/)

**Southside Atlanta New Mom Support Group**
Wednesdays 10am-11am in East Point, GA. Must register before attending. Please contact Ninesha Mont-Reynaud, LPC at 678-834-0880 or Sarah Hightower, LPC at 404-428-4114.

**Intown Midwifery**
In conjunction with Northstar Support, Jamie Filler, LMFT is leading a free wellness group for pregnant and postpartum moms at Intown Midwifery every 2nd Friday of the month. Babies are always welcome. Contact Jamie Filler, [http://www.jaimefillercounseling.com](http://www.jaimefillercounseling.com)
North Star
POSTPARTUM & PARENTING MEETUP
10-11:30 am

FIRST FRIDAYS
3180 Avalon Blvd, Alpharetta 30009

SECOND FRIDAYS
340 Boulevard, Suite 103, Atlanta 30316