POSTPARTUM DEPRESSION & ANXIETY: HOW TO IDENTIFY & TREAT STRUGGLING PARENTS

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SPRING TRAINING INSTITUTE
THURSDAY, MAY 30TH
3:35-5:05PM

OBJECTIVES

1. Deliver an understanding of postpartum mental health issues
2. Increase comfort in assessing and addressing postpartum mental health issues in practice
3. Provide a road map for how to provide a support group for postpartum mental health issues in your community

OBJECTIVE 1

UNDERSTANDING POSTPARTUM MENTAL HEALTH ISSUES

POSTPARTUM MENTAL HEALTH ISSUES

PMADS (PERINATAL MOOD & ANXIETY DISORDERS)

- Not just postpartum depression
  - M: depression & bipolar (also psychosis)
  - A: GAD, panic, OCD, PTSD
- Perinatal period: Entire time frame from pregnancy through the first year after giving birth
- 20% of pregnant women will experience moderate to severe symptoms of depression & anxiety
- 21% of mothers will experience postpartum depression
- 8-20% of mothers will experience postpartum anxiety

O'Hara, MW, Wisner KL, Best Pract Res Clin Obstet Gyanecol. 2014 Jan;28(1): 3-12; Wisner, KL, Et al jamapsychiatry.2013.87; Earles, M. Pediatrics 2010;126:1032-1039

BEING A PARENT, ESPECIALLY FOR A BABY/TODDLER, COMES WITH A LOT OF CHALLENGES FOR OUR MENTAL HEALTH…

- Disturbed sleep
- Adapting to new routines
- Figuring out how to care for your new little one
- Changing roles/expectations for ourselves and relationships with others
- Financial stresses

SLEEP DEPRIVATION HAS REAL CONSEQUENCES FOR MENTAL HEALTH

- A study shared by Dr.'s John and Julie Gottman in their book And Baby Makes Three showed that healthy young childless volunteers who were deprived of deep sleep every night for a month all became clinically and biologically depressed.
- So what does sleep deprivation do when you also add the stress of caring for an infant which is completely dependent on you?

BABY BLUES

- This is the most common post-partum mood disturbance- 30-75% of women experience "Baby Blues"
- The symptoms begin within a few days of delivery (usually day 3 or 4) and persist for hours up to several days
- Symptoms include: Mood lability, Irritability, Tearfulness, Generalized Anxiety, and Sleep and Appetite Disturbance
- With some support/reassurance these symptoms usually go away on their own

POSTPARTUM DEPRESSION

- 10-15 % of mothers develop PPD- It is the MOST COMMON complication of childbirth
- PPD usually begins in the first 6 weeks postpartum, but can begin anytime in the first year of baby's life

"It was terrible, it was the exact opposite of what had happened when Apple was born. With her, I was on cloud nine. I couldn't believe it wasn't the same. I just thought it meant I was a terrible mother and a terrible person."

SYMPTOMS OF PPD:

- You feel overwhelmed
- You feel guilty because you believe you should be handling new motherhood better than this. You may feel like your baby deserves better than you.
- You don't feel bonded to your baby.
- You can't understand what is happening to you or why. You are very confused and scared.
- You feel irritated and angry. Everything annoys you.
- You feel nothing, just emptiness and numbness.
- You feel sadness to the depths of your soul. You can't stop crying.
- You feel hopeless, like your situation will never get better.
- You can't bring yourself to eat or feel that eating is the only thing to make you feel better.
- You can't sleep when the baby sleeps or any other time. You can't stop sleeping or get out of bed to do anything.
- You can't concentrate.
- You feel disconnected.
- You may have thoughts about running away or leaving your family behind.
- You are afraid.

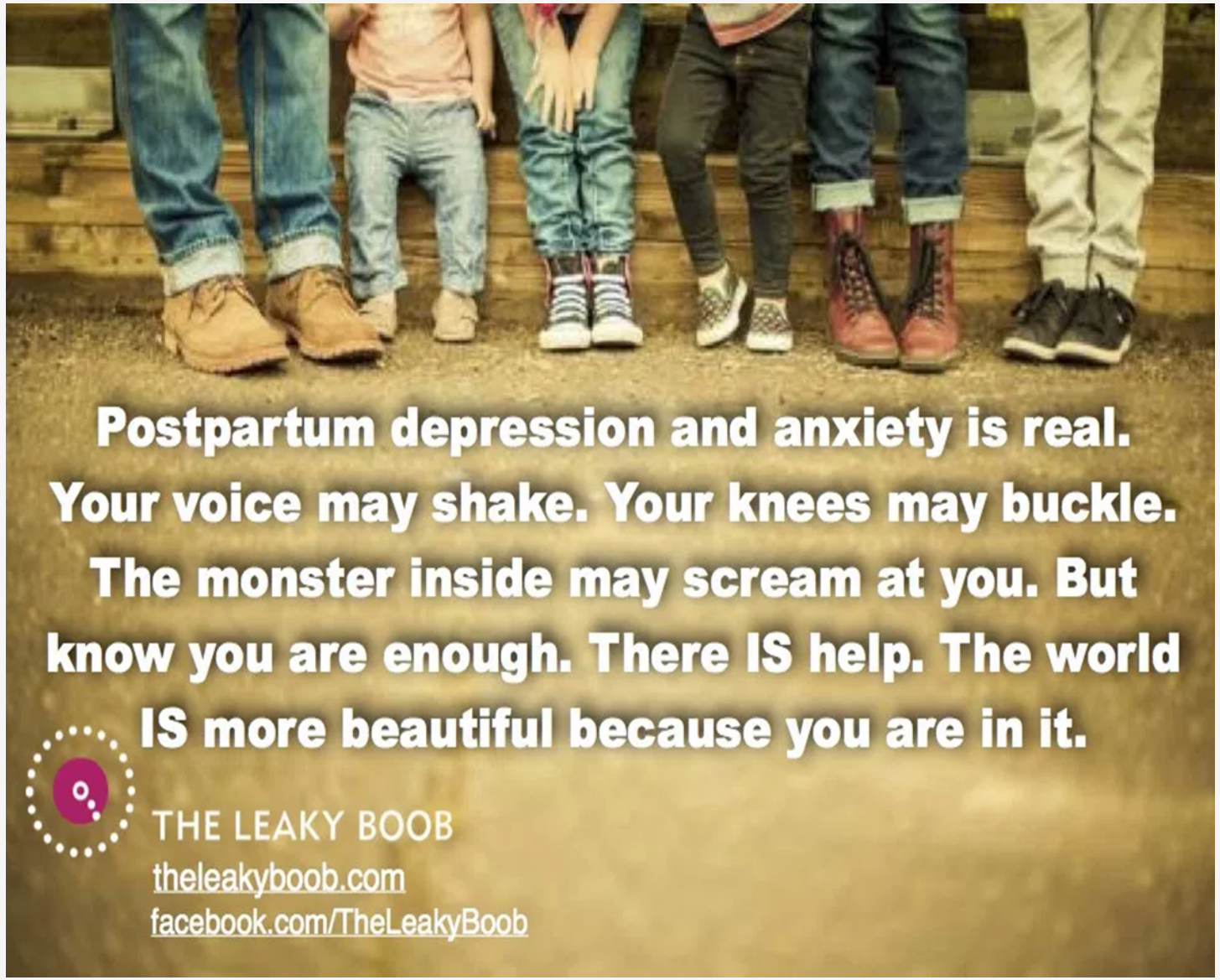
Source: Postpartum Progress

FACTORS THAT INCREASE RISK OF PPD

- Hormones
- Previous History of Depression
- Mood during pregnancy- Depression and anxiety during pregnancy increases PPD risk
- Life Events/Stressors
- Social Support
- Marital problems
- Higher Levels of Childcare Stressors (ie difficult baby or baby with neonatal complications)

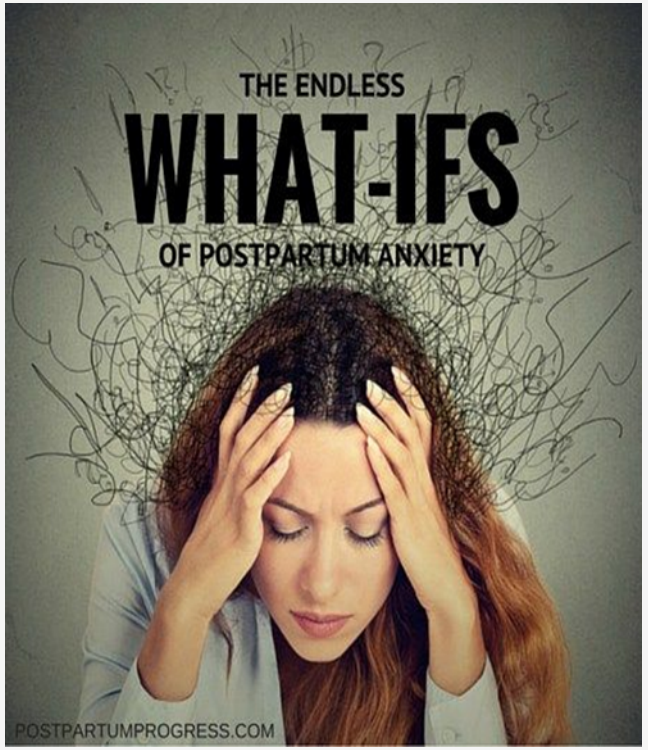
RISKS IF YOU DON'T SEEK HELP FOR PPD…

- Negative Impact on the bond between mother and infant
- Lack of affection for the child can cause consequences for child's development
- Possible issues for child later in life (increased risk for depression in child, impacts mother-child communication)


Postpartum depression and anxiety is real. Your voice may shake. Your knees may buckle. The monster inside may scream at you. But know you are enough. There IS help. The world IS more beautiful because you are in it.
THE LEAKY BOOB
theleakyboob.com
facebook.com/TheLeakyBoob

POSTPARTUM ANXIETY & OCD

- Affects approximately 1 out of every 6 women after childbirth
- Unfortunately anxiety is talked about less than PPD so new parents don't know they deserve and can get help.



SIGNS OF POSTPARTUM ANXIETY & OCD

- Your thoughts are racing. You can't quiet your mind or relax.
- You feel like you have to be doing something at all times.
- You are worried. Really worried. All. The. Time.
- You may be having disturbing thoughts.
- You are restless.
- You can't eat.
- You have trouble sleeping.
- You have a sense of dread.
- You are afraid to be alone with your baby because of scary thoughts or worries. You worry about things that my be potentially harmful and avoid them.
- You feel the need to check things constantly.
- You may be having physical symptoms like stomach cramps, headaches, shakiness, or nausea.
- You may have panic attacks.

Source: Postpartum Progress

POSTPARTUM PSYCHOSIS

- Very rare…Occurs in 1-2 of every 1000 deliveries.
- Symptoms occur rapidly. Occur as early as 48-72 hours postpartum and usually occurs within the 1st 2 weeks postpartum.
- Symptoms include: Depressed or elated mood (which can fluctuate rapidly), disorganized behavior, delusions, and hallucinations
- Risk factors are genetic and biological (prior history of bipolar disorder or a mother who had postpartum psychosis)
- Due to the severity of the symptoms and risk to the mother and child hospitalization is required.

MENTAL HEALTH ISSUES FOR DADS/ OTHER CAREGIVERS

- 10% of men experience peri or postpartum depression
- Postpartum anxiety also occurs in men
- Men tend to avoid getting treatment or talking about their depression or anxiety due to a lack of awareness that this is a real problem.
- Not getting treatment can impact a caregiver's relationship with the child as well as the mother

OBJECTIVE 2A

ASSESSING POSTPARTUM MENTAL HEALTH ISSUES IN PRACTICE

EVIDENCE-BASED ASSESSMENT TOOLS

- Edinburgh Postnatal Depression Scale (EPDS)
  - 10 questions, 4 Likert Scale response options
  - Total score >10, contact health care provider
  - Also valid for father
  - Screens for anxiety, sensitive to postpartum depression
- Patient Health Questionnaire-9 (PHQ-9)
  - 10 questions, 4 Likert Scale Response options
  - Total Score >10, contact health care provider
  - Screens for depression and suicidality, but not anxiety

OTHER ASSESSMENT TOOLS

- Initial research focused on depressive symptoms of postpartum mental health. Research continues to increase validity and add to evidence base to screening tools that include more symptoms of anxiety.
- Perinatal Anxiety Screening Scale (PASS)
  - Screens for postpartum anxiety
  - Preliminary validated by the developers
  - 31 questions, 4 Likert Scale response options
- Postpartum Distress Measure (PDM)
  - Looks for indicators of both depression and anxiety in the postpartum period
  - 10 questions, 4 Likert Scale response options

OBJECTIVE 2B

ADDRESSING POSTPARTUM MENTAL HEALTH ISSUES IN PRACTICE

GOALS FOR TREATMENT

- Reduce Social Isolation & Increase Perceived Support
- Reset Expectations
- Increase Coping Skills and Self-Care
- Assist Client in Shaping their New Identity
- Address Negative Thoughts
- Address Trauma(s)

REDUCE SOCIAL ISOLATION & INCREASE PERCEIVED SUPPORT

- Assist client in increasing their support system by
  - (a) adding support people to their circle and/or
  - (b) communicating to existing support people how to respond to their symptoms in helpful ways.
- Connect client to other resources to build their team of professional support
  - IE. home visiting programs for parenting support, lactation consultant for breastfeeding concerns, physical therapy, psychiatrist or physician for medical issues

RESET EXPECTATIONS

- Many parents have unrealistic expectations about what life with a new baby will look like, and when those expectations are unmet, they blame themselves and think it is a reflection of their parenting abilities.
- Normalize that this is a difficult phase of life that no one is prepared for.
- Encourage connection with other parents who will further validate their experiences.

INCREASE COPING SKILLS & SELF-CARE

- Educate and highlight increased need for self-care.

  -Reframe self-care from selfish and luxurious to a vital aspect of parenting.

  -Don't forget the most basic self-care- eating, sleeping, going to the doctor, etc. as these things are difficult to do with a newborn and therefore stop being priorities many new parents.

- Teach relaxation skills

  -Deep breathing, meditation, PMR, etc.

- Assist client in creating a list or schedule of self-care activities.

  -Seek out a variety of activities that range from something they could do in a single stressful moment, to something bigger that they could do after a difficult week.

  -Encourage a tangible list they can look at when they can't remember what to do.

ASSIST CLIENT IN SHAPING NEW IDENTITY

- Parenthood shifts our identity, this can be a difficult transition.

"The moment a child is born, the mother is also born. She never existed before. The woman existed, but the mother, never. A mother is something absolutely new." -Osho

- Clients might need help processing their grief of their old life and identity (as well as the subsequent guilt of missing life before sweet baby).
- Encourage clients to look for parts of their "Old life" that they enjoyed that could fit into their new life as a parent.

ADDRESS NEGATIVE THOUGHTS

- Similar to other forms of anxiety and depression, CBT strategies can be very helpful in disrupting negative thinking patterns.

  -Identify negative thoughts

  -Look for thought distortions

  -Look at evidence for and against thoughts

  -Create realistic, positive thoughts to use in response to negative thoughts.

ADDRESS TRAUMA(S)

NICU Experiences

- NICU stays, regardless of how long, should generally be considered traumatic events for parents and therefore clinicians should look for signs of PTSD.
- Mothers especially are not programmed to be separated from newborn babies, and the separation alone is traumatic for many new parents, the fear for baby's safety and medical complications notwithstanding.

Traumatic Births

- Like any major medical procedure, a traumatic birth can result in PTSD for new mothers and will need to be addressed appropriately
- Women with traumatic births may hold faulty beliefs such as their body failed them, or that they have already failed as a mother.

Parents childhood

- Becoming a parent can be very triggering to those who experienced traumatic childhoods, even if they thought it was “behind them”.
- Since brains like to identify similar patterns, help clients look for the differences in their own parents versus that of their parents and appreciate their ability to do different.

OBJECTIVE 3: STRATEGIES FOR SUPPORT

- INDIVIDUAL THERAPY
- COUPLES THERAPY
- GROUP THERAPY
- SUPPORT GROUPS
- PSYCHIATRY
- POSTPARTUM DOULAS
- HOME VISITING PROGRAMS
- FRIENDS AND FAMILY
- PARENTING GROUPS (FORMAL OR INFORMAL)

WHAT IS THE PPD/PPA SUPPORT GROUP WE FACILITATE?

- The group began 1 year ago and was started simply because we saw a need and had a desire to fill the need.
- The group is co-facilitated by us 3 social workers and Dr. Kimberly Brandt who specializes in Peripartum Psychiatry.
- The group meets on the 3rd Tuesday of the month from 6-7:30 p.m. at the South Providence Conference Room (we selected this location due to availability, accessibility, and that we have an urgent care adjacent should we have a crisis situation)
- Group is open to parents/caregivers with a child under 1 who is struggling with their mood or anxiety. We do not turn away parents whose kids are over 1. We encourage parents to not bring their children, but will connect parents to people who have volunteered child care if requested.
- We have an average of 5 group attendees each month and frequently have at least a couple of new participants each month.

SUPPORT GROUP: FACILITATION

First Group

- Intake form
- Informed Consent
- EPDS (retake at 4th group attended)
- Group Evaluation (Utilizes the ORS/SRS from Scott Miller)

Group Guidelines

- 8 points
- Confidentiality
- Thoughts of self harm

Self Introduction

- High and low for the month

Mindfulness exercise

- Guided Imagery/Meditation
- Handout with self exercises

Monthly Topic

- Handout related to discussion. Contains resources on subject.

MONTHLY DISCUSSION TOPICS

- Postpartum Anger
- Positive body image
- PPD/PPA & holidays
- Anxiety
- Self-Care
- Mom guilt
- Embracing the awkwardness
- Couple/Partnerships/Relationships
- Setting boundaries and communicating needs: grandparents and other extended family
- Depression

SUPPORT GROUP: LESSONS LEARNED

Self care activities

- Coloring pages, Paint nails, Make your own lip scrub, Cookies/Donuts

Postpartum Timeline

- <12 months
- >12 months

Resource Referrals

- Importance of mental health co-facilitation

Promotion of group

- OB/GYN
- Social Media
- Community Engagement

Barriers for Parents

- Childcare
- Frequency of meetings

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