

Navigating the Way

Creating Integrated Systems of Support for Pregnant and Postpartum Families



Wendy N. Davis, PhD
Maternal Wellness Summit
December 6, 2013

The Summit Event Center
Aurora, Colorado

Postpartum Support International



English & Spanish Support

Connect 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

1-800-944-9773

Partnerships

"...Partnerships with community leaders, the media, volunteers, civic associations, neighborhood health centers, women's centers. Partnerships are the backbone of nearly every successful community program. Partnerships include a variety of arrangements and levels of engagement to produce results that one organization, community group or coalition alone could not achieve. Partners may serve as channels, or go-betweens, to help spread information."

Mental Health America and SAMHSA. (2008) Maternal Depression - Making a Difference Through Community Action: A Planning Guide. Alexandria, VA.

Integrated Systems



How do we create Integrated Models of Care?

- ▶ Medical and professional school education
- ▶ Provider education
- ▶ Outreach and community networking
- ▶ Routine screening and assessment throughout system
- ▶ Community resources & connections
- ▶ Strengthen bridges between professional, social support, public health and educational systems

Partner Roles and Opportunities

- ▶ Raise awareness and decrease stigma
- ▶ Advocate for improved services and systems
- ▶ Be the voice of families and front-line service providers in policy discussions
- ▶ Engage medical, community, and social service providers in identifying and implementing change
- ▶ Deliver family-centered, culturally competent clinical and support services
- ▶ Provide training and consultation



Oregon Health Authority
Maternal Mental Health
Work Group Report
Sept. 2010

System & Public Health Opportunities

- ▶ Identify the scope and impact of the problem
- ▶ Compile policy and best practice research
- ▶ Integrate MMH into public health, primary care, mental health, addictions, early childhood, and social services at the state and local levels
- ▶ Convene and support the growing partnership
- ▶ Seek funding opportunities
- ▶ Identify and pursue opportunities to address MMH across state agencies and programs

Oregon Health Authority
Maternal Mental Health
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History of Terminology

Puerperal Psychosis



Postpartum Depression



Perinatal Depression



Perinatal Mood & Anxiety Disorders



Maternal Mental Health

Prevalence

- Difficulty assessing prevalence
 - ☺ The smiling depression ☹
 - Differences in research
 - Populations
 - Location
 - Methods



Prevalence

- Prenatal Depression: 13.5%
- Postpartum Depression (PPD)
 - 13.6% in first month
 - 19.2% in first year
- PPD, Teen Moms: 26% - 60%
- PPD, Moms of Multiples 25%
- PP Psychosis: .1 - .2%

- Fathers: 10%

Gaynes BN, Gavin N (2005) Perinatal depression: prevalence, screening accuracy, and screening outcomes. *Evid Reprod Technol Assess* 119:1-8

Best Practices

- ▶ **Develop community network** of care and support
- ▶ **Assess and predict** risk
- ▶ **Accurately confirm** depressive or anxious symptoms in pregnant and postpartum women
- ▶ Implement **effective prevention efforts** based on evidence-based risk factors
- ▶ Implement **effective treatment** interventions

Registered Nurses' Association of Ontario, Sept2012
Toolkit: Implementation of Best Practice Guidelines

Healthcare Dilemma

Before we implement best practices, we have to decrease stigma and empower families



The Challenge

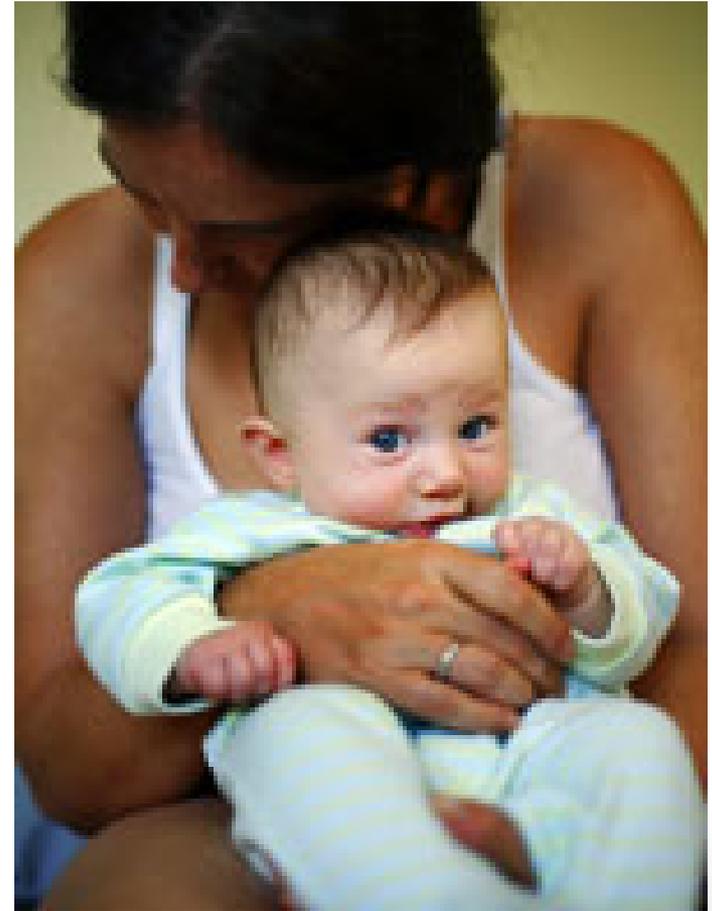
- ▶ *How do we reassure when they are afraid to disclose that they need help?*
- ▶ *How can we help when they don't know what's wrong?*
- ▶ *Our challenge is to reduce shame and normalize new parent's need for support*
- ▶ *Treatment will not lead to full recovery if shame is not addressed*



Obstacles to Care

- ▶ Shame and Fear
- ▶ Provider Misinformation
- ▶ Cultural Taboos
- ▶ Provider Accessibility

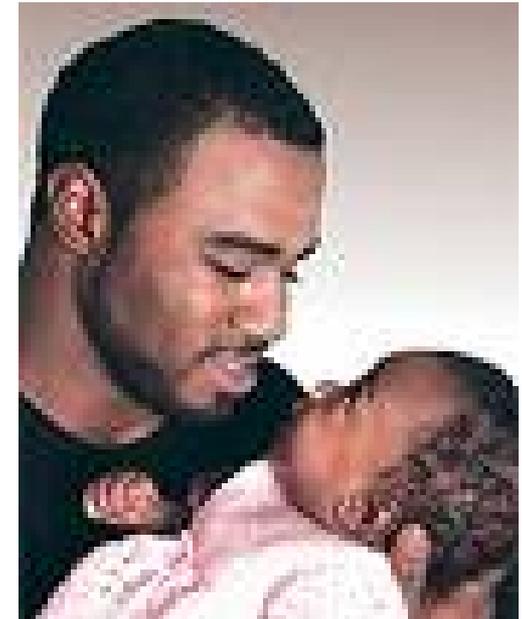
Feldman, et al. (2009) Maternal Depression and Anxiety Across the Postpartum Year and Infant Social Engagement, Fear Regulation and Stress Reactivity. *Jour of the American Academy of Child and Adolescent Psychiatry*, 48:919-927.





How can we support and empower families?

- ▶ Prenatal education
- ▶ Normalizing postpartum adjustment
- ▶ Education for mom and family
- ▶ Inform about risk factors
- ▶ Ask and listen without judgment
- ▶ Reassurance and encouragement
- ▶ Referrals, resources, and follow-up



Primary Prevention

"...Prevention is the great challenge of postnatal illness because this is one of the few areas of psychiatry in which primary prevention is feasible..."

Hamilton & Harberger (1992)



Primary Prevention Model



- ▶ Risk factors are known
- ▶ Population is known and present
- ▶ Feasible to identify high-risk mothers
- ▶ Screening is inexpensive
- ▶ Screening is educational
- ▶ Many risk factors are amenable to change
- ▶ Known, reliable, and effective treatments

Prevention: What Can We Prevent?

- ▶ Lack of information
- ▶ Escalation of distress
- ▶ Crisis
- ▶ Discontinuity of care
- ▶ Relapse
- ▶ Recurrence of acute episode in next pregnancy



Suicide is one of the three leading causes of maternal death

*Oates, Br Med Bull. 2003 ;Stewart ,CMAJ 2006;
Marcus, et al., J Women's Health 2003;
Orr, et al. Pediatric & Perinatal Epidemiology 2000*

PSI Motto

▶ You are not alone

- Other moms and dads experience this
- Connection and support will help you

▶ You are not to blame

- This is not something you caused
- This is not a reflection of your ability as a parent

▶ With help, you will be well

- All symptoms are treatable
- It is a sign of strength to reach out
- It will get easier



What does a baby know?



Normalizing Emotional Vulnerability

- ▶ *“Becoming a parent can be a tough transition. We talk to all our families about emotions and mental health. How do you feel emotionally?”*
- ▶ *“Lots of women feel like being a new mom is harder than they expected. How has it been for you?”*
- ▶ *“You are not to blame for your depression; this is part of becoming a mother for many women.”*



Risk Factors



Predictive 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 Reactions to hormonal changes

- Puberty, PMS, hormonal birth control, pregnancy loss



Beck CT (2001) Predictors of postpartum depression: an update. NursRes 50:275–285

Predictive Risk Factors, continued

▶ **Social Factors**

- Inadequate social support
- Interpersonal violence
- Financial stress/poverty

▶ **High Stress Environments**

- Military families
- Teen parents
- Moms of multiples

▶ **Abuse: Current or Past**

▶ **Endocrine Dysfunction**

- Hx of Thyroid imbalance
- Other endocrine disorders
- Decreased fertility



Beck CT (2001) Predictors of postpartum depression: an update. NursRes 50:275–285

Contributing Factors for PMDs

▶ **Childbearing & Infant Complications**

- Pregnancy
- Birth
- Breastfeeding

▶ **Age-related stressors**

- Adolescence
- Perimenopause

▶ **Climate Stressors**

- Seasonal Depression or Mania

▶ **Perfectionism** and high expectations

Risk Factor Check List

Check the statements that are true for you:

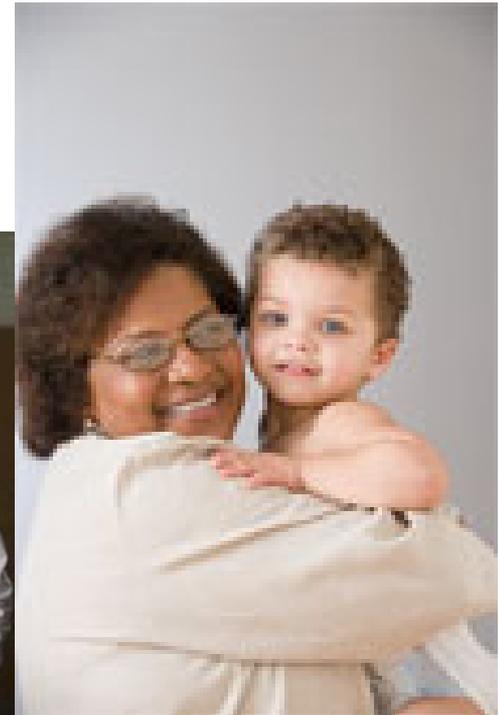
- It's hard for me to ask for help.
- I've had trouble with hormones and moods, especially before my period.
- I was depressed or anxious after my last baby or during my pregnancy.
- I've been depressed or anxious in the past.
- My mother, sister, or aunt was depressed after her baby was born.
- Sometimes 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.
- I don't have friends I can count on 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.

Don't Forget the Partners

- ▶ Dads and other partners also experience stress, anxiety, and depression.



Perinatal Mood Disorders

Many shades of blue



Definition: Perinatal Mood Disorders

- ▶ Can begin any time during or after pregnancy, including loss
- ▶ Might merge with baby blues or start later
- ▶ Onset any time in the first year postpartum
- ▶ Common triggers for later onset
 - Hormonal Triggers
 - Rapid weaning
 - Hormonal birth control
 - Increased family stress
 - Return to work
 - Illness or hospitalization
 - Loss and grief



Types of PMDs

- ▶ Prenatal depression or anxiety
- ▶ Complicated baby blues
- ▶ Major postpartum depression
- ▶ Postpartum anxiety or panic disorder
- ▶ Postpartum obsessive-compulsive disorder
- ▶ Bipolar mood disorders
- ▶ Postpartum psychosis

Other Perinatal Disorders

- ▶ Grief Reactions
- ▶ Post Traumatic Stress Reaction
- ▶ Acute Stress Reaction
- ▶ Postpartum Exhaustion
- ▶ Endocrine Disorders



Etiology of PMADs

▶ Physical

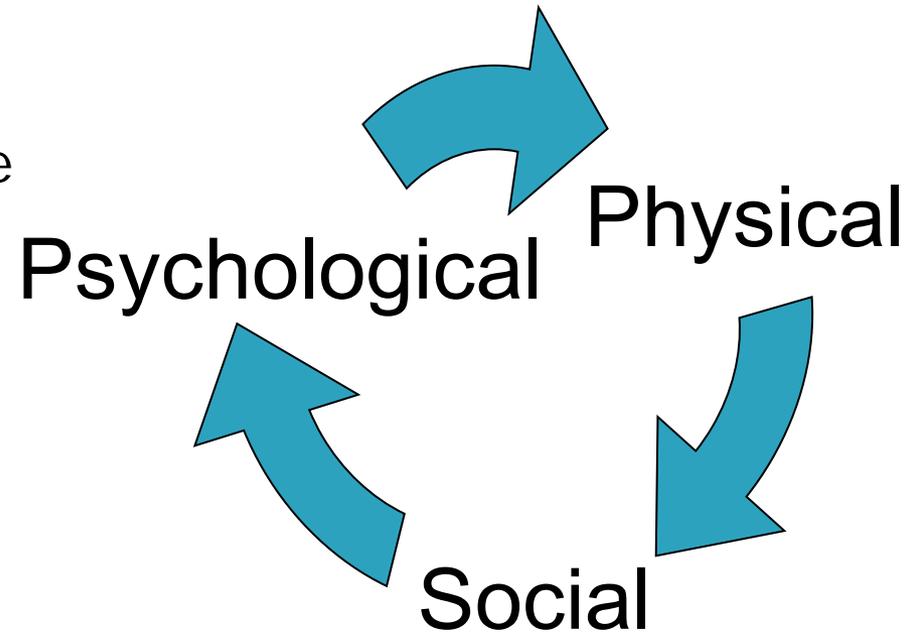
- Genetic predisposition
- Sensitivity to hormonal change

▶ Psychosocial Factors

- Inadequate support
- Perfectionism, Superwoman

▶ Concurrent Stressors

- Sleep disruption
- poor nutrition
- health challenges
- Interpersonal stress
- Cultural stress and barriers



Ruling Out Other Causes

- ▶ Thyroid or pituitary imbalance
- ▶ Anemia
- ▶ Trauma
- ▶ Side effects of medicines
- ▶ Alcohol or drug use



Cultural Diversity



Cultural and Ethnic Diversity

- ▶ Maternal depression has varying meanings across communities
- ▶ Affects how we perceive, explain, and report symptoms
- ▶ Culturally diverse opinions about cause of sadness
- ▶ Traditional healing practices often part of picture
- ▶ Religious communities and practices can support or increase shame and guilt

Dennis, C. L., & Chung-Lee, L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth*, 33(4), 321-331.

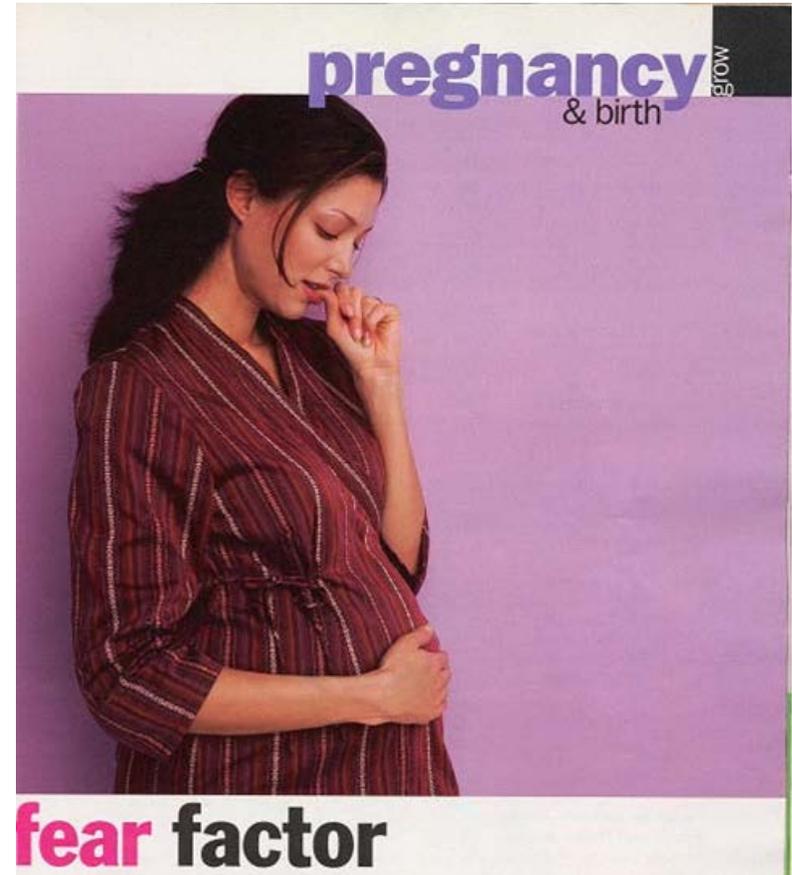
Perinatal Mood & Anxiety Disorders Not just Depression

- ▶ Unexpected symptoms
 - Obsessive Thoughts and Fears
 - Agitation and Anxiety
 - Anger, Rage
 - Insomnia
 - Mania
 - Protectiveness and Hypervigilance
 - Drug and Alcohol Dependence



Mental Health in Pregnancy

- ▶ Rates in pregnancy are just as high as postpartum
- ▶ Distress in pregnancy often discounted by providers as normal pregnancy complaints
- ▶ Prenatal anxiety tends to be intense and persistent
- ▶ Pregnancy and infant loss also cause distress and increase risk for mental health challenges



Bennett HA, Einarson A, Taddio A, et al. Prevalence of depression during pregnancy: systematic review *Obstet Gynecol* 2004; 103:698–709.

Depression: Prenatal & Postpartum

- Sadness, Crying Jags
- Feeling Overwhelmed
- Irritability, Agitation, Anger
- Sleep Disturbance
- Appetite Changes
- Mood Swings
- Apathy
- Exhaustion



Anxiety: Prenatal & Postpartum

- Normal new parent worry vs. anxiety disorder
- Possible Symptoms
 - Panic attacks
 - Insomnia
 - Low appetite
 - Fears: losing control, illness, danger, fainting
 - Physical symptoms: shaky, dizzy or short of breath



Alder J, Fink N, Bitzer J, et al. Depression and anxiety during pregnancy: a risk factor for obstetric, fetal and neonatal outcome? A critical review of the literature. *J Matern Fetal Neonatal Med* 2007; 20:189-209.

Symptoms of a PMD

“I finally told my husband that he and my daughter would be better off without me—that I was not a good mother or wife. I felt like things were never going to get better—that I would never feel happy again. The only way out was to die.”



...“I am going to act as though everything is fine and I am terrified of what lies ahead.”

Traumatic Stress: PTSD or Acute



Trauma

- Cheryl Beck *“Trauma is in the eye of the beholder”*
- Trauma = perceived threat to the psychological or physical well being and safety of self or loved one
- Shattered expectations



Beck, CT (2004).
Birth Trauma: In the
Eye of the Beholder,
Nursing Research,
53, 28–35.

Obsessive Compulsive Disorder

- ▶ Intrusive, repetitive thoughts—usually of harm coming to baby (ego-dystonic thoughts)
- ▶ Tremendous guilt and shame
- ▶ Horrified by these thoughts
- ▶ Hypervigilance
- ▶ Moms engage in behaviors to avoid harm or minimize triggers
- ▶ Educate mom that thought does not equal action

Abramowitz JS, et al. Anxiety Disorders 2003. 17:461–478, Zambaldi CF, et al. Comprehensive Psychiatry 2009. 50(6)503–509)

Bipolar Disorders

- ▶ 60% of bipolar women present initially as depressed
- ▶ If prescribed antidepressant w/out mood stabilizer, at risk of cycling into mania
- ▶ 50% of women with bipolar disorder are first diagnosed in postpartum period
- ▶ 85% of bipolar women who go off their medications during pregnancy will have a bipolar relapse before the end of their pregnancy

Chessick CA, Dimidjian S. Screening for bipolar disorder during pregnancy and the postpartum period. Arch Womens Ment Health. 2010;13(3):233-248.

Postpartum Psychosis

- 1–2 per thousand births
- Early Onset – usually first two weeks
- Insomnia
- Confusion/disorientation
- Rapid mood swings
- Waxing and waning (can appear and feel normal for stretches of time in between psychotic symptoms)
- Might be over-excited, hypomanic
- Delusions (e.g. baby is possessed by a demon)
- Hallucinations (e.g. seeing someone else's face instead of baby's face)

Kendell RE, Chalmers JC, Platz C.
Epidemiology of puerperal psychoses.
Br J Psych 1987;150:662–673.

Postpartum Psychosis

“It was the seventh deadly sin. My children weren't righteous. They stumbled because I was evil. The way I was raising them they could never be saved. They were doomed to perish in the fires of hell.”



Andrea Yates, mother of Noah, John, Luke, Paul & Mary

OCD vs. Psychosis

▶ **Postpartum OCD:**

- More gradual onset
- Women recognize thoughts/images are unhealthy
- Extreme anxiety related to thoughts/images
- Overly concerned about “becoming crazy”

▶ **Postpartum Psychosis:**

- Acute onset – sudden noticeable change from normal functioning
- Women do not recognize actions/thoughts are unhealthy
- Might seem to have less anxiety when indulging in thoughts/behaviors

RESOURCES for Parents



PSI Public Awareness Posters

"I wish I had known"



"I wish I had known."

1 in 8 Mothers
experience depression or anxiety during pregnancy or postpartum

exhaustion, appetite or sleep disturbances, mood swings, anxiety, feeling overwhelmed

Call your healthcare provider or contact us for support and resources
1-800-944-4PPD
www.postpartum.net

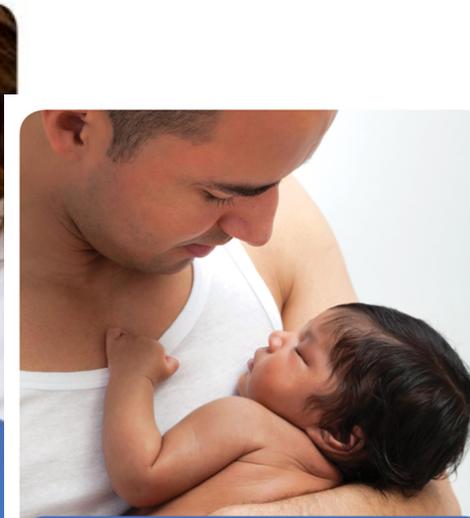



"Cómo me hubiera gustado saber que."

Una de cada ocho madres
experimenta depresión o ansiedad durante el embarazo o postparto

Cansancio, cambios en el apetito y el sueño, cambios en el estado de ánimo, ansiedad, sentirse abrumada

Llama a tu médico o a un profesional de salud o llámenos para recibir apoyo y referencias a varios recursos que te pueden ayudar
1-800-944-4PPD
www.postpartum.net

Did you know?
Fathers can get depressed and anxious after the birth of a child, too

sadness, irritability and anger, low motivation, distancing, sleep or appetite disturbances

Call your healthcare provider or contact us for support and resources
1-800-944-4PPD
www.postpartum.net




Sabías que?
Sí, los papás también pueden estar deprimidos y ansiosos después del nacimiento de un bebé

Tristeza, irritabilidad y enojo, baja motivación, distanciamiento, cambios en el apetito y el sueño

Llama a tu médico o a un profesional de salud o llámenos para recibir apoyo y referencias a varios recursos que te pueden ayudar
1-800-944-4PPD
www.postpartum.net



<http://postpartum.net/Resources/PSI-Awareness-Poster-.aspx>

PSI Educational DVD



Healthy Mom, Happy Family

13 minute Educational DVD from
Postpartum Support International

1-800-944-4773

www.postpartum.net/Resources

HRSA brochures

- ▶ HRSA booklet: Depression During & After Pregnancy: A Resource for Women, Their Families, & Friends
- ▶ Can be downloaded in English or Spanish, or ordered in hard copy
- ▶ www.mchb.hrsa.gov/pregnancyandbeyond/depression/index.html

Internet Resources

- Postpartum Support International www.postpartum.net
- MedEdPPD - Professionals & Families www.mededppd.org
- Postpartum Progress www.postpartumprogress.com
- Social Support & Steps to Wellness www.janehonikman.com
- Postpartum Dads www.postpartumdads.org
- MCH Library, Non-English www.mchlibrary.info/nonenglish.html
- HRSA brochure: English and Spanish
<http://mchb.hrsa.gov/pregnancyandbeyond/depression/morethanblues.htm>
- Grief Watch: www.Griefwatch.com

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
- **Kathleen Kendall Tackett**
www.Breastfeedingmadesimple.com



PTSD Websites

www.tabs.org.nz

www.solaceformothers.org

www.PATTCh.org

www.homebirthcesarean.org

www.birthtraumaassociation.org.uk

Provider Tools, Resources, and Training

Role Definition and Resources

- ▶ Self-Awareness
 - Stress
 - Triggers
- ▶ What is my role vs. What does she need?
- ▶ Where can you reach out for support?
- ▶ Where can you access information?



Resources for Support Network Development

- ▶ **Community Support for New Families:**
- ▶ Jane Honikman, 2012
 - Workbook divided into six stages.
 - www.janehonikman.com
- ▶ **Developing a Sustainable Perinatal Social Support Network in Your Community**
 - Joint project of experienced PSI members
 - Revised yearly
 - <http://postpartum.net/Resources/PSI-Guidebook-for-Support-Networks.aspx>

Perinatal Mental Health Training

- ▶ **PSI 2-Day** Perinatal Mood and Anxiety Disorders Certificate Training: Perinatal Mood and Anxiety Disorders: Components of Care <http://postpartum.net/News-and-Events/PSI-Certificate-Training.aspx>
- ▶ **2020 Mom Project & PSI Online** Training: MMH Certificate Training for Mental Health and Clinical Professionals http://www.2020momproject.com/maternal_mental_health_training_for_professionals
- ▶ **Karen Kleiman Clinical Trainings** <http://postpartumstress.com/professional-development/>
- ▶ **Local and Regional** Conferences and Workshops

Online Curriculums

- ▶ <http://mededppd.org/>
 - Care Pathways algorithm
 - Screening tools
 - Expert CE/CME presentations and case studies
 - Provider FAQs

- ▶ <http://www.step-ppd.com>
 - Support and Training to Enhance Primary Care for Postpartum Depression

PSI Annual Conferences

- ▶ 2014: June 20-21: University of North Carolina, Chapel Hill, North Carolina
<http://postpartum.net/News-and-Events/PSI-Annual-Conference-2014.aspx>
- ▶ 2015: Detroit, Michigan, with Tree of Hope

Provider Tools and Resources

- ▶ [Massachusetts General Hospital Center for Women's Mental Health](#) library of articles and information about medication during breastfeeding and pregnancy
- ▶ [MCH Library's depression during and after pregnancy Knowledge Path](#) Multi-language research, data bases, and websites.
- ▶ [Registered Nurses Association of Ontario "Guideline for Postpartum Depression"](#) provides recommended standards and guidelines for care.
- ▶ [The Commonwealth Fund's "Implementation Guide: Parental Depression Screening for Pediatric Clinicians"](#)

Research and Policy Reports

- ▶ National Center for Children in Poverty, "[Reducing Maternal Depression and its impact on Young Children: Toward a Responsive Early Childhood Policy Framework](#)," 2008
- ▶ National Institute for Health Care Management, "[Identifying and Treating Maternal Depression: Strategies and Considerations for Health Plans](#)," 2010
- ▶ National Research Council and Institute of Medicine, "[Depression in Parents, Parenting, and Children: Opportunities to improve identification, treatment and prevention](#)," 2009
- ▶ Mental Health America and SAMHSA. (2008) [Maternal Depression - Making a Difference Through Community Action: A Planning Guide](#). Alexandria, VA.

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