Maternal Mental Health: Postpartum Depression and Beyond

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A Public Health Crisis

- 4 million women give birth in the United States each year.
- 560,000 (14%) of those women suffer from perinatal mood and anxiety disorders.
- Of those 560,000 sufferers, only 112,000 (20%) receive treatment.
- That leaves 448,000 (80%) women each year are left unidentified and untreated each year.
The “Baby Blues” is not a disorder

- Onset is 2 days PP and resolves in approximately 3 weeks PP
- **Primary** mood is happy
- Up to 80% of mothers experience this
- Exhausted, moodiness, crying, sadness, worry, lack of concentration, forgetfulness, feelings of dependency
- Symptoms are MILD and go away on their own

Causes:
- Rapid hormonal changes
- Physical and emotional stress of birthing
- Physical discomforts
- Emotional letdown after pregnancy and birth
- Awareness and fear about increased responsibility
- Fatigue and sleep deprivation
- Disappointments including the birth, partner support, nursing, and the baby
Cultural Considerations

- Multi-generational households
- Parents with different abilities/Children with different abilities
- Abuse survivors
- LGBTQ families
- Adoption
- Poverty
- Immigrants or refugee families
- Historical trauma/generational trauma
Perinatal Mood and Anxiety Disorders (PMAD’s)
Depression

– The most common complication of childbirth
– Higher risk for mothers living in poverty
– Twice as high for teen mothers
– **1 in 7 mothers** experience depression or anxiety during pregnancy or postpartum
– **1 in 10 fathers** experience depression or anxiety during pregnancy or postpartum
Depression symptoms

- Low self esteem
- Sleeping too much/too little -- Difficulty sleeping even when baby sleeps
- Changes in appetite (decreased or eating more carbs/sugar)
- Irritability/anger/rage
- Excessive guilt (feeling as though they are not a good mother, etc.)
- Feeling overwhelmed
- Frequent crying
- Lack of emotion, feeling numb
- Hopelessness
- Lack of bonding/attachment with baby
- Suicidal thoughts, feeling as though baby would be better off without them
Anxiety

- 6-10% of women develop anxiety during pregnancy or postpartum
- Symptoms:
  - Constant worry
  - Feeling that something bad is going to happen
  - Racing thoughts
  - Changes in sleep and appetite
  - Inability to sit still
  - Physical symptoms: dizziness, hot flashes, nausea
Obsessive Compulsive Disorder (OCD)

- Occurs in 1-3% of childbearing women (increased chance if history of OCD)
- **MOST PARENTS EXPERIENCE UNWANTED NEGATIVE THOUGHTS ABOUT THEIR INFANTS**
- With PP OCD there are intrusive and distressing thoughts
- “Scary thoughts” primarily related to harm coming to baby
- Thoughts are DISTRESSING and they are very unlikely to ever act on them
- Often compulsive behavior with intrusive thoughts, e.g. excessive cleaning or avoidance
Posttraumatic Stress Disorder

- Approximately 9% of women experience PTSD following childbirth
- Examples of traumas:
  - Fetal or infant loss/still birth
  - unplanned C-Section
  - prolapsed cord
  - use of vacuum/forceps
  - NICU
  - history of sexual assault/abuse
  - feelings of powerlessness and/or lack of support and reassurance during the delivery
  - Physical complications of pregnancy or childbirth: severe PP hemorrhage, unexpected hysterectomy, severe preeclampsia/eclampsia, perineal trauma (tears), or cardiac disease
PTSD Symptoms

- Intrusive re-experiencing of a past traumatic event
- Flashbacks or nightmares
- Avoidance of stimuli associated with the event (thoughts, feelings, people, places, details)
- Increased arousal (irritability, trouble sleeping, hypervigilance, exaggerated startle response)
- Anxiety and panic attacks
- Feeling detached, numb
Bipolar Mood Disorders

- Can look like severe depression or anxiety
- Periods of low moods (major depression)
- Periods of “highs”
- Mania or hypomania might include:
  - Inflated mood, overconfidence, or severely depressed mood and excessive irritability/anger
  - Little need for sleep
  - Racing thoughts/trouble concentrating
  - High energy
  - Impulsiveness, poor judgement, distractibility
  - Grandiose thoughts, inflated sense of self importance
  - Severe case hallucinations and delusions
Postpartum Psychosis

- Rare 1 to 2 out of every 1000 deliveries, so approximately 0.1-0.2% of births
- Psychiatric emergency (increased risk for suicide and infanticide)
- Onset is sudden, most often within first two weeks PP
- Temporary and treatable but requires IMMEDIATE intervention/treatment

- Risk factors:
  - Personal or family history of bipolar disorder or psychotic episode
Postpartum Psychosis

Symptoms

– Delusions or strange beliefs
– Hallucinations
– Feeling very irritated
– Hyperactivity
– Decreased need for sleep (insomnia)
– Paranoia and suspiciousness
– Rapid mood swings
– Difficulty concentrating at times
Risk Factors for PMADs
Risk Factors for Postpartum Depression and Anxiety

- History of depression or anxiety
- History of bipolar disorder
- History of psychosis
- History of diabetes or thyroid issues
- History of PMS
- History of sexual trauma or abuse
- Family history of mental illness
- Traumatic pregnancy or delivery
- Pregnancy or infant loss
Risk Factors for Postpartum Depression and Anxiety

- Birth of multiples
- Baby in NICU
- Relationship issues
- Financial struggles
- Single mother
- Teen mother
- No or little social support
- Away from home country
- Challenges with breastfeeding
Screening for PMADs

Brief Overview of Clinical Tools
Suggested Screening Intervals

- First prenatal visit
- At least once in the second trimester
- At least once in the third trimester
- Six-week postpartum obstetrical visit (or first postpartum visit)
- Repeated screening at 6 and/or 12 months in OB and primary care settings
- In the hospital before discharge
- 2, 4, 6 month or 3, 6, 9 month pediatric visits (or sooner)
Screening Measures

-EPDS (Edinburgh Postnatal Depression Scale)
  
  Specific to pregnancy and postpartum
  
  Validated in several languages
  
  Available for free online
  
  Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title and the source of the paper in all reproduced copies.
As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- **Yes, all the time**
- **Yes, most of the time** This would mean: “I have felt happy most of the time” during the past week.
- **No, not very often** Please complete the other questions in the same way.
- **No, not at all**

In the past 7 days:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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| 1. I have been able to laugh and see the funny side of things             | - As much as I always could  
- Not quite so much now  
- Definitely not so much now  
- Not at all                  |
| 2. I have looked forward with enjoyment to things                        | - As much as I ever did  
- Rather less than I used to  
- Definitely less than I used to  
- Hardly at all                |
| 3. I have blamed myself unnecessarily when things went wrong             | - Yes, most of the time  
- Yes, some of the time  
- Not very often  
- No, never                        |
| 4. I have been anxious or worried for no good reason                     | - No, not at all  
- Hardly ever  
- Yes, sometimes  
- Yes, very often                  |
| 5. I have felt scared or panicky for no very good reason                 | - Yes, quite a lot  
- Yes, sometimes  
- No, not much  
- No, not at all                        |
| 6. Things have been getting on top of me                                 | - Yes, most of the time I haven’t been able to cope at all  
- Yes, sometimes I haven’t been coping as well as usual  
- No, most of the time I have coped quite well  
- No, I haven’t been coping as well as ever       |
| 7. I have been so unhappy that I have had difficulty sleeping            | - Yes, most of the time  
- Yes, sometimes  
- Not very often  
- No, not at all                        |
| 8. I have felt sad or miserable                                          | - Yes, most of the time  
- Yes, quite often  
- Not very often  
- No, not at all                        |
| 9. I have been so unhappy that I have been crying                         | - Yes, most of the time  
- Yes, quite often  
- Only occasionally  
- No, never                        |
| 10. The thought of harming myself has occurred to me                    | - Yes, quite often  
- Sometimes  
- Hardly ever  
- Never                             |

EPDS
Edinburgh Postnatal Depression Scale
EPDS Scoring

- EPDS is a screening tool and NOT diagnostic
- Cut off scores range from 9-13
- Recommend a score of 10 or higher to be referred to mental health professional for further evaluation of depression
- OR if there is a positive score on #10 (“The thought of harming myself has occurred to me...”)
Screening Measures

– GAD-7 (General Anxiety Disorder Assessment)
  – Not specific to pregnancy and postpartum
  – Used to screen adult anxiety
  – Commonly used in clinic settings
  – Anxiety common with parents who have newborns so cut-off scores may be raised because of this
  – 7 questions
Screening Measures

– PHQ-9 (Patient Health Questionnaire)
  – Commonly used to assess depression in adults
  – Used in clinic settings
  – NOT specific to pregnancy and postpartum
  – 9 questions
Treating PMADs
Evidence Based Treatments

- Individual Psychotherapy
  - Cognitive Behavior Therapy
  - Interpersonal Psychotherapy
  - Dialectical Behavior Therapy
  - EMDR
  - Infant mental health interventions
- Couples/Group Psychotherapy
- Medications
- Peer Support
Support and Treatment Team

- Healthcare providers (PCP, ObGyn, MFM, Family, Midwives, Mental Health Providers...)
- Social Support Network (warmlines, peer support groups, online support groups, 12 step programs, faith communities...)
- Doulas
- Parent/Childbirth Educators
- Lactation Consultants
- Spiritual Support
- Everyone (“It takes a village...”)

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Complementary Alternative Treatments

- Bright light therapy
- Massage
- Yoga/Exercise
- Herbal Remedies* (can pose health risks, need to work with medical provider)
- Acupuncture
- Diet
- Mindfulness
Effects of Untreated Depression and Anxiety

During and After Pregnancy
Effects of Untreated Depression

- OB complications such as preterm birth, low birth weight, pre-eclampsia, and gestational diabetes
- Impacts on bonding and attachment to baby
- Impacts breastfeeding
- Effects on fetal development/newborn behaviors
- Drug, alcohol, tobacco use
- Poor self care (sleep, nutrition, medications, etc.)
- Noncompliance or lack of prenatal care
- Differences in safety practices (e.g. car seat use, latches, water temp)
- Partner at increased risk for depression as well
- Suicide (20% of all postpartum deaths)
Postpartum Support International

www.postpartum.net
1-800-944-4PPD

Online support groups
Warmline
Local, National and International Resources
Speak up when you’re down
Remember…

You are not alone.
You are not to blame.
With help you will be well again.
Additional Resources


