



Healthy Start
Virtual Grantees' Meeting

Perinatal Mood & Anxiety Disorders

Wendy Davis, PhD, PMH-C
Postpartum Support International

June 25, 2020



Agenda



Housekeeping	Olivia Giordano, NICHQ
Introductions	Sandra Lloyd, MCHB, DHSPS
Perinatal Mental Health	Wendy Davis, PSI
Q&A	All
Closing	Olivia Giordano, NICHQ



Meeting Logistics

Please note the following:



- This session is being recorded, and will be archived for future viewing.



- All participants are muted upon entry. We ask that you remain muted to limit background noise.

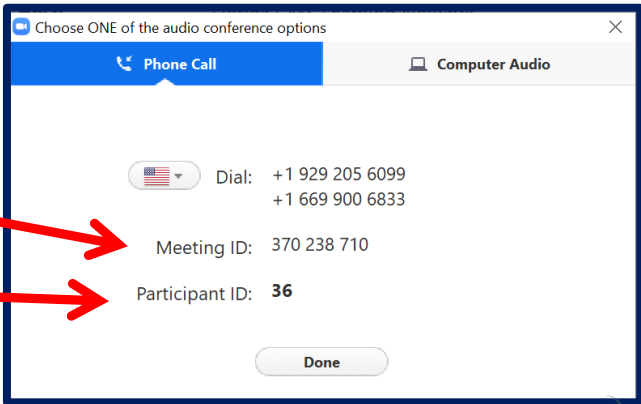
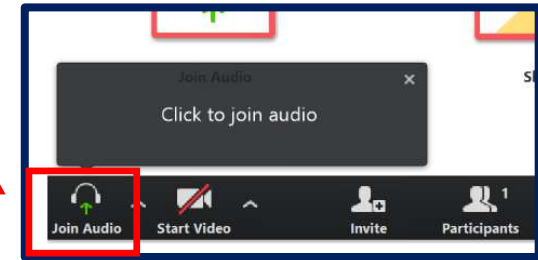


- Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.

Connecting to the Audio Conference



- Join Zoom Meeting by **clicking Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box click the **'Join Audio' button**
- From the audio conference box: Select to **"Phone Call"** or **"Computer Audio"**
- If using the phone:
 - dial the number next to **"Dial"**
 - You will be prompted to enter the **"Meeting ID"**
 - Then you will be prompted to enter the **"Participant ID"**



Ways to Participate: Chat



A screenshot of a Zoom meeting window. The window title is "Zoom Participant ID: 49 Meeting ID: 617-788-369". The main area shows meeting details: "Meeting Topic: Healthy Start Webinar", "Host: HS TA & Support Center", "Invitation URL: https://zoom.us/j/617788369", and "Participant ID: 49". At the bottom, there is a toolbar with icons for "Join Audio", "Start Video", "Invite", "Participants", "Share", "Chat", "Record", and "Leave Meeting". A "Zoom Group Chat" sidebar is open on the right side. A red box highlights the "Chat" button in the toolbar, with an arrow pointing to the chat sidebar. Another red box highlights the "Chat" button with the text "At the bottom of the Zoom window, you will see a 'Chat' button". A third red box highlights the chat sidebar with the text "After you click the 'Chat' button, a sidebar will appear where you can chat to all participants". A fourth red box highlights the chat input area with the text "Chat here to everyone!". The chat input area includes a "To: Everyone" dropdown, a "File" icon, and a text field labeled "Type message here...".

#HealthyStartStrong



- Spread the word about #HealthyStartStrong on social media
- Throughout the meeting, post about what you're learning/enjoying about the meeting
- Include the hashtag #HealthyStartStrong and be sure to tag @NICHQ

We Are #HealthyStartStrong



Wendy Davis, PhD, PMH-C
Postpartum Support International
(PSI)





Healthy Start Virtual Grantees' Meeting

Perinatal Mood and Anxiety Disorders

Wendy N. Davis, PhD

June 25, 2020



The Myth of Motherly Bliss





Obstacles to Care

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



The Challenge

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



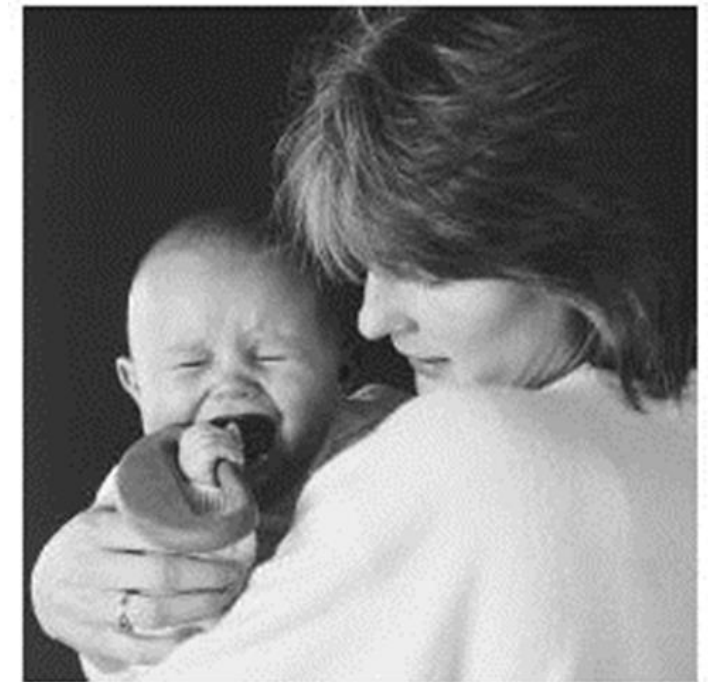
Home Visitors and PMDs

- What are the aspects of Home Visiting that make it such an effective way to address maternal mental health?
- Are there any aspects of home visiting that make it more difficult to address the subject?



How does parent's mental health impact home visitor goals?

- Emotional health and support system directly affect family's ability to work toward goals
- Important to assess emotional and mental health before identifying goals
- If mom is depressed or anxious, common suggestions might not work well
- Moms might appear to be accepting suggestions but might be overwhelmed and incapable of taking the first step



Conversation Tips: Myths and Stigma

- *"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?"*
- *"It looks like you're taking good care of your baby. Motherhood can be hard work. When do you take breaks? How are you finding time to take care of your own needs too?"*



Mood or Mood Disorder?

- Severity
- Timing
- Duration
- History
- Functionality



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

Prevalence

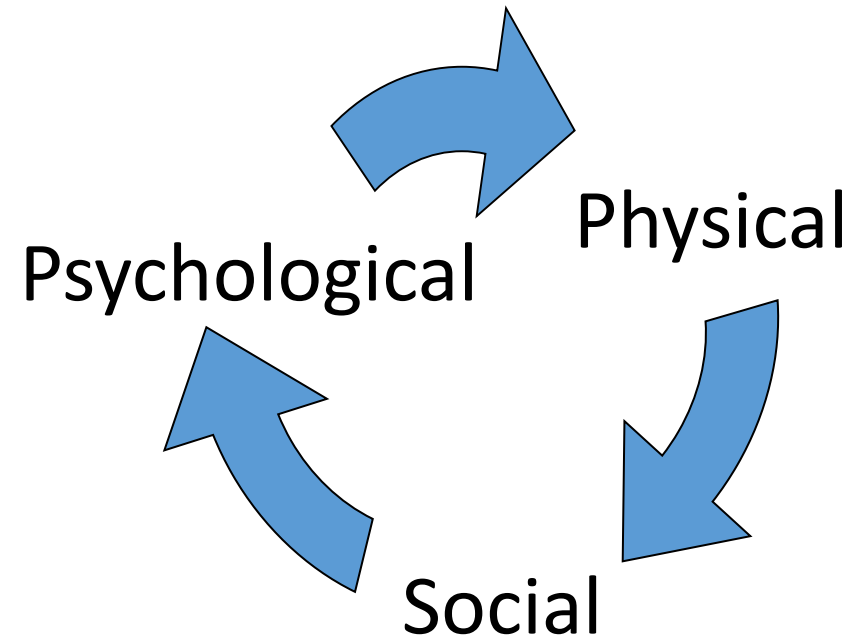
- About 80% of new mothers experience normal “baby blues” in the first few weeks after the baby arrives.
- At least 1 in 7 mothers experience serious depression or anxiety during pregnancy or postpartum.
- 1-2 out of 1,000 have postpartum psychosis.
- 1 in 10 fathers experience PPD



Wisner KL, et.al, JAMA Psychiatry 2013
Paulson, et.al, JAMA. 2010

Causes 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



Domenech (2000): de Paúl and Domenech (2000);
Schuetze and Eiden (2005)

Types of Perinatal Mood Disorders (PMADs)

- Prenatal Depression or Anxiety
- Major Postpartum Depression
- Postpartum anxiety or panic disorder
- Perinatal obsessive-compulsive disorder
- Post-Traumatic Stress
- Bipolar Disorders
- Postpartum Psychosis



Other Perinatal Mental Health Issues

- Grief Reactions
- Postpartum Exhaustion
- Endocrine Disorders
- Substance Abuse and Dependency



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

Depression: Pregnancy OR 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



Postpartum Anxiety & Panic

"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."

Obsessive Compulsive Disorder

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



Post Traumatic Stress Disorder



- 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

Picking up Cues - PTSD

- Avoiding contact with childbirth providers or locations
- Distancing from partner
- Nightmares and emotional flooding
- Recurring feelings and ruminating about birth or past trauma
- **PTSD vs General Anxiety?**
 - PTSD focuses on the trauma
 - Generalized anxiety focuses on many sources of anxiety



Bipolar Disorders



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

Postpartum Psychosis

- 1-2 per thousand births
- Early Onset – usually first two weeks
- 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
- Rapid mood swings
- Waxing and waning (can appear and feel normal for stretches of time in between psychotic symptoms)



Healthy Start Virtual Grantees' Meeting, June 2020

“I pretended I was delighted in order not to make other people alarmed. But I was steadily getting worse, and soon resented having to change and feed Elizabeth.

A deep male voice started talking to me, coming to me at times I couldn't predict. He told me I was so bad at being a mum that Elizabeth would be better off if I were dead.

The voice told me that Elizabeth was sent by the devil. Then, when I began to fantasize about hurting her, I knew it was time to seek help.”

OCD vs Psychosis: Low Risk vs. High Risk of Harm

Low Risk – Anxiety and OCD

- Mother doesn't want to harm baby
- Extreme anxiety related to thoughts
- Mother has taken steps to protect baby
- Mother has no delusions or hallucinations related to harming baby



OCD vs Psychosis: Low Risk vs. High Risk of Harm



High Risk - Psychosis and Violence

- Mother has delusional beliefs about the baby; e.g. that the baby is a demon or supernatural
- Thoughts of harming baby are ego-syntonic (mother thinks they are reasonable and/or feels tempted to act on them)
- Mom appears to have less anxiety when indulging in thoughts/behaviors
- Mother has a labile mood or impulsive behavior
- Mother has a history of violence

Don't Forget the Partners

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



Depressive Symptoms in Dads



- Research: 10% of Fathers w PPD
- Initial high after birth may give way to depression
- Rather than sadness, men may be more likely to be irritable, angry
- Distancing: "Checking Out"
- Distractions and Habits

James F. Paulson, et.al, Pediatrics, Aug 2006

How do we support partners?

- ASK how they are doing
- Use Inclusive Language
- Include them in visits and conversation
- Ask for their stories
- Remember and respect diversity



Tools, Talk and Observation



Assessment : The Basics

- **M**oods: Intensity, Duration, Volatility
- **A**ppetite
- **P**ains
- **S**leep
- **S**upport System
- **S**elf-Harm



Risk Factors



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, pregnancy loss



Evidence Based Risk Factors

- **Endocrine Dysfunction**
 - Hx of Thyroid Imbalance
 - Other Endocrine Disorders
 - Decreased Fertility
- **Social Factors**
 - Inadequate social support
 - Interpersonal Violence
 - Financial Stress/Poverty
 - High Stress Parenting
 - Military Families
 - Teen Parents
 - Moms of Multiples



Risk Factor Check List



- 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.***

© 2010 Wendy N. Davis. PhD

Edinburgh Postnatal Depression Scale

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

Cox, J.L., et al. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*. 1987; 150:782-786.

After Screening and Scoring

- Normalize screening and scoring
- Review screen regardless of score
- Give Resources and Options
- Facilitate connection with resources
- Make appt with client for follow up



Helping Parents Reach Out



You are not alone

- **You are not alone**
 - Other mothers experience this
 - Assure her that support is available
- **You are not to blame**
 - This is not something you caused
 - This is not a reflection of you as a mother
- **With help, you will be well**
 - Stress that all symptoms are treatable
 - Stress that it is okay to need help
 - It will get easier



Conversation Tips

- **Thank you** for telling me how you're feeling
- *It sounds like you might be having some depression or anxiety*
- *I want to make sure you get all the support you need. Let's slow down for a moment right now and figure that out together*
- *So many moms go through this – it's not your fault, you didn't cause it.*
- *Reaching out like this is a sign of what a good mom you are, even though you feel like you're struggling right now.*

Reducing Stress During Recovery

- Break down goals to small, achievable steps
- Check expectations and perfectionism
- Teach her the wisdom of saying YES to help and NO to stress

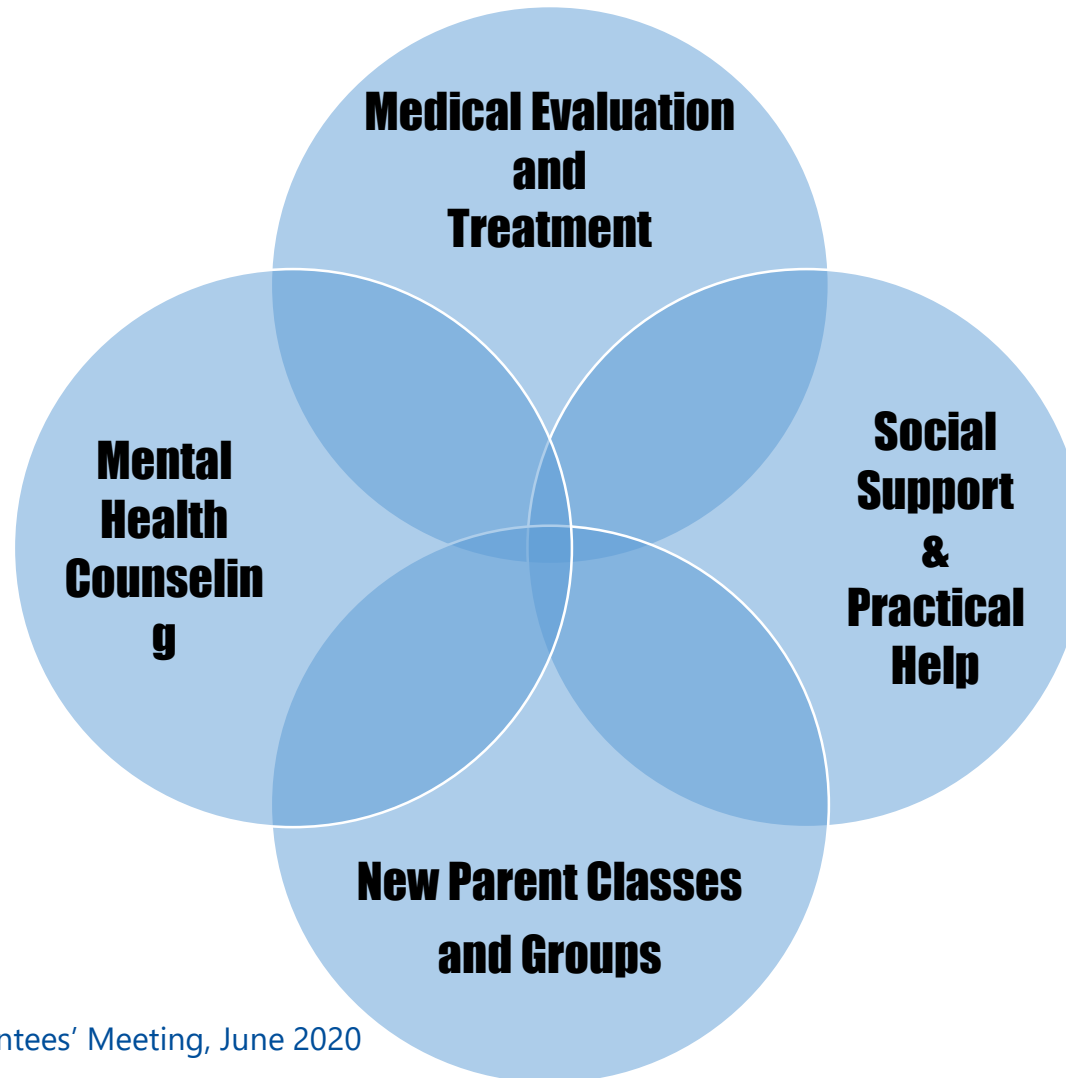


Conversation Tips: Small Steps to Healthy Goals



- *“Remember that you will feel better, one step at a time. It helps to start with small steps, and build from there.”*
- *“We can make a shopping list of easy foods right now if you’d like.”*
- *“Yes, they say you ‘need to exercise’, but they might forget how hard it can be to get going. Some moms find it helpful to start small. For example, you can step outside for a few minutes each day, then you can add a little walk next, and build up from there.”*

Treatment Options



Ruling Out Other Causes

- PTSD
 - *Birth Trauma*
 - *Undisclosed trauma or abuse*
- Thyroid or pituitary imbalance
- Anemia
- Side effects of other medicines
- Alcohol or drug use



Counseling

“Put out the fire before you rewire the house”
- Susan Hickman, Ph.D., MFCC



Healthy Start Virtual Grantees' Meeting, June 2020

Resources for Parents



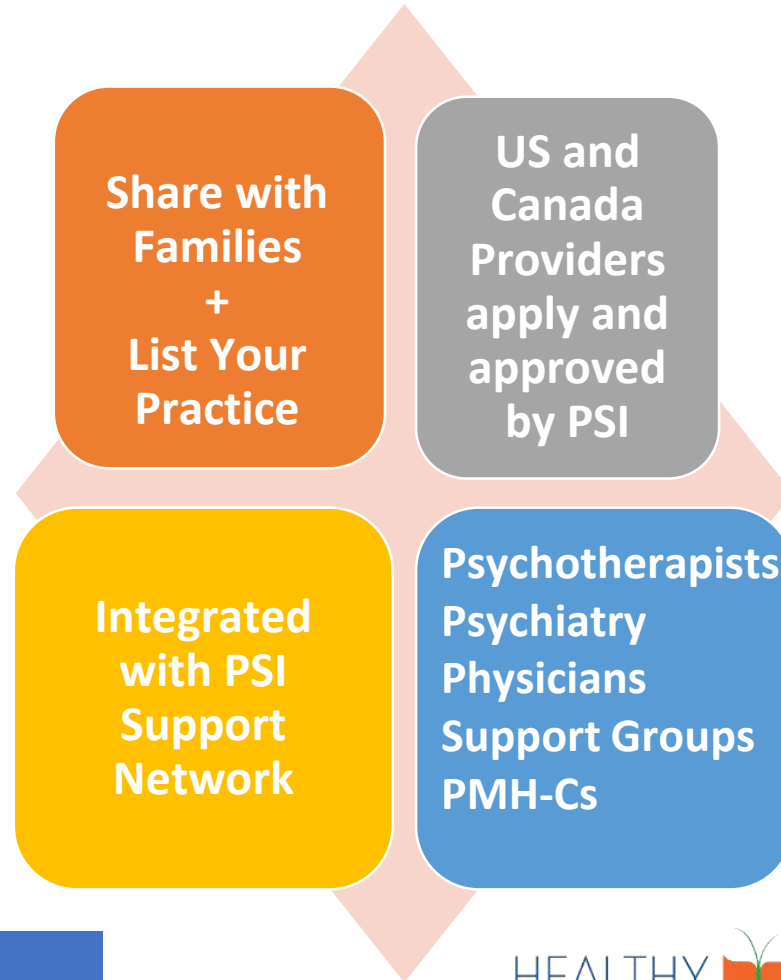
PSI Support for Families



- **Toll-free Helpline 800-944-4PPD** support to women and families in English & Spanish
- **PSI Support Coordinator Network**
<http://www.postpartum.net/get-help/locations/>
 - Every US state and more than 40 countries
 - Specialized Support: military, dads, legal, psychosis
- **PSI Facebook Group**
<https://www.facebook.com/groups/25960478598/>
- **Free Telephone Chat with an Expert**
www.postpartum.net/chat-with-an-expert/



<https://psidirectory.com/list-your-practice>



PSI Online Support Groups English or Spanish

A promotional graphic for weekly online support meetings. It features a background image of a person's hands holding a floral mug. The text is overlaid on the image.

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.SUPPORTGROUPSCENTRAL.COM/PSI
AND CLICK THE JOIN BUTTON!

A circular logo with the letters "PSI" in white on a blue background, with a stylized white wave or leaf shape to the right.

Smart Patients Forum



Postpartum Support International (PSI) is proud to partner with Smart Patients to offer this online community, where women can receive peer support in a private space where they can feel comfortable sharing openly. The Smart Patients Postpartum community complements the programs of PSI to provide the information and comfort to pregnant and new mothers suffering from perinatal mood and anxiety disorders like postpartum depression, postpartum anxiety, postpartum PTSD, postpartum psychosis and depression and anxiety during pregnancy.

One of PSI's main goals is to make mothers and families aware that effective help is available, that they can get better, and that PSI can help them find knowledgeable providers who understand how to treat PPD.

Join Smart Patients, ask a question, participate in the discussions and support others who can learn from you.



Learn from other patients.

Patients often become extraordinarily knowledgeable about their disease. You can, too.

- Online health forum for medical and mental health challenges
- PSI staff moderates the PMAD forum
- Can be anonymous

www.smartpatients.com/ppd

PSI Social Media

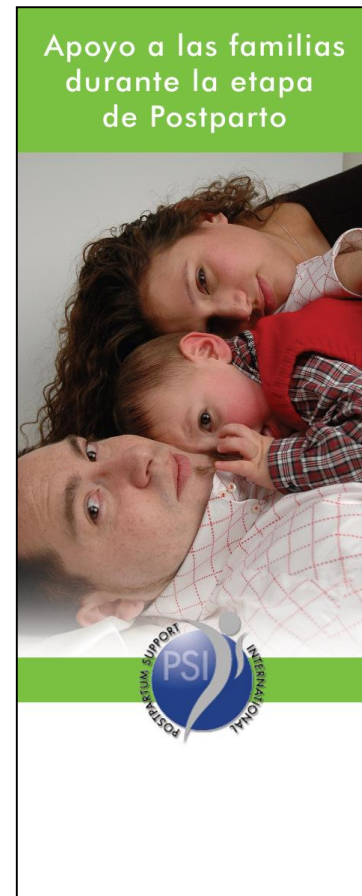
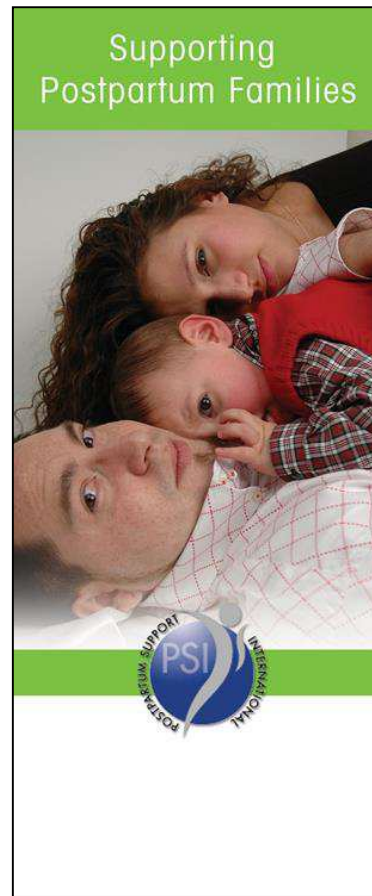


- Facebook Open Page: www.facebook.com/PostpartumSupportInternational
- Facebook Closed Group: www.facebook.com/groups/25960478598/
- Twitter: @postpartumhelp
- Instagram @postpartumsupportinternational
- VIMEO: <https://vimeo.com/postpartumsupport>
- YouTube Channel: <https://www.youtube.com/user/postpartumvideo>


PSI Educational Brochures English & Spanish



www.postpartum.net/resources/psi-brochure/



Discussion Tool

 **POSTPARTUM SUPPORT INTERNATIONAL**

Perinatal Mental Health Discussion Tool

As many as 1 in 7 moms (1 in 10 dads) experience symptoms of depression and anxiety during the postpartum period. People of every age, income level, race and culture can develop Perinatal Mood and Anxiety Disorders (PMADs) during pregnancy and within the first year after delivery. This tool can help track your symptoms and discuss them with your medical provider. Being your own advocate is okay and you deserve to be well.

I have been experiencing the following symptoms: (please mark all that apply)

<input type="checkbox"/> Feeling depressed or void of feeling	<input type="checkbox"/> Flashbacks regarding the pregnancy or delivery
<input type="checkbox"/> Feelings of hopelessness	<input type="checkbox"/> Avoiding things related to the delivery
<input type="checkbox"/> Lack of interest in the baby	<input type="checkbox"/> Scary and unwanted thoughts
<input type="checkbox"/> Trouble concentrating	<input type="checkbox"/> Feeling an urge to repeat certain behaviors to reduce anxiety
<input type="checkbox"/> Brain feels foggy	<input type="checkbox"/> Needing very little sleep while still functioning
<input type="checkbox"/> Feeling anxious or panicky	<input type="checkbox"/> Feeling more energetic than usual
<input type="checkbox"/> Feeling angry or irritable	<input type="checkbox"/> Seeing images or hearing sounds that others cannot see/hear
<input type="checkbox"/> Dizziness or heart palpitations	<input type="checkbox"/> Thoughts of harming yourself or the baby
<input type="checkbox"/> Not able to sleep when baby sleeps	
<input type="checkbox"/> Extreme worries or fears (including the health and safety of the baby)	

Risk Factors

Below are several proven risk factors associated with postpartum depression (PPD) and postpartum anxiety (PPA). Knowing these risk factors ahead of time can help you communicate more effectively with your family and medical provider and put a strong self-care plan in place.

Please mark all risk factors that apply:

<input type="checkbox"/> History of depression or anxiety	<input type="checkbox"/> Birth of multiples
<input type="checkbox"/> History of bipolar disorder	<input type="checkbox"/> Baby in the NICU
<input type="checkbox"/> History of psychosis	<input type="checkbox"/> Relationship issues
<input type="checkbox"/> History of diabetes or thyroid issues	<input type="checkbox"/> Financial struggles
<input type="checkbox"/> History of FMS	<input type="checkbox"/> Single mother
<input type="checkbox"/> History of sexual trauma or abuse	<input type="checkbox"/> Teen mother
<input type="checkbox"/> Family history of mental illness	<input type="checkbox"/> No or little social support
<input type="checkbox"/> Traumatic pregnancy or delivery	<input type="checkbox"/> Away from home country
<input type="checkbox"/> Pregnancy or infant loss	<input type="checkbox"/> Challenges with breastfeeding

RESOURCES www.postpartum.net

- **PSI Helpline:** For local resources please call 800-944-4773 or text us at 503-894-9453. We can provide information, encouragement, and names of resources near you.
- **FREE Online Weekly Support Groups:** Lead by a trained facilitator. For days and times please visit: <http://www.postpartum.net/get-help/psi-online-support-meetings/>
- **FREE Psychiatric Consult Line:** Your medical provider can call 800.944.4773 x 4 and speak with a reproductive psychiatrist to learn about medications that are safe for you to take while pregnant and breastfeeding. <http://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>

** This is not a diagnostic tool and should not take the place of an actual diagnosis by a licensed professional. **

www.postpartum.net/resources/discussion-tool

As many as 1 in 7 moms (1 in 10 dads) experience symptoms of depression and anxiety during the postpartum period. People of every age, income level, race and culture can develop Perinatal Mood and Anxiety Disorders (PMADs) during pregnancy and within the first year after delivery. This tool can help track your symptoms and discuss them with your healthcare provider.

Being your own advocate is okay and you deserve to be well.
Download or bring our discussion tool to your provider.

If you would like to help us translate this tool in to other languages, please contact us communications@postpartum.net

PSI Educational DVD



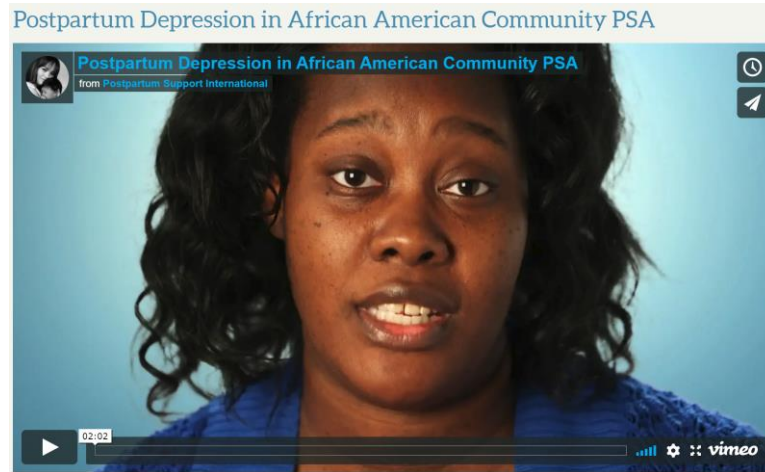
Healthy Mom, Happy Family

Order this 13 minute DVD from
Postpartum Support International

www.postpartum.net/resources/psi-educational-dvd/

Stream or Buy PSI DVDs Online <https://vimeo.com/ondemand/postpartumvideo>

Educational Videos



- **PSI Educational DVDs - promo/trailer link**
<https://vimeo.com/ondemand/postpartumvideo>
- **PSI Public Service Announcements**
 - 7 PSAs available to view or download/share on Vimeo
 - www.postpartum.net/news-and-blog/publicserviceannouncements/

Resources: medication in pregnancy & breastfeeding

- InfantRisk: 806-352-2519
<http://www.infantrisk.com/>
- MotherToBaby: 866-626-6847
<http://www.mothersmilk.org/>
- Mass General Women's Health
www.womensmentalhealth.org



Contact Information



Wendy Davis, PhD

503-277-3925

wdavis@postpartum.net

Postpartum Support International

800-944-4773 helpline

503-894-9453 office

www.postpartum.net

Help Map www.postpartum.net/get-help/locations/



Questions?



Closing

Olivia Giordano,
TA & Support Center

Up Next



Updates from HRSA's Federal Office of Rural Health Policy Beginning at 4:30 p.m. EST

