

Postpartum Depression and Other Perinatal Mood Disorders

Understanding
Causes, Risk Factors, Symptoms,
Community Resources & Practical Help

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WellMama

Pregnancy & Postpartum Support - Oregon

www.WellMama.net

(541) 231-4343

Postpartum Support International

www.postpartum.net

(800) 944-4773

WELLMAMA SERVICES

- Free
- Support groups
- Phone & email support
- Resources/ referrals
- Consultations

TERMINOLOGY

- Prenatal: Pregnancy
- Postnatal: First year
- Postpartum: First year
- Perinatal: Pregnancy + First year

- Postpartum Depression: Depression in First Year

DEPRESSION IN WOMEN

- Leading cause of disease-related disability
- Reproductive years

PERINATAL MOOD DISORDERS (PMDs)

(Baby Blues) - Not a disorder

- Depression
- Anxiety
- Panic Disorder
- Posttraumatic Stress Disorder (PTSD)
- Obsessive-Compulsive Disorder (OCD)
- Psychosis
- Bipolar Disorder

PMDs – cont.

Conditions of mood changes during pregnancy and the first year

Other terms used

- Perinatal Mood and Anxiety Disorders
- Perinatal Mood Changes

- Postpartum Depression
- Postpartum Mood and Anxiety Disorders
- Postpartum Conditions
- Postpartum Depression Spectrum Disorders
- Postpartum Stress Syndrome
- Postpartum Syndrome

PMDs - DSM-IV Issues

- Symptomatology
- Duration
- “Postpartum Onset” specifier
- First year
- Mixed Anxiety-Depressive Disorder
- Minor Depressive Disorder
- Pre-Menstrual Dysphoric Disorder
- PMDs
- Postpartum Psychosis

PMDs – DEMOGRAPHICS/ STATISTICS

Every

- Culture
 - Age
 - Income level
 - Educational level
 - Ethnic group
 - Religious affiliation
-
- 10-20% of deliveries
 - 800,000 women a year in U.S.
 - 1/3 PMDs begin in pregnancy
 - Teenage & low income mothers

PMDs - OTHER COUNTRIES

- Handout

BABY BLUES

Not a disorder

~ 80%

BABY BLUES – SYMPTOMS

- Overwhelm
- Tearfulness, crying
- Irritability, mood changes, frustration
- Sadness, vulnerability
- Anxiety, worry
- Dependency
- Difficulty concentrating
- Poor sleep

BABY BLUES – cont.

- Normal adjustment
- No association with birth experience
- Risk factor: premenstrual depression
- 3rd - 5th day
- Few hours/ days
- Good periods

BABY BLUES – CAUSES

- Hormonal changes
- Birth
- Nursing
- Transition
- Physical discomforts
- “Loss”
- Disappointments
- Responsibility
- Major life change
- Sleep deprivation, fatigue

PREGNANCY DEPRESSION/ ANXIETY

~10%

PREGNANCY DEPRESSION/ ANXIETY – RISK FACTORS

- Depression/ anxiety
- Unwanted pregnancy
- Domestic violence, substance abuse
- Abuse
- Discord with partner
- Medical complications in mother
- Prior perinatal loss
- Complications in baby
- Social isolation/ poor support

PREGNANCY DEPRESSION/ ANXIETY – IMPACT

- Low birth weight
- Pre-term delivery
- Decreased blood flow to placenta
- Heightened startle response
- Relationship with partner

POSTPARTUM DEPRESSION/ ANXIETY

10 – 20%

Preterm labor - 10%

Pre-eclampsia - 6.5%

Gestational diabetes – 4%

POSTPARTUM DEPRESSION/ ANXIETY – SYMPTOMS

- Depressed mood, loss of interest/ pleasure
- Appetite/ sleep disturbances – even if baby is sleeping
- No energy, worthlessness, guilt
- Inability to think/ concentrate
- Disinterest in baby
- Helplessness, hopelessness
- Crying, inadequacy
- Disinterest in sex
- Death wishes, suicidal thoughts

- Over-concern for baby
- Worry, anxiety, overwhelm, inability to cope

POSTPARTUM DEPRESSION/ ANXIETY – RISK FACTORS

- Depression/ anxiety
- Pregnancy depression/ anxiety
- OCD
- PMS, PMDD
- Thyroid dysfunction
- Teen pregnancy
- BCP/ fertility meds - mood changes
- Social isolation, inadequate support
- Super Woman Syndrome
- Eating disorder
- Relationship problems
- Unresolved feelings about the pregnancy

POSTPARTUM DEPRESSION/ ANXIETY – RISK FACTORS – cont.

- Prior perinatal loss/ unresolved feelings
- Loss of a child
- Complications – pregnancy, birth, breastfeeding
- Critical family, highly self-critical personality
- Abuse
- THE “MYTH”
- Complications
- Colicky/ hard-to-care-for baby
- Financial problems
- Major life stresses

POSTPARTUM DEPRESSION/ ANXIETY – CAUSES

Causes of Baby Blues, plus:

- Abrupt weaning
- Chronic pain (birthing, breastfeeding)
- Unrealistic postpartum expectations

POSTPARTUM DEPRESSION/ ANXIETY – CHARACTERISTICS

- Starts 1-3 months postpartum, up to first year
- Lasts weeks/ months
- Last years, if untreated
- Symptoms present most of the time

POSTPARTUM DEPRESSION/ ANXIETY – IMPACT

- First year is critical time of cognitive development
- Long term/ adverse implications if untreated
 - Developmental delays
 - Attachment problems

POSTPARTUM PANIC DISORDER

~10%

- Panic Attacks
 - Poss. agoraphobia

POSTPARTUM POST-TRAUMATIC STRESS DISORDER (PTSD)

1 – 6%

- Symptoms may begin during L&D

Causes:

- Traumatic L&D
- Pain
- Medical complications
- Abuse

POSTPARTUM OBSESSIVE-COMPULSIVE DISORDER (OCD)

Obsessions: 3-5%

Compulsions: No data

Cause unknown

OCD - General

- Obsessions
 - Intrusive thoughts/ images
 - Ignore or suppress
 - Awareness
- Compulsions
 - Repetitive behaviors/ mental acts
 - Reduce stress
 - Prevent dreaded event

POSTPARTUM OCD

Obsessive thoughts:

- Content related to baby
- Mother extremely distraught
- Ego-dystonic
- “Am I going crazy?”
- “Is this Postpartum Psychosis?”
- “Am I gonna be *that mother* on the news?”

Compulsive behaviors:

- Keep baby safe
- Repetitive, excessive
- Reduce distress
- Order, control

POSTPARTUM OCD – CHARACTERISTICS

- No intent to act on thoughts
- Mother rarely discloses
- Usually does not describe content
- Suggestibility
- Functioning/ infant care compromised
- Only obsessions or only compulsions or both
- Lifelong mild symptoms
- Obsession with safety vs harm
- “But it could happen”

POSTPARTUM PSYCHOSIS

0.1 - 0.2% (1-2 / 1,000 deliveries)

POSTPARTUM PSYCHOSIS – SYMPTOMS

- Extreme agitation
- Paranoia, confusion, disorientation
- Inability to sleep/ eat
- Losing touch with reality
- Distorted thinking
- Delusions
- Hallucinations (tactile, auditory, visual)
- Disorganized behavior
- Psychomotor agitation
- Incoherent speech, irrational thinking

POSTPARTUM PSYCHOSIS – CHARACTERISTICS

- Quick & severe
- First few days postpartum – NOT always!
- Mostly: Bipolar or MDD with psychotic features
- Family members seek help
- Mother with no insight
- In-and-out of psychosis
- Mother not to be left alone
- Mother not to be left alone with baby

POSTPARTUM PSYCHOSIS – RISK FACTORS

- Psychotic Disorders (20-50%)
- Bipolar Disorder (20-50%)
- Postpartum Psychosis (50-70%)

***WARNING SIGN: Extreme sleep loss

POSTPARTUM PSYCHOSIS – IMPACT

- Self-esteem
- Sense of motherhood
- Inadequacy as a mother
- Bonding

OCD VS PSYCHOSIS

- OCD: overprotective mother
- PSYCHOSIS: danger to harm
- Obsessing about becoming psychotic

Myths:

- Postpartum OCD is great risk to harm baby
- OCD may turn into psychosis

Issues:

- Misdiagnosis by untrained professionals
- Reporting, hospitalization = victimization

POSTPARTUM BIPOLAR DISORDER

- Depression + Manic/ Hypomanic Episodes
- Mania is high risk for Psychosis
- Immediate Psychiatric Assessment

POSTPARTUM DEPRESSION IN FATHERS

- Any symptom mothers have

Typical symptoms:

- Overwhelm
- Anger
- Confused
- Concerned with the mother and the baby

SCREENING

Who?

- Nurses
- Social workers
- Midwives
- Doulas
- Childbirth educators
- Parent educators
- Pediatricians
- OBs
- PCPs

SCREENING POSTPARTUM

- Edinburgh
- Not a diagnostic tool
- Not to override clinical assessment
- What it identifies accurately
- What it does not identify
- Specific language

SCREENING IN PREGNANCY

- Edinburgh
- Other tools

PSYCHOEDUCATION

- Normalize
- Give it a name
- Explain reality
- Handouts
- Websites

PRIORITIZING NEEDS AND SERVICES

- Safety
- Scope of practice
- Safety protocol
- Concrete help

TREATMENT OPTIONS

PHONE & EMAIL SUPPORT

- Often first line of support/ contact
- Less intimidating

SUPPORT GROUP

- Often led by PMD survivor
- Proven efficacy
- Provides education and concrete skills

INDIVIDUAL COUNSELING

- Crisis intervention if indicated
- Immediate resources/ referrals
- Most effective approaches: IPT & CBT
- Interpersonal Psychotherapy
- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Energy Psychology techniques

MEDICATION

- Prescribed by Psychiatrist, PCP, PNP, OB
- Potential effects weighed while pregnant or nursing
- Often a process
- Multiple types of PMD medication
- Alternatives to medication

OMEGA THREE FATTY ACIDS

- Safe for pregnancy and nursing
- Proven effective for depression and mood disorders
- Supports proper brain function and mood
- Omega3s related to mood found mostly in fish oil
- EPA
- DHA
- Combined therapeutic dosage between 1,000-2,000 mg
- Must be high quality supplement source

POSSIBLE ALTERNATIVE TREATMENTS

- Homeopathy
- Chinese medicine
- Yoga
- Acupuncture/Chinese medicine
- Energy work
- Hypnotherapy
- Meditation
- Herbs
- Massage
- Others...

HOSPITALIZATION

- When safety/functioning level warrant
- Outpatient care
- Multiple factors should be considered while inpatient

ADDRESSING SOCIAL BARRIERS WHILE ENCOURAGING TREATMENT

- PMDs vs. other diagnoses
- Importance of screening and referral
- Pivotal role of support
- Expand healthy social support network

CONCRETE STRATEGIES FOR SUPPORT

SELF CARE

- Hydration
- Nutrition
- Sleep
- Exercise and sunlight
- Non-baby focused activity

HOUSEHOLD HELP

- Engage partner in support
- Housework re-prioritize
- Respite from baby care
- Transportation to appointments
- Help her avoid detrimental influences
- Mom-baby groups often not helpful

SUPPORT FOR MOTHER-CHILD RELATIONSHIP

- Educate clients with compassion about effect of PMDs on children
- Model/ encourage appropriate interactions
- Provide info on normal child development
- Encourage other caregivers to interact/care for baby
- Refer to resources which support healthy relationships/early child education

ADVOCACY

- Education for whole family
- Support for partners/ children
- Help navigate systems
- Empower clients to seek appropriate treatment
- Educate peers and colleagues
- Implement policies at agency level

PREVENTION STRATEGIES

- Screen and identify early
- Education for families
- Strengthen support system
- Wellness planning

BARRIERS