

The Role of a Mental Health Provider in Perinatal Mental Health

Mental Health Professionals

- Counselor
- Clinical Psychologist
- Psychiatrist

Scope of Practice

Screening & Evaluation	<ul style="list-style-type: none">- The American College of Obstetricians and Gynecologists recommend the Edinburgh Postnatal Depression Scale (EPDS) for screening of postpartum depression (Kroska & Stowe, 2020).- Traumatic Birth Screens:<ul style="list-style-type: none">o City Birth Trauma Scaleo Perinatal Post Traumatic Stress Disorder Questionnaire-IIo Patient Health Questionnaireo PTSD Checklist Civilian Versiono Life Events Checklist from the National Center for PTSD (Rodriquez-Reynaldo, 2022; <i>Patient Screening</i>, n.d.)- Postpartum Anxiety Screens<ul style="list-style-type: none">o General Anxiety Disorder 7o The Edinburgh Postnatal Depression scaleo The State Anxiety Inventory-S Anxietyo The Perinatal Anxiety Screening Scale (Matthey et al., 2013; Somerville et al., 2014; Zappas et al., 2021)
Intervention	<ul style="list-style-type: none">- Pharmacological Treatment: SSRIs, SNRIs, Benzodiazepines- Mindfulness Skills- Grounding Tactics

- Behavioral Activation
 - Stress Management Techniques
 - Assertive Communication Skills
 - Crisis Coping Skills
 - Psychotherapy
 - Aromatherapy
 - Interpersonal Therapy
 - Cognitive Behavioral Therapy
- (Sayres Van Niel & Payne, 2020; Weir, 2018; Zappas et al., 2021).

Conditions for Referral

The transition into motherhood is a period that seeking a mental health professional may be helpful. There is not a necessary diagnosis to seek counseling or mental health intervention if there is an increased challenge with mental health during the perinatal period.

Transition into motherhood is referring to the general time period of becoming a mother that is experienced by all women, although can be very different for each mother, is a common life transition for this population.

- An ideal time to receive therapy due to the changed that occur physically, mentally, and situationally.
- Assistance in navigating new experiences, expectations, and feelings during the perinatal period should be standardized.
- There is not a clinical diagnosis necessary to seek assistance from a mental health care professional during this time. However, a diagnosis does affect coverage of care through insurance.

Baby Blues

Onset & Duration: 1-2 weeks (4-10 days) postpartum (Depression during and after pregnancy: When it's more than the baby blues, 2016; Kroska & Stowe, 2020; Mayo Clinic, 2022).

Symptomology:

- Mood Swings
- Anxiety

Postpartum Depression

Onset & Duration: Onset can occur anytime with the perinatal period once becoming pregnant up to 12-24 months after delivery (*Postpartum depression- Symptoms and causes*, 2022; Postpartum Support International, n.d.; *What Does Perinatal Mean?: Surrey and Borders Partnership NHS Foundation Trust*, n.d.)

Risk Factors:

- History of mood disorders

- Irritability
- Feeling overwhelmed
- Excessive crying
- Reduced concentration
- Trouble sleeping due to external factors (baby awake, increased responsibilities, etc.)

Symptoms are mild in severity and limited in duration and should not impair daily functioning (Kroska & Stowe, 2020; Sayres Van Niel & Payne, 2020).

- Family history of depressive or perinatal disorders
- An unwanted or teenage pregnancy
- A multiple birth
- A difficult or traumatic pregnancy or birth
- Ongoing health problems with baby
- Lack of social support with low socioeconomic status and financial difficulties
- A history of physical or sexual abuse
- Substance abuse disorder
- American Indian/Alaska and Hawaii Native heritage

(Biaggi et al., 2016; *Postpartum depression- Symptoms and causes*, 2022; Sayres Van Niel & Payne, 2020).

Symptomology:

- Depressed thoughts and mood swings
- Thoughts of hopelessness
- Losing interest in activities that you typically enjoy
- Difficulty with bonding with your baby
- Withdrawing from family & friends
- Loss of appetite or eating too much
- Intense irritability and anger
- Hopelessness
- Restlessness
- Recurring negative thoughts
- Thoughts of harming child

Symptoms are intense, last longer, and are more severe than baby blues. Symptoms of postpartum depression will impair daily functioning

(*Postpartum depression- Symptoms and causes*, 2022; Postpartum Support International, n.d.; Sayres Van Niel & Payne, 2020; *What*

Does Perinatal Mean? Surrey and Borders Partnership NHS Foundation Trust, n.d.)

Postpartum Psychosis

Onset & Duration: Onset can occur anytime within the perinatal period. Typical onset is after the first week of pregnancy (*Depression During and After Pregnancy: When it's more than the baby blues*, 2016; Mayo Clinic, 2022)

Risk Factors:

- Age of mother
- Primigravida
- History of bipolar disease
- Inflammatory disease (preeclampsia or thyroiditis)
- Delivery-related medical complications
- Psychosocial stressors
- Family history of psychosis or perinatal mental illness

(Bergink et al., 2016)

Symptomology:

- Irritability
- Anxiety
- Dysphoria
- Insomnia

(Bergink et al., 2016; Kamperman et al., 2017; Vanderkruik et al., 2017)

These symptoms progress into further symptoms:

- Feeling confused and lost
- Obsessive thoughts and having delusions
- Sleep problems
- Paranoia

Postpartum Anxiety

Prevalence: Between 11% to 21% of women experience anxiety in the perinatal period (Byrnes, 2019).

Onset & Duration: Onset occurs during the prenatal period.

Risk Factors:

- Prior history of Generalized Anxiety Disorder
- Post-traumatic stress disorder
- Lack of education
- Lack of social support
- History of abuse
- Inflammatory mediators
- Hormones
- Changes in sleep patterns

(Jordan & Minikel, 2019; Zappas et al., 2021).

Symptomology: Meeting the criteria for generalized anxiety disorder in the perinatal period.

- Constant worry with difficulty controlling the worry
- Worry associated with any of the following
 - Feeling restless or on edge
 - Easily fatigued
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep difficulties
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite due to internal factors

<ul style="list-style-type: none"> ■ Delusions ■ Depersonalization ■ Derealization ■ Cognitive dysfunction ■ Attempts to harm self or babies ■ Auditory & Visual Hallucinations <p>(Bergink et al., 2016)</p>	<ul style="list-style-type: none"> ■ Inability to sit still due to internal factors ■ Physical symptoms like dizziness, hot flashes and nausea (Postpartum Support International, n.d.; Zappas et al., 2021).
<p>Pregnancy & Postpartum Obsessive-Compulsive Disorder</p> <p><u>Symptomology:</u></p> <ul style="list-style-type: none"> ■ Obsessions: repetitive thoughts or mental images that are persistent ■ Compulsions: completion of actions repetitively to reduce fears and obsessions. ■ A sense of horror about the obsessions and compulsions ■ Hypervigilance in protecting the infant ■ Thoughts typically are bizarre and are unlikely to be acted upon. ■ Obsessions and compulsions create preoccupation with the harm and safety of an infant ■ Compulsions and obsessions impact daily functioning (Challacombe et al., 2016; Postpartum Support International, n.d.) 	<p>Postpartum Bipolar Disorder</p> <p><u>Symptomology:</u></p> <ul style="list-style-type: none"> ■ Unusual shifts in: <ul style="list-style-type: none"> ○ Mood ○ Energy ○ Activity levels ■ Manic or hypomanic episodes alternate with depressive episodes ■ Manic or hypomanic episodes should not cross over with any symptoms of postpartum depression. <p>(Sharma et al., 2017; The American College of Obstetricians and Gynecologists, n.d.)</p>
<p>Perinatal Loss:</p> <p>Perinatal loss is the loss of a pregnancy. Miscarriage is typically defined as losing a pregnancy up to 20 weeks, stillbirth occurs after 20 weeks of gestation (Weir, 2018).</p>	<p>Birth Trauma:</p> <p>Trauma is when an individual experiences intense physical harm, emotional harm, and/or life-threatening harm that has lasting effects on an individual's mental, physical, emotional, social, or spiritual</p>

Mothers feel a loss of themselves as their expectations of their reproductive experience have been changed based on their ‘reproductive story’.

It has been shown that women who experienced miscarriage or stillbirth had higher rates of anxiety and depression in a subsequent pregnancy.

A loss can also affect the mother bonding with their child and in turn affect attachments of subsequent children.

Symptomology:

- Shock
- Frustration
- Rage
- Feelings of emptiness
- Feelings of loneliness

(Grandini et al., 2017; Weir, 2018).

health (Substance Abuse and Mental Health Services Administration [SAMSHA], 2022).

Birth trauma is the birth experience results in post-traumatic stress disorder (PTSD) after childbirth (Birth Trauma Association, n.d).

Four Main Symptoms:

- Re-experiencing the traumatic event through flashbacks, nightmares or intrusive memories.
- Avoiding anything that reminds you of the trauma (avoiding the hospital, ect.)
- Feeling hypervigilant: constantly alert, irritable, and jumpy.
- Feeling low and unhappy.

(The Birth Trauma Association, n.d).

Up to half of women experience birth as traumatic (O’Donovan et al., 2014 as cited in Holt et al., 2018).

Resources for Providers

Screening Interpretation and Action Flowsheet

<https://www.acog.org/-/media/project/acog/acogorg/files/forms/perinatal-mental-health-toolkit/assessing-perinatal-mental-health-and-pcl-c-screener-2022.pdf>

National Network of Perinatal Psychiatry Access Programs

<https://www.umassmed.edu/lifeline4moms/Access-Programs/>

PSI Perinatal Psychiatric Consult Line

<https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>

Mental Health Education Considering Perinatal Loss

Mental Health Professional Group of the American Society for Assisted Reproduction Technology and RESOLVE: The National Infertility Association

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