Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Depression in the Perinatal Period

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Marianela Rodriguez, PhD, PMH-C

UNMC MUNROE-MEYER INSTITUTE

SAMHSA Substance Abuse and Mental Health Services Administration

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:
STRENGTHS-BASED AND HOPEFUL
INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES
HEALING-CENTERED/ TRAUMA-RESPONSIVE
INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS
PERSON-FIRST AND FREE OF LABELS
NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS
RESPECTFUL, CLEAR AND UNDERSTANDABLE
CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS
Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Awarded to UNMC's Behavioral Health Education Center of Nebraska (BHECN).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.

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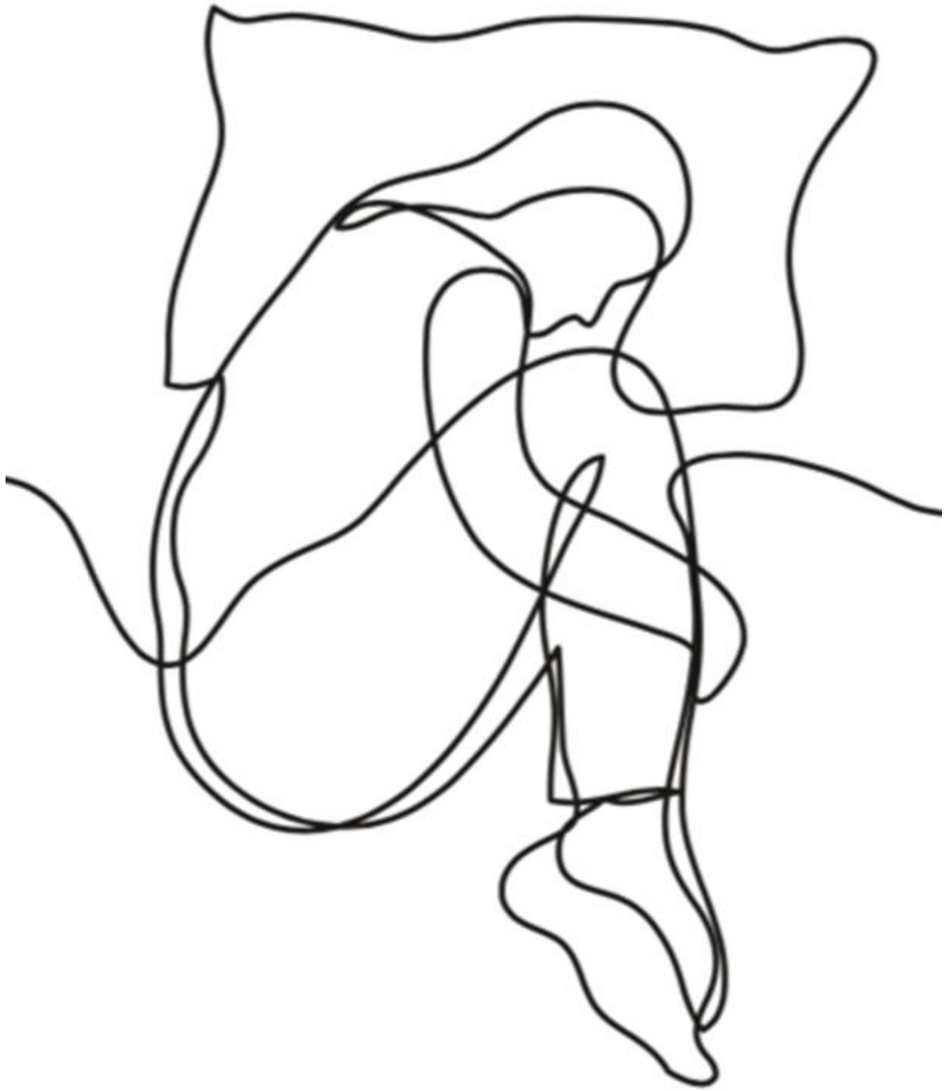


Introductions...who is in the room?

Elizabeth O'Brien, LPC, PMH-C

Psychotherapist

Marianela Rodríguez, PhD, PMH-C

Clinical Psychologist

Disclaimers, Language & Diversity/Inclusion

- We are independent contractors who do not represent any other organization
- We try to recognize our own biases, try to continue to learn to be open, and welcome feedback
- Terms: mother, birth person, parent, partner, father, primary caregiver and others…
- Please add your pronouns next to your name
- Most of research has been on heteronormative couples and we recognized all the data doesn’t represent everyone, especially in the LGBTQ+ community + BIPOC communities
- Take care of yourself during trainings!

Objectives

1

Discuss the prevalence of perinatal depression and the impact it has among women.

2

Describe signs and symptoms of depression during the perinatal period including screening processes for timely initiation of treatment options

3

Identify appropriate perinatal resources concerning depression for mothers and their families for a smooth transition into parenthood.

Perinatal Mental Health is an ***umbrella term*** for mental health during pregnancy and up to 2 years after birth.

Perinatal Mental Health disorders are the #1 complication of childbirth

PREVALENT

1 in 5 women experience a mental health condition in pregnancy or postpartum

UNDER REPORTED

Conservative numbers, does not include women who miscarry or **those who treat on own**

UNTREATED

Only **30%** who screen positive for anxiety or depression receive treatment

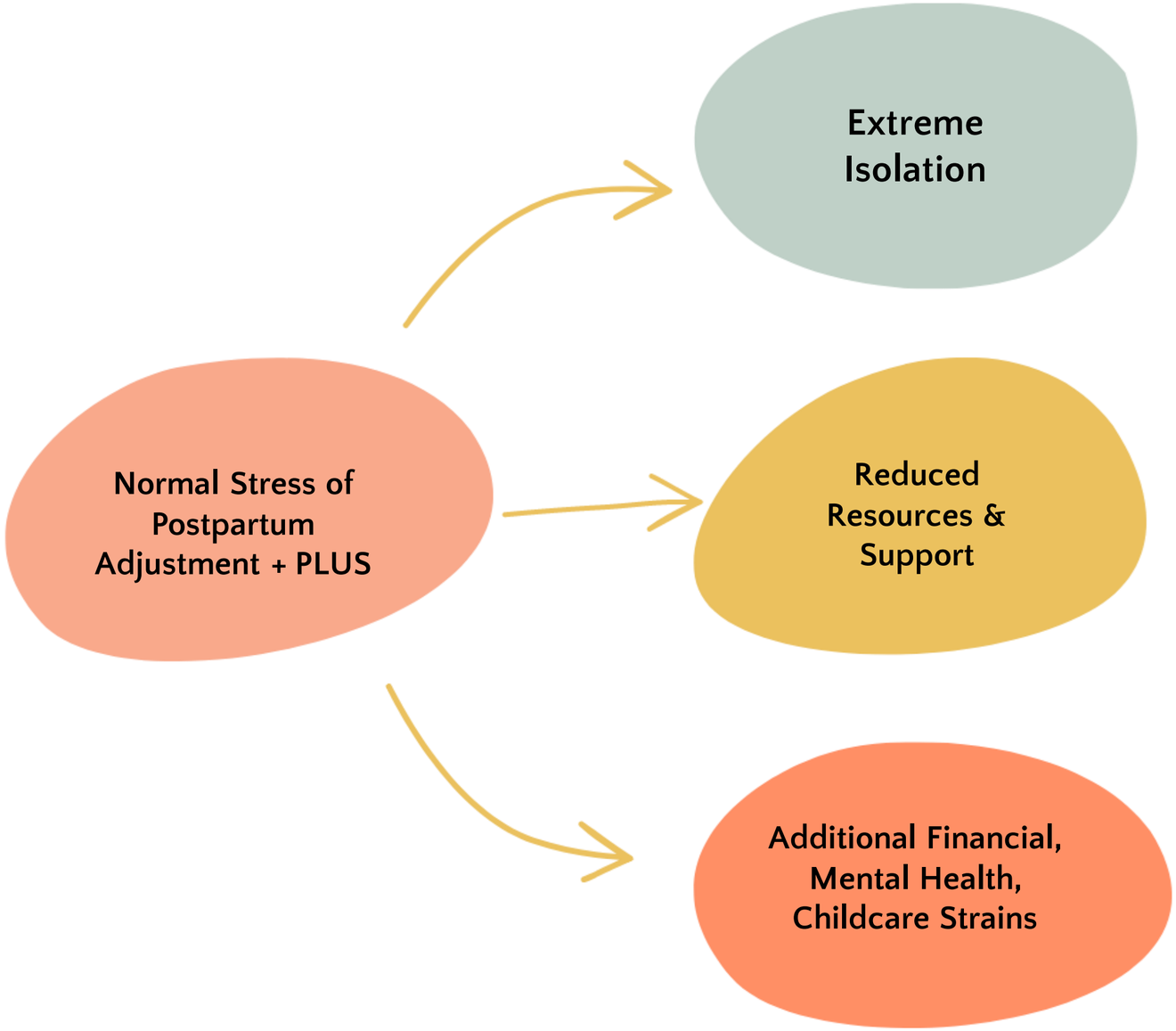
The spectrum of perinatal mental health conditions includes:

- Perinatal depression
- Perinatal anxiety and panic disorders
- Obsessive compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Perinatal bipolar disorder and postpartum mania
- Postpartum psychosis
- Perinatal substance use
- Parental suicide
- Complicated grief after perinatal loss

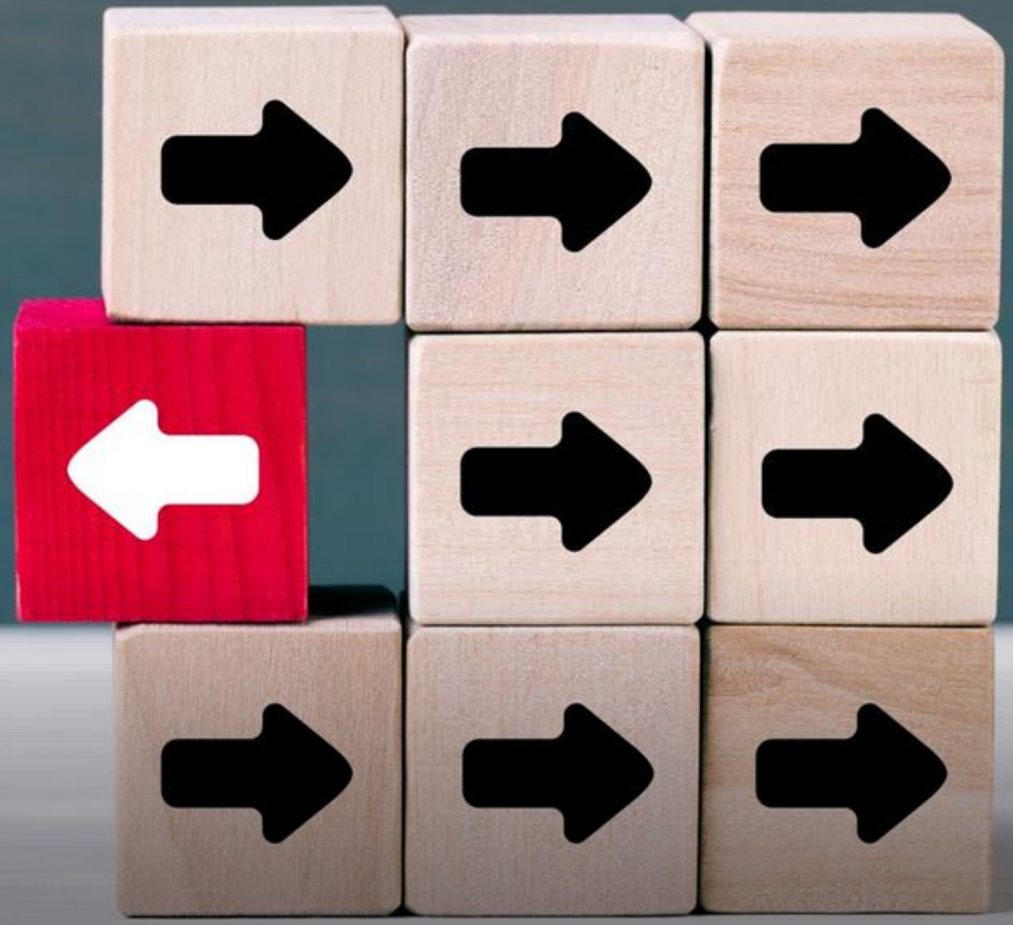
Expectations

Pregnancy	Birth	Motherhood/ Fatherhood
Family	Support	Baby

Pregnancy & Postpartum in a Pandemic



Risk Factors & Prevalence



General Risk Factors

- Personal or family history of mental illness
- Life stressors or difficult transitions
- Lack of healthy social and/or family support
- Previous trauma or abuse (including during pregnancy)
- Complications with delivery, breastfeeding, or birth
- Infant temperament or "high needs"; Multiples
- History of infertility or perinatal loss
- Sleep deprivation

Mothers of color have rates of postpartum depression soaring

close to 38%

Unique Risk Factors -

Racism /Discrimination

Strong Black Woman Syndrome

Impaired Trust In the Medical Community

1 in 3 black mothers experiences

Perinatal Mental Health Disorders

Teen parents, or women who are also dealing with **poverty**, can experience postpartum depression at rates

twice as high as the average

Perinatal Mental Health Affects the Whole System

PREGNANCY & BIRTH OUTCOMES

- Reduced prenatal care
- Increase in risky behaviors
- Increased risk of termination
- Higher rates of c-section (2x), preterm delivery (2x) & pre-eclampsia (2.5x)

MATERNAL BEHAVIOR

- Negative/disengaged behavior
- Increase in child abuse/neglect
- Increase in risky parenting choices
- Issues with attachment and bonding
- Relationship difficulty

CHILD DEVELOPMENT

- Increased risk of developmental delays
- More significant behavioral problems
- Disruption in healthy attachment and socio-emotional development
- Higher rates of mental disorders as they age

Impact on Relationships

- 40-67% of couples report a decrease in marital quality in the first postpartum year
- Added stress on the relationship impacts communication, intimacy, and connection
- Fathers who have a partner suffering with a perinatal mental health disorder are 50% more likely to experience depression or anxiety too!

How common is perinatal depression?

Up to **1 in 5**

women will suffer from a maternal mental health disorder like postpartum depression[1]

less than **15%**

of women receive treatment[2]

1 in 7

will experience depression during pregnancy[3]

Up to **50%**

of women living in poverty will suffer from a maternal mental health disorder[4,5]

NOT JUST MOMS

Maternal mental health disorders impact the whole family, not just women[6]

More Than 600,000

women will suffer from a maternal mental health disorder in the United States every year[7]

Anxiety and depression have risen 37% in teen girls

This will increase the number of women suffering postpartum depression in the future[5]

1 in 10

Dads will experience a perinatal mental health disorder following the birth of their child.[6]

LGBTQ+ and non-gestational partners

- Lesbian women in the postpartum period have a higher self-reported prevalence of depression (Maccio, 2012)
- Bisexual women in the postpartum period reported an increased risk if currently partnered with a man vs woman (Flanders, 2016)
- Incidence of probable PPD among gay fathers was 12% (Adler et. al, 2023)
- Data from this study suggests that sexual minority parents are not at increased risk for PPD. The parental role, a psychosocial factor, is a more dominant risk factor than pregnancy itself, in the development of PPD (Huller et.al, 2022)
- Up to 10% of new fathers present with depression often accompanied by anxiety (Rodrigues, 2022)
- More data needed. Role of social support is critical.

Kansas

In 2017-2020 **Kansas women** with a live birth self-reported postpartum depressive symptoms was **13.7%**

Source : Pregnancy Risk Assessment Monitoring System 2020 Surveillance Report

Signs & Symptoms

Baby Blues are:

Common

Impacts **80%** of new parents

Related to typical postpartum adjustment

Onset within **first** few days postpartum

Might look like moodiness, feeling overwhelmed, crying/weepy

Temporary

Symptoms will resolve on own around **2 weeks postpartum**

Blues or Depression?

Severity

Time of onset

Duration of symptoms

If parent is:

More than 2 weeks postpartum, **OR**
Experiencing symptoms at anytime that are debilitating and/or getting worse...

This is **not likely** baby blues, and a sign that something more is going on

Is this normal?

	SLEEP DEPRIVATION	BONDING WITH BABY	YOUR MIND IS	YOU WORRY	YOU FEEL	AFTER A FEW WEEKS
TYPICAL ADJUSTMENT	MAKES YOU TIRED	HAPPENS SHORTLY AFTER BIRTH	FORGETFUL & DISTRACTED	FOR GOOD REASON	HAPPY & HOPEFUL	YOU GET INTO A GOOD ROUTINE
BABY BLUES	MAKES YOU EMOTIONAL	DOESN'T HAPPEN IMMEDIATELY	FOGGY & UNCLEAR	ABOUT MINOR THINGS	WEEPY & EMOTIONAL	YOU START TO FEEL BETTER
PPD/PPA	MAKES YOU ANGRY	DOESN'T REALLY HAPPEN AT ALL	FULL OF SCARY THOUGHTS	IF YOU ARE A GOOD MOTHER	NOTHING/ GUILT/ EXT. SADNESS	YOU START TO FEEL WORSE

You can not tell by looking at a person what they are feeling

- You hear her loud inner critic
- You here blending some depressive symptoms with anxiety symptoms
- You can not tell what is going on inside her head

Perinatal Depression

Diagnostic criteria:

- Depressed mood or less interest in activities
- Significant distress or functional impairment almost daily for **2 weeks**

Anger

Difficulty concentrating

Recurrent thoughts of death/suicide

Excessive sadness/crying

Feeling overwhelmed

Worthlessness/guilt

Lack of feelings toward baby

Appetite disturbance

Isolation

What you may see/hear at visits:

- “She doesn’t look like me”
- “I can’t make him stop crying”
- “She doesn’t respect me”
- Haven’t baby proofed house
- Ongoing feeding issues
- Missing appointments
- Struggling to take care of self, even when given opportunities

What fathers may manifest

- “Checking out”
- Feeling burden
- Sleep deprivation
- Anger, irritability
- Anxiety
- Isolation
- Jealousy, feeling “left out”

Protective Measures
(& what we can do to help)

Educate & Normalize

You are not alone

1 in 5 women experience a mental health condition in pregnancy or postpartum

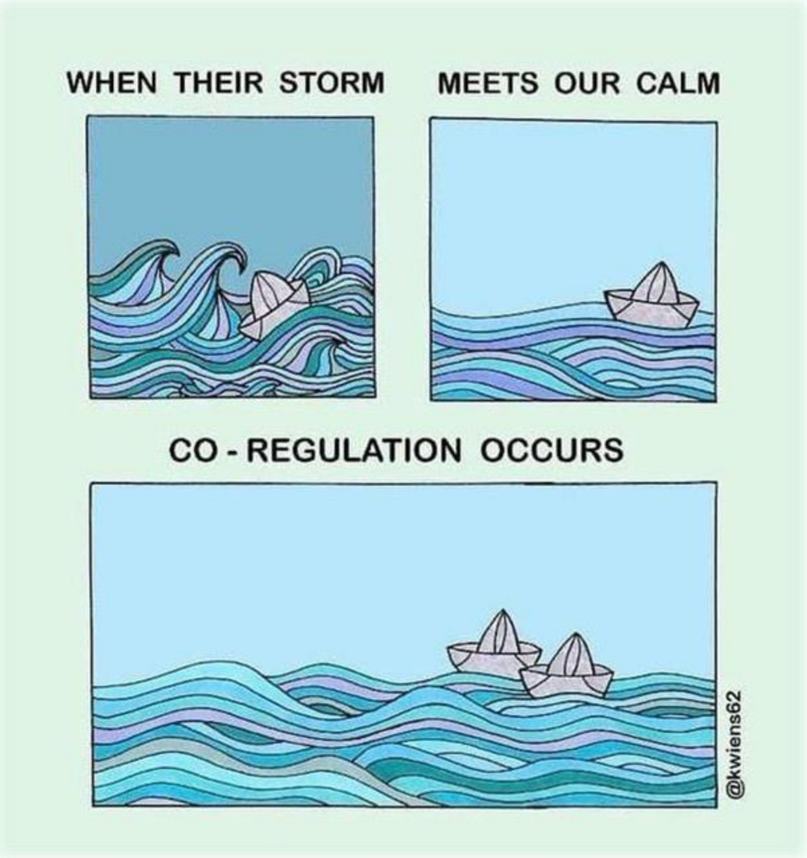
You are not to blame

There is no single cause or risk factor for perinatal mental health challenges

With help you will be well

Evidenced-based treatments are effective and available

Support via Co-Regulation



- We are constantly co-regulating each other unconsciously without even trying
    - Synchronizing heartbeats, changing moods, helping to validate someone else's presence
- When a provider is attuned to the child or the parent/caregiver who is in distress, they become a tool to help them regulate
    - Use warm soothing tone of voice
    - Acknowledge person's emotions
    - Supportive silence
    - Teach regulations skills

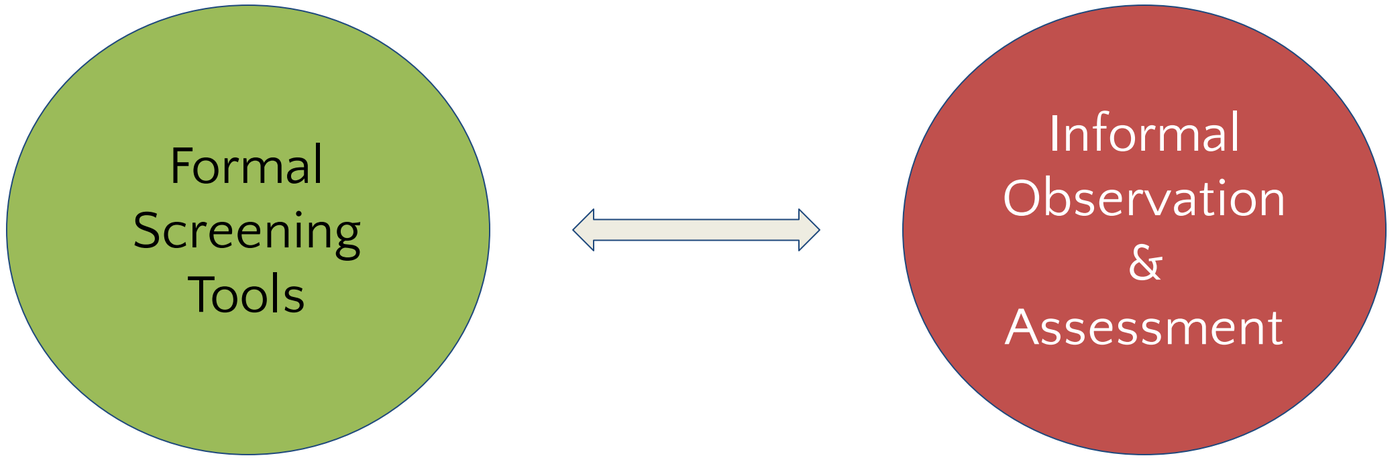
Work as a Team

- Mental Health Providers
  - Psychologist/Psychotherapist
  - Social Worker
  - Pastoral Counselor
- Prescribing Medical Professionals
  - OB/GYN/Midwives
  - Nurse Practitioner
  - Primary Care Provider
  - Reproductive Psychiatrist
- Doulas; Meals on Wheels; Support Groups
- Postpartum Support International (PSI)

Screening Recommendations

Screening for perinatal mental health challenges can be done formally, informally, or through a combination of both.

Note: screening tools are not diagnostic.



Equity

- Some marginalized people report barriers to disclosing mental health symptoms or concerns to health care providers
  - Unsure how to raise topic of depression
  - Concerns about stigma
  - Aversion to medications, psychotherapy
- The recommendation against could result in some people with depression being missed
- However, these barriers to disclosure might still exist with a questionnaire

Screening Best Practices

- All women should be screened by their providers during:
  - First prenatal visit
  - At least once in second trimester & third trimester
  - Six-week postpartum obstetrical visit (or at first postpartum visit)
  - Repeated screening at 6 and/or 12 months
  - 3, 9, and 12 month pediatric visits
- Ideally provided in a private setting
- Introduced and interpreted by a practitioner in a *caring* and *informative* manner that **normalizes perinatal mental health needs**

Free Formal Screening Tools

Edinburgh Postnatal Depression Scale (EPDS)

- Free, print & online format
- Validated in 23 languages; use in perinatal & non-birthing parents
- Addresses anxiety components, along with depressive symptoms & suicidal thoughts
- Most widely used PMAD assessment tool

Patient Health Questionnaire (PHQ-9)

- Free, print & online format
- Validated for use in the perinatal population
- Incorporates the categories that define depression in the Diagnostic and Statistical Manual (DSM), including suicidal ideation

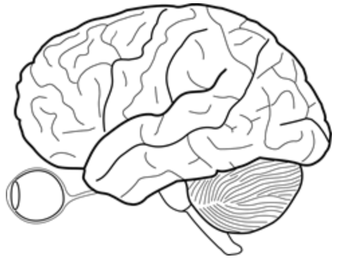
The recommended cut-off score for a positive screen using either tool is 10.

Notice

What do you see?

What do you hear?

What do you sense?



What is off?

Words Matter

Instead of saying this:	Try saying this:
You are just a new mom, everyone struggles. Welcome to motherhood!	Having a baby is a life-changing event, and it is completely normal to feel stressed and overwhelmed about your new life immediately after giving birth.
Your baby is healthy, you are fine. Don't worry about it.	If you don't like how you are feeling, help is available. The quicker you get support for these feelings, the quicker you will feel more like yourself again. Let me give you some names.
You are tough, you can do this if you try hard enough.	Getting help is never a sign of weakness. In fact, it can be a sign of strength that you are speaking up and surrounding yourself with good support.

Cultural Sensitivity Checklist

- Cultural sensitivity is a necessity when any provider is facilitating an evaluation and assessment. Sensitivity involves awareness of and responsiveness to the family's cultural background in order to adequately communicate and provider the resources that are needed.
  - **Establish clear communication**
  - **Be aware of non-verbal cues without jumping to conclusions**
  - **Use normalizing statements**
  - **Ask openly about potentially relevant traditions and customs**
  - **Examine your own biases**

Follow Up Considerations to take back to work…

- Do we have a institutionalized agency/practice protocol for screening all new parents? How many times are we screening?
- Where do we store our completed screening tools from the parent if our client is the child?
- Do we have an established referrals?
- Do we give all new parents handouts on Signs/Symptoms on perinatal mental health?
- Who is following up if there is a positive score?
- If we have questions, did you know YOU can call PSI and talk with an expert?
- Do you feel comfortable referring to a support group and do you know where they are?
- Is your agency/practice interested in starting their own support group?
- It can be intense seeing a Parent who is suffering, how are you managing your own feelings/reactions?

Resources

Support groups

http://bit.ly/FindSupportGroup

POSTPARTUM SUPPORT INTERNATIONAL

CHAPTERS PROGRAM FIND A CHAPTER GET HELP ABOUT PSI

KANSAS

About Give Get Involved Programs & Resources

If you have a patient who is struggling…

Call the Free PSI HelpLine **1-800-944-4773(4PPD)** or text **503-894-9453**

Someone will return message within 24 hours

Visit **https://psidirectory.com**

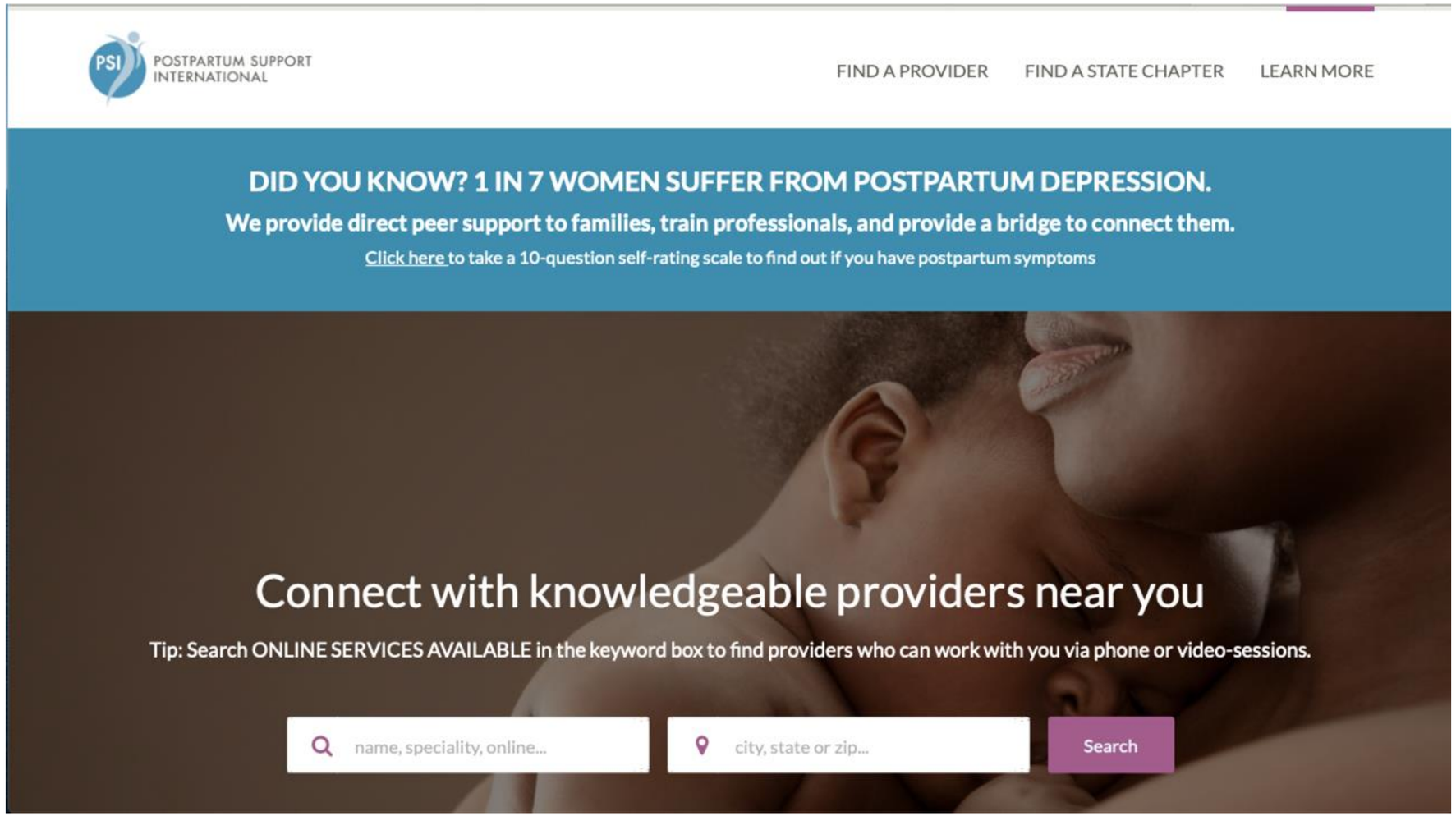
Search free online directory of vetted providers and support groups

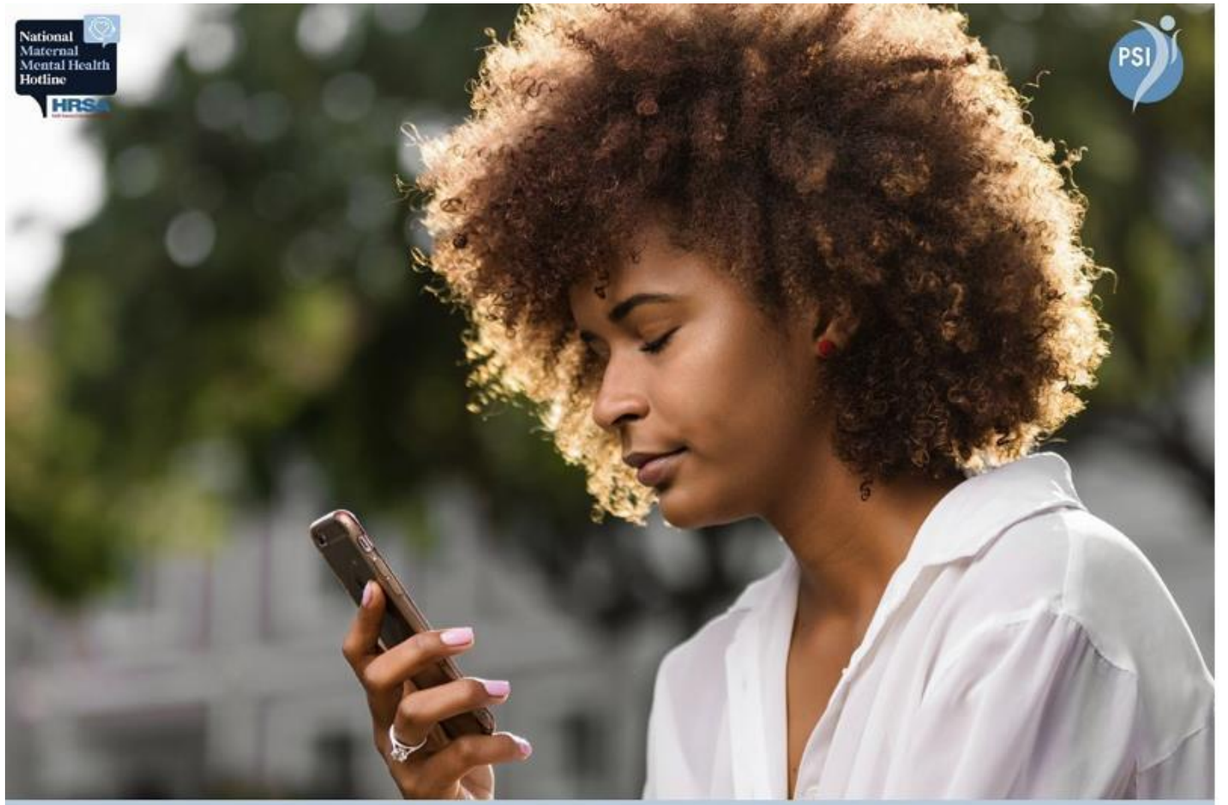
Prescribers can call PSI Perinatal Psychiatric Consultation Line **1-800-944-4773, ext 4**

Medical prescribers (only) can consult with experts

PSI Perinatal Mental Health Directory

www.psidirectory.com





THE NATIONAL MATERNAL MENTAL HEALTH HOTLINE IS HERE!

1-833-943-5746

CALL OR TEXT FOR 24/7 FREE, CONFIDENTIAL SUPPORT, RESOURCES, & UNDERSTANDING IN ENGLISH & SPANISH FOR ALL PREGNANCY & POSTPARTUM MENTAL HEALTH CONCERNS.

POSTPARTUM SUPPORT INTERNATIONAL | POSTPARTUM.NET

Free downloadables to use with moms/birthing persons

New or Expecting Moms:
Are You Having a Hard Time? You Deserve Support.

Becoming a mother is a huge transition that comes with an incredible range of emotional responses. Some are known as the "baby blues," a two-week period of mood swings and a feeling of overwhelm after delivery that 80% of mothers experience. Others can happen in pregnancy, begin or last longer than two weeks after delivery, or are more intense than the baby blues. These symptoms and conditions are called perinatal mood and anxiety disorders (PMADs). They affect as many as 1 in 5 moms (twice as many as gestational diabetes) and are completely treatable.

How Do I Know If It's More Than the Baby Blues?

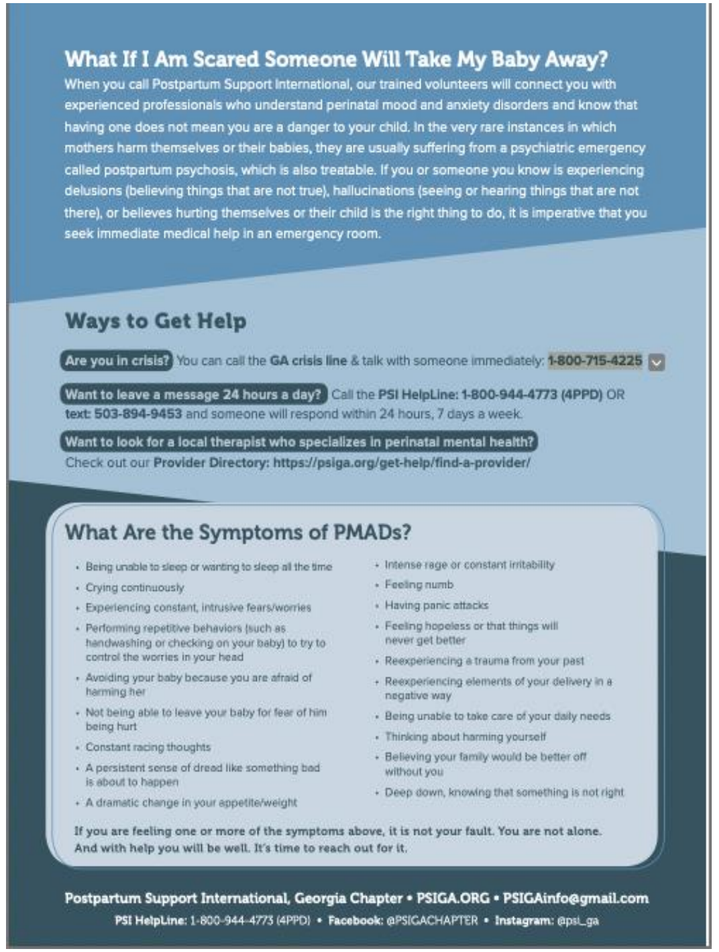
The "blues" are caused by the drop in hormones after birth and are characterized by weepiness, intense highs and lows in your mood, as well as a general feeling of being overwhelmed, and having a low frustration tolerance or even anger. If you experience symptoms longer than two weeks, they begin during pregnancy or anytime in the year after birth, or they make it hard for you to function, you may be experiencing a PMAD.

But I Don't Feel Depressed

The "classic" symptoms of depression—lack of interest in life, fatigue, feeling intensely sad—are not the only symptoms of PMADs. That's why experts use the term perinatal mood and anxiety disorders, because other symptoms are actually more common such as anxiety and intense irritability or rage. PMADs include depression, anxiety, obsessive-compulsive disorder (OCD), panic disorder, and post-traumatic stress disorder. Often, women experience a combination of more than one of these. There is a full list of symptoms on the back of this sheet.

Isn't Anxiety Just Part of New Motherhood?

Absolutely. Almost all parents report having thoughts and worries about harm coming to their babies. Our job is to protect them and that requires us to think through any possible threats (including ourselves). So, you are going to worry about things or even think about bad things happening to your baby. But, the difference between an acceptable level of anxiety and an anxiety disorder has to do with how intense your anxiety is and whether it makes it difficult for you to function normally.



What If I Am Scared Someone Will Take My Baby Away?

When you call Postpartum Support International, our trained volunteers will connect you with experienced professionals who understand perinatal mood and anxiety disorders and know that having one does not mean you are a danger to your child. In the very rare instances in which mothers harm themselves or their babies, they are usually suffering from a psychiatric emergency called postpartum psychosis, which is also treatable. If you or someone you know is experiencing delusions (believing things that are not true), hallucinations (seeing or hearing things that are not there), or believes hurting themselves or their child is the right thing to do, it is imperative that you seek immediate medical help in an emergency room.

Ways to Get Help

Are you in crisis? You can call the **GA crisis line** & talk with someone immediately: **1-800-715-4225**

Want to leave a message 24 hours a day? Call the **PSI HelpLine: 1-800-944-4773 (4PPD)** OR **text: 503-894-9453** and someone will respond within 24 hours, 7 days a week.

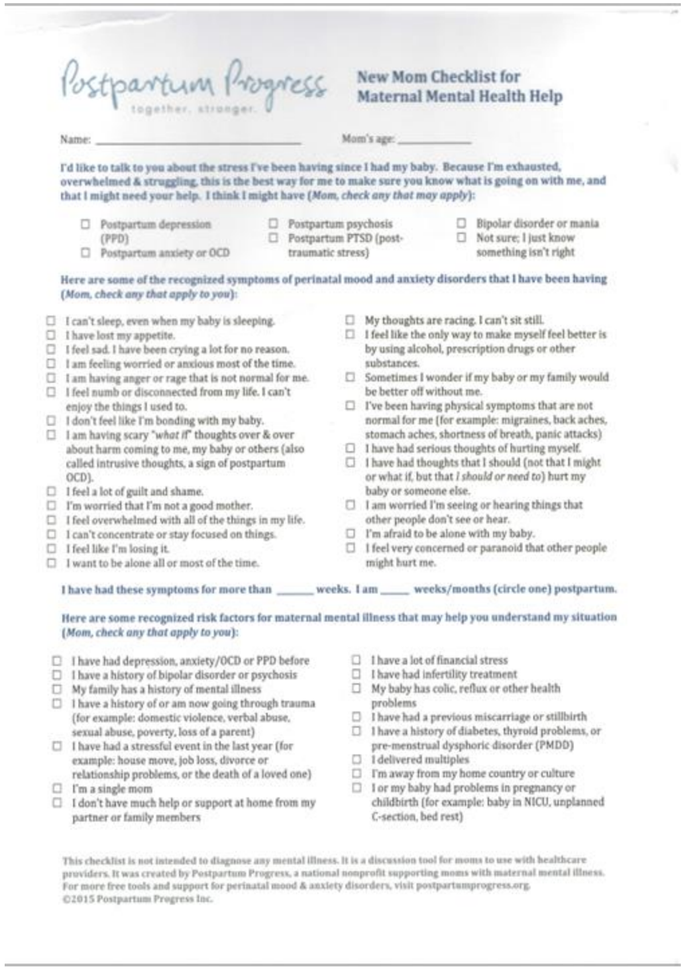
Want to look for a local therapist who specializes in perinatal mental health?
Check out our **Provider Directory: https://psiga.org/get-help/find-a-provider/**

What Are the Symptoms of PMADs?

- Being unable to sleep or wanting to sleep all the time
- Crying continuously
- Experiencing constant, intrusive fears/worries
- Performing repetitive behaviors (such as handwashing or checking on your baby) to try to control the worries in your head
- Avoiding your baby because you are afraid of harming her
- Not being able to leave your baby for fear of him being hurt
- Constant racing thoughts
- A persistent sense of dread like something bad is about to happen
- A dramatic change in your appetite/weight
- Intense rage or constant irritability
- Feeling numb
- Having panic attacks
- Feeling hopeless or that things will never get better
- Reexperiencing a trauma from your past
- Reexperiencing elements of your delivery in a negative way
- Being unable to take care of your daily needs
- Thinking about harming yourself
- Believing your family would be better off without you
- Deep down, knowing that something is not right

If you are feeling one or more of the symptoms above, it is not your fault. You are not alone. And with help you will be well. It's time to reach out for it.

Postpartum Support International, Georgia Chapter • PSIGA.ORG • PSIGAinfo@gmail.com
PSI HelpLine: 1-800-944-4773 (4PPD) • **Facebook:** @PSIGACHAPTER • **Instagram:** @psi_ga



Postpartum Progress
together, stronger.

New Mom Checklist for Maternal Mental Health Help

Name: _____ Mom's age: _____

I'd like to talk to you about the stress I've been having since I had my baby. Because I'm exhausted, overwhelmed & struggling, this is the best way for me to make sure you know what is going on with me, and that I might need your help. I think I might have (*Mom, check any that may apply*):

- ☐ Postpartum depression (PPD)
- ☐ Postpartum anxiety or OCD
- ☐ Postpartum psychosis
- ☐ Postpartum PTSD (post-traumatic stress)
- ☐ Bipolar disorder or mania
- ☐ Not sure; I just know something isn't right

Here are some of the recognized symptoms of perinatal mood and anxiety disorders that I have been having (*Mom, check any that apply to you*):

- ☐ I can't sleep, even when my baby is sleeping.
- ☐ I have lost my appetite.
- ☐ I feel sad. I have been crying a lot for no reason.
- ☐ I am feeling worried or anxious most of the time.
- ☐ I am having anger or rage that is not normal for me.
- ☐ I feel numb or disconnected from my life. I can't enjoy the things I used to.
- ☐ I don't feel like I'm bonding with my baby.
- ☐ I am having scary "*what if*" thoughts over & over about harm coming to me, my baby or others (also called intrusive thoughts, a sign of postpartum OCD).
- ☐ I feel a lot of guilt and shame.
- ☐ I'm worried that I'm not a good mother.
- ☐ I feel overwhelmed with all of the things in my life.
- ☐ I can't concentrate or stay focused on things.
- ☐ I feel like I'm losing it.
- ☐ I want to be alone all or most of the time.
- ☐ My thoughts are racing. I can't sit still.
- ☐ I feel like the only way to make myself feel better is by using alcohol, prescription drugs or other substances.
- ☐ Sometimes I wonder if my baby or my family would be better off without me.
- ☐ I've been having physical symptoms that are not normal for me (for example: migraines, back aches, stomach aches, shortness of breath, panic attacks)
- ☐ I have had serious thoughts of hurting myself.
- ☐ I have had thoughts that I should (not that I might or what if, but that *I should or need to*) hurt my baby or someone else.
- ☐ I am worried I'm seeing or hearing things that other people don't see or hear.
- ☐ I'm afraid to be alone with my baby.
- ☐ I feel very concerned or paranoid that other people might hurt me.

I have had these symptoms for more than _____ weeks. I am _____ weeks/months (circle one) postpartum.

Here are some recognized risk factors for maternal mental illness that may help you understand my situation (*Mom, check any that apply to you*):

- ☐ I have had depression, anxiety/OCD or PPD before
- ☐ I have a history of bipolar disorder or psychosis
- ☐ My family has a history of mental illness
- ☐ I have a history of or am now going through trauma (for example: domestic violence, verbal abuse, sexual abuse, poverty, loss of a parent)
- ☐ I have had a stressful event in the last year (for example: house move, job loss, divorce or relationship problems, or the death of a loved one)
- ☐ I'm a single mom
- ☐ I don't have much help or support at home from my partner or family members
- ☐ I have a lot of financial stress
- ☐ I have had infertility treatment
- ☐ My baby has colic, reflux or other health problems
- ☐ I have had a previous miscarriage or stillbirth
- ☐ I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD)
- ☐ I delivered multiples
- ☐ I'm away from my home country or culture
- ☐ I or my baby had problems in pregnancy or childbirth (for example: baby in NICU, unplanned C-section, bed rest)

This checklist is not intended to diagnose any mental illness. It is a discussion tool for moms to use with healthcare providers. It was created by Postpartum Progress, a national nonprofit supporting moms with maternal mental illness. For more free tools and support for perinatal mood & anxiety disorders, visit postpartumprogress.org.
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https://psichapters.com/wp-content/uploads/2021/04/PSIGA_PMADs_Handout.pdf

https://postpartumprogress.com/download/new-mom-mental-health-chec

We are all affected by Perinatal Mental Health

We are in this together. Thank you.

Thank you! ...and where to find us:

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