

Treatment and Other Considerations in the Perinatal Period

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STRENGTHS-BASED

AND HOPEFUL

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

HEALING-CENTERED/

TRAUMA-RESPONSIVE

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.

Treatment and other considerations in the Perinatal Period

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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

Discuss evidence based treatment options and other alternative treatments available when managing care for women experiencing perinatal mental health disorders 2

Explain perinatal loss and bereavement and how to communicate with families experiencing grief and trauma 3

Discuss relevant resources available to mothers and their families to help identify risks and other perinatal considerations for better coping and management strategies



"Women in postpartum crisis come to therapy to reclaim a lost part of themselves. We can best promote healing by uniting with this struggle or self. This connection is the gateway to symptom relief".

Karen Kleiman

Evidence Based Treatments

Social Support	Support Groups (in person & online)	Psychotherapy
Parent-Infant Therapy	Medication	Hospitalization

PMADs are **highly** treatable and can be managed with a variety of treatments

Complementary and Alternative Interventions

- Acupuncture
- Placenta Encapsulation
- Nutrition
- Exercise
- Massage
- Hormone Replacement
- Supplements
- Biofeedback
- Lightbox Therapy
- Expressive Therapies
- EMDR
- Brainspotting







Essentials for perinatal intervention

The Perinatal Lens as Framework

The perinatal lens encourages us to **look beyond signs & symptoms** and to consider all the areas impacting a client during this season

- Sleep disruptions
- Identity shifts
- Impact on relationships
- Career changes
- Financial strains
- Body changes
- Cultural traditions/implications
- Reproductive history

Highlights from Karen Kleiman's Holding Fundamentals

- Grounding
- Current State
- Expert
- Design
- Presence
- Safeguarding



HOLDING

An Essential Intervention for Postpartum Depression and Anxiety

KAREN KLEIMAN

Holding sounds like:

- "You will feel like yourself again. Until then, I am here."
- "I know. This is so hard."
- "You are doing this. You are ok."
- "I know it may feel like you will always feel this way. You will not always feel this way."

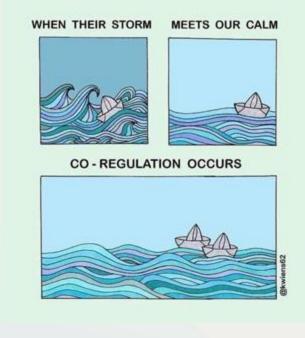
Holding looks like:

- Sitting comfortably in silence with client's difficult emotions
- Empathetic stance and posture (soft eyes, leaning in)
- Resisting urge to problem solve or "fix" anything
- Using our own calm nervous system to help regulate theirs

Grounding Principal

- Co-regulation
- Generation of hope
- Therapist can be a source of energy





As a therapist - what are your methods of grounding yourself before during and after sessions?

Trauma informed care promotes trust, safety, collaboration and choice

Current State

- Prioritize their physical safety
- Focus on symptom stability NOW
- Assess and determine level of distress
- Make a plan

New or Expecting Moms:	Responsion P
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Expert in MMH

- All eyes on you consider tone & body language
- Self confidence "I know what I am doing"
- Think responding to a crisis intervention
- "We've got this" attitude
- Armed with valuable resources & referrals

Design



- Co-create your blueprint for symptom relief
- Develop practical plans
- Join client in managing

expectations

Presence and Safeguarding

- Teach specific techniques on tolerating distress & discomfort
- Predict and prevent relapse highs and lows are expected in recovery
- Focus on resilience
- Familiarize yourself with early childhood development of baby



What is getting in our way?

Personal/Cultural Considerations?



Cultural recommendations

- How to help when person does not want referral/does not trust system/ does not know what is happening
- Universal screening
- Cultural humility
- Be curious

Causes, Stages, & Impacts of Perinatal Grief are individualized

Medical Terminology

- Perinatal loss is most often defined as the involuntary end of pregnancy from conception, during pregnancy, and up to 28 days of the newborn's life (AAP & ACOG, 2002).
- Miscarriage
- Intrauterine Fetal Demise (IUFD)
- Spontaneous abortion/ miscarriage:
 - < 20 weeks gestation.
 - 10-50% of pregnancies

• Stillbirth:

- > 20 weeks gestation
- 1 in 150 pregnancies
- Neonatal Death:
 - within the first 28 days of life
 - 6.8 per 1,000 live births

Prevalence

- More than 1 million pregnancy losses annually
- 1 in 160 births (24,000 babies a year) are stillborn
- 25% of all conceptions end in loss
- 24.5 % (28 weeks until birth)
- 33.8% are neonatal deaths (> 28 days)
- 16.1 % occur from 28 days to 1 year of age



Unique aspects of perinatal grief

- Paradoxes
- Death can happen before birth.
- Go through pregnancy and end up without a baby.
- No established rituals
- No actual body to grief
- Changes in the body
- Prospective vs retrospective grief



Todd Hochberg

Perinatal grief: A family's journey

Mother • Father • Partners • Grandparents • Siblings



Interventions

- That have been shown to improve depression, sleep, and the grieving process:
- Psychoeducation
- Psychotherapy
- Physical activity
- Group sessions
- Educating women, spouses, and extended family about PD and grief
- Spiritual community support
- Establishing rituals
- Activism

Goals of treatment *remembering clients go only as far as the therapist can handle with their own grief

Validate loss

Facilitate mourning process

• Creating a safe relationship in which to grieve

Catharsis

- Connection and understanding
- Containment
- Clarification of experience
- Facilitate acceptance
- Reduce isolation
- Normalize loss
- Telling others, the story
- Development of new attachments

Resources

Organizations working with perinatal grief









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

Sign up here: <u>http://bit.ly/FindSupportGroup</u>

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Early Pregnancy Loss Support for Moms						
+ Fertility Challenges						
+ Parenting After Loss						
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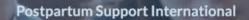
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- support groups on numerous topics
- Trained facilitators offer peer (not clinical)
- atmosphere cameras
- providing information and resources, with the majority of time spent on open discussion



CHAPTERS PROGRAM FIND A CHAPTER GET HELP ABOUT PSI

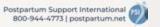


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KANSAS

About Give Get Involved Programs & Resources

Support



social media groups

- PSI Closed Facebook Group: For support & peer educational purposes, not clinical help.
- PSI Dads Closed Facebook Group: For support & peer educational purposes specific for dads, not clinical help.
- Smart Patients: An online community outside of regular social media for patients and their families beyond the postpartum period. Survivors are welcome to share stories of recovery and hope. Users can be anonymous.





POSTPARTUM SUPPORT INTERNATIONAL HELPLINE AT 800-944-4773

NATIONAL MATERNAL MENTAL HEALTH HOTLINE AT 1-833-943-5746

NATIONAL SUICIDE & CRISIS LIFELINE AT 988

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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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Marianela Rodríguez, PhD, PMH-C



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Mid-America (HHS Region

