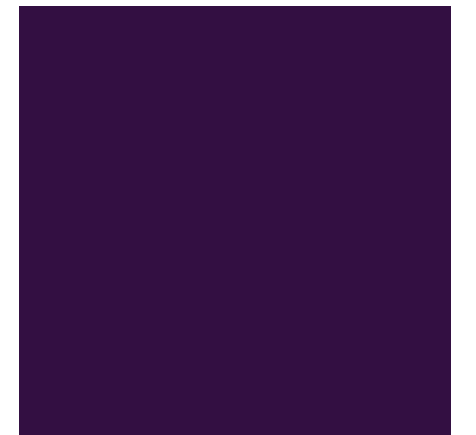
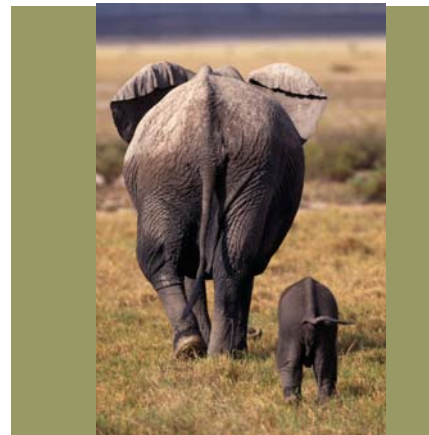




Perinatal Mood Disorders and Anxiety: Screening and Managing in an Office Setting



Presented by: Stefanie Luna, LMFT and Kristin Wallin, LMFT
Wallin & Luna Counseling Associates



Myths of Motherhood





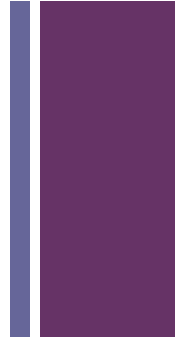
Myths of Motherhood



- Getting pregnant is easy
- Every pregnancy is planned
- The delivery goes as planned
- You leave the hospital with your baby
- Partner will help more when the baby comes
- Breastfeeding is joyous/easy
- Mothering will come naturally



Losses Associated with the Birth and any Complications



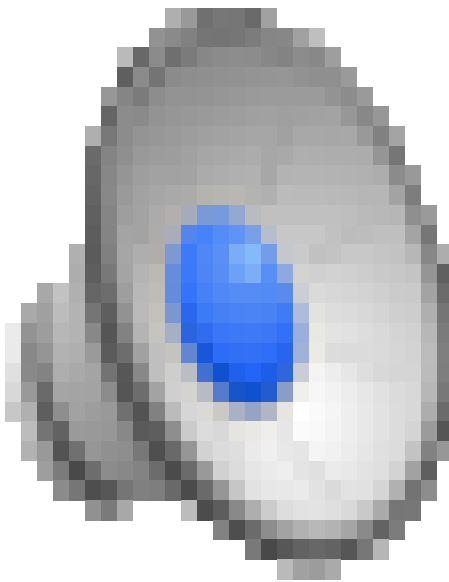
- Loss of Body Image
- Loss of Control
- Loss of Freedom
- Loss of Old Identity
- Loss of Self Esteem
- Loss of Roles
- Financial Losses
- Fear replaces Joy



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Healthy Mom, Happy Family Video





Why Moms Suffer in Silence

Barriers to Treatment





Common Barriers to Treatment



- Symptoms denied, ignored or minimized
- Social & cultural expectations
- Stigma about mental illness

- Shame, embarrassment
- Cost of treatment & medication
- Transportation
- Fear of taking medication



Difficulty Distinguishing normal adjustment from depression

Absence of education screening & diagnosis

off the mark.com

by Mark Parisi



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Perinatal Anxiety & Depression





Theories of Etiology



- Biological
- Psychological (old-baby blues vs. new views)
- Genetic vulnerability
- Social/Environmental
- Perfectionism
- High Achievers
- History of trauma
- Severe sleep deprivation



Postpartum Depression (PPD)



- Prevalence
 - 12-15% depending on your source (1 in 8 new mothers)
- Onset
 - DSM-IV “postpartum” modifier: Onset within 4 weeks of delivery
 - Clinician/researcher findings: 3 months – 2 years after delivery
- Higher-risk groups
 - Young, low socioeconomic status
 - poor social support
 - Family history of mood disorders
 - History of depression → 25-40% risk of PPD
 - Prior PPD → 30-50% risk recurrence



Postpartum Depression

Risk Factors

- Prior history of mood disorder
- History of postpartum depression
- Family history
- Limited psychosocial support
- Marital instability
- Unwanted pregnancy
- Health issues for mom or baby during and after pregnancy
- Recent bereavement
- Abrupt discontinuation of pharmacotherapy in pregnancy





Postpartum Depression

Symptoms

Prevalence: 12-15% of postpartum Women

- Sadness, crying (out of proportion to the situation)
- Sleep disturbances
- Guilt/Shame
- Low energy
- Poor concentration/focus
- Appetite changes
- Lethargy
- Impaired functioning

Suicidal thoughts

Hopeless and helpless

Overwhelmed

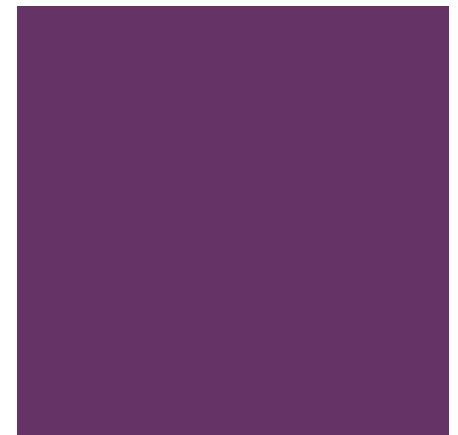
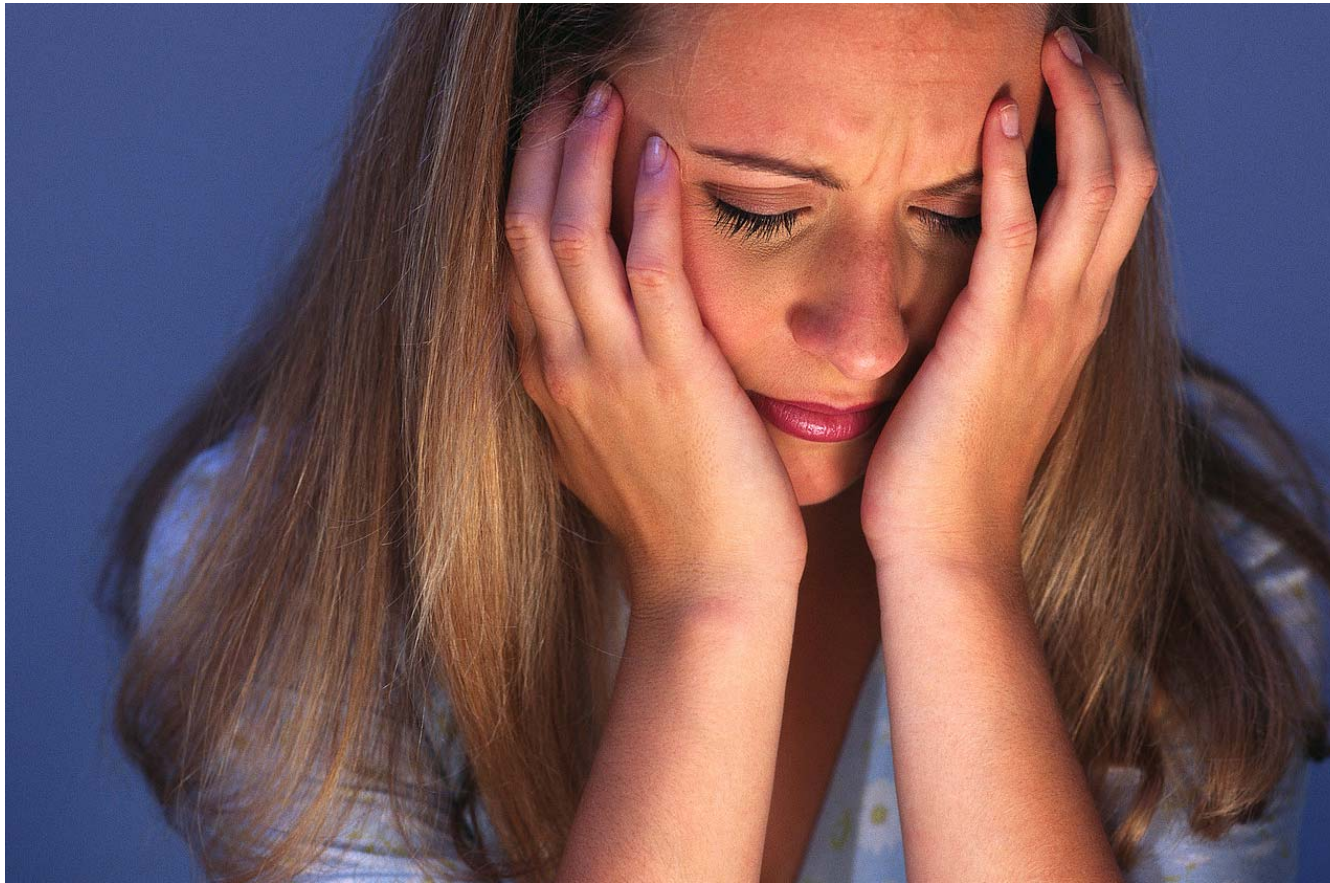
Irritability and anger

Anxiety

Lack of feelings toward baby

Isolation

Loss of interest/joy/pleasure



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Depression & Anxiety

There is high co-morbidity of depression and anxiety symptoms in perinatal women.

(Moses-Kolko EL, et al. JAMA 2005)



Perinatal Anxiety

“I felt like I was jumping out of my skin the whole time. My heart was racing + constantly. I thought several times about terminating the pregnancy because I couldn’t fathom dealing with this for nine months.”

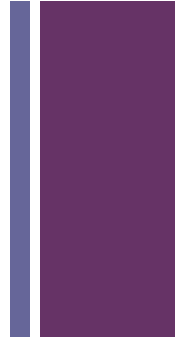
~Elizabeth, mother of Liza

+ Perinatal Anxiety Prevalence Rates

- 5-16% peripartum anxiety rates
- Only 20% of Ob-Gyn's say they routinely screen for anxiety
- 75% of peripartum anxiety goes undiagnosed



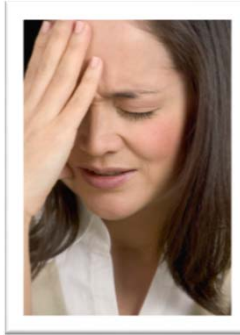
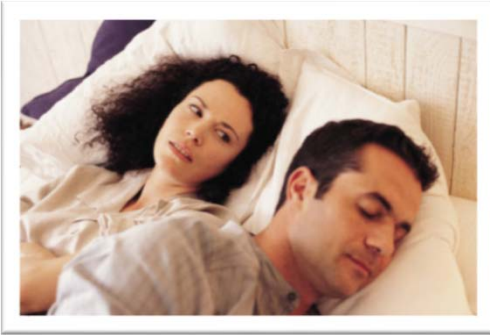
Panic Disorder



- Episodes of extreme anxiety
- Shortness of breath, chest pain, sensations of choking or smothering, dizziness
- Hot or cold flashes, trembling, rapid heart rate, numbness or tingling sensations
- Restlessness, agitation or irritability
- Excessive worry or fear
- Panic may wake her up

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Panic: Three Greatest Fears



- Fear of dying
- Fear of going crazy
- Fear of losing control



Postpartum Obsessive Compulsive Disorder

"I clearly saw my daughter grey and dead under the water. I couldn't give her baths or take her swimming or put her anywhere near a body of water. What kind of mother thinks these things? My daughter would have been better off without me. I took medicine with alcohol, almost daily, hoping that I just wouldn't wake up again."



+ Obsessive-Compulsive Disorder

- 3-5% of new mothers develop obsessive symptoms
- Obsession refers to thoughts
- Compulsions refer to behaviors performed to reduce anxiety
- Clinical presentation
 - Higher rate of aggressive obsessions (obsessive fear of harming infant)
 - Fears of contaminating fetus or infant, compulsive washing of items belonging to infant

- High risk time for onset or exacerbation
- Pregnancy onset in 13-59% of mother with OCD

- 70% of women previously diagnosed with OCD experience a recurrence of symptoms during pregnancy



Scary Thoughts & Obsessions



■ Contamination

- Exposure to dirt/germs
- Environmental (lead, mercury)
- Insects and diseases

■ Harming

- Accidentally hurting baby
- Intrusive images of hurting baby (drown, stab, smother)
- Someone stealing baby

■ Sexual

- Accidentally touching baby inappropriately
- Impulse to molest
- Intrusive images of baby's genitals





Compulsive Behaviors



■ Cleaning and Washing

- Repeatedly washing self, baby
- Repeatedly cleaning environment

■ Checking

- Is the baby breathing
- Securing baby in car seat/stroller
- Checking doors/windows

■ Other

- Mental rituals such as prayers
- Seeking reassurance from others
- Avoidance





Thoughts of Harming the Baby

OCD- Low Risk

- Mother doesn't want to harm baby
- The thought is obsessive in nature and odd/frightening to mother
- Mother has taken steps to protect the baby
- Mother has no delusions or hallucinations related to harming the baby

Psychosis- High Risk

- Mother has delusional beliefs about the baby; e.g., that the baby is a demon
- Thoughts of harming baby are egosyntonic (mother thinks they are reasonable and/or feels tempted to act on them.)







Perinatal Psychosis



- *It was the seventh deadly sin. My children weren't righteous. They stumbled because I was evil. The way I was raising them they could never be saved. They were doomed to perish in the fires of hell."*

■ Andrea Yates, mother of Noah, John, Luke, Paul and Mary





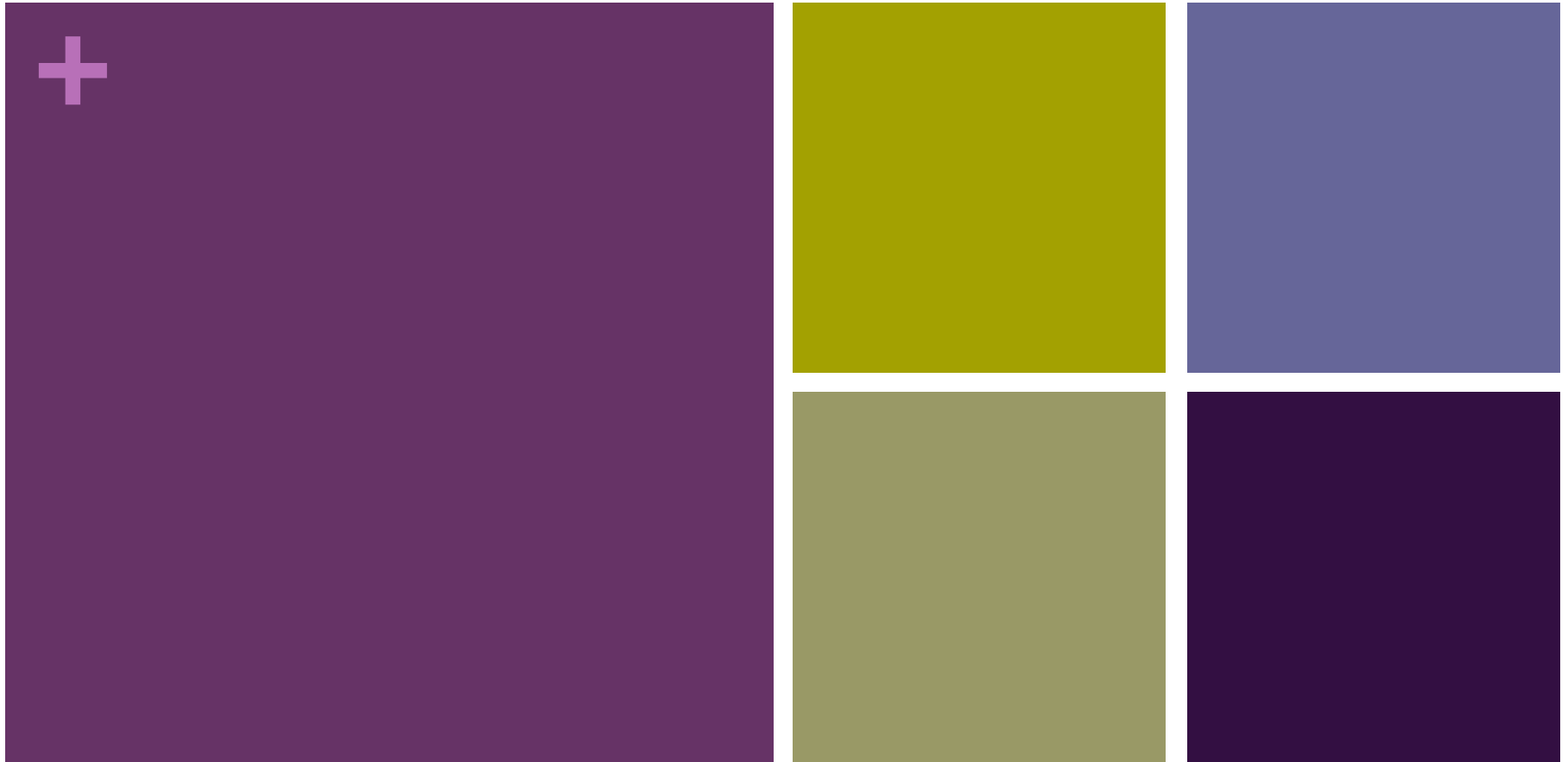
Perinatal Psychosis

A Medical Emergency

Symptoms



- Delusions (baby is possessed by a demon)
- Hallucinations (seeing someone else's face instead of baby's face)
- Confusion/disorientation beyond that in PPD
- Rapid mood swings beyond that in PPD
- Waxing and waning (can appear and feel normal for stretches of time in between psychotic symptoms)

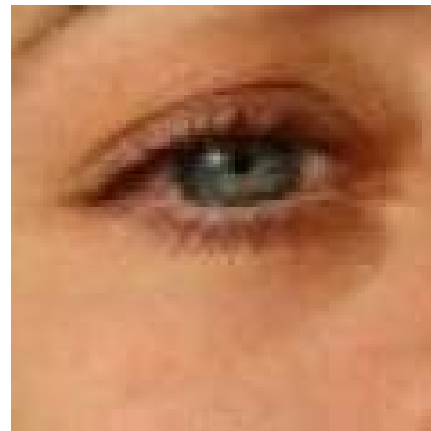


Interactive Discussion

Q & A



Can Perinatal Mood Disorders Be Prevented?





Helpful Things to say

- You will recover!
- You are not alone!
- This is not your fault!
- You are a good mom!
- It is essential for you to take care of yourself!
- You are doing the best you can!

(Bennett and Indman, Beyond the Blues, 2006)



Brief Anxiety Management Strategies

- Deep Breathing exercises
- Grounding Techniques
 - Math problems (count by 5)
 - Finding items in the room
 - Sensory Countdown
- Guided meditation apps
 - Simply Being
 - Insight Timer



Primary Prevention

“...Prevention is the great challenge of postnatal illness because this is one of the few areas of psychiatry in which primary prevention is feasible...”

~Hamilton & Habberger





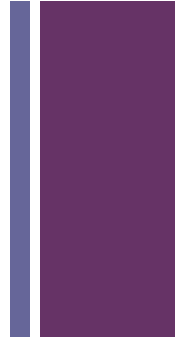
Early Recognition Prevents Crises

- Only 49% of women who felt seriously depressed after delivering a baby sought help for their depression. MacLennan, 1995
- Despite an average of 14 contacts with healthcare providers nearly half of these women who were suffering from PPD had not been identified as such by their clinicians. Hearn, 1998
- Delays in treatment are significantly related to a longer duration of PPD. England & Rulland, 1994



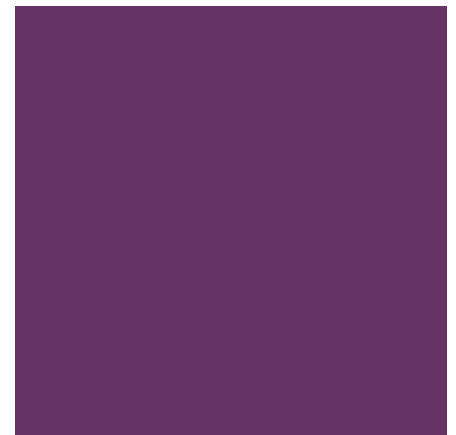


Elements of Prevention



- Group Interventions
- Individual Counseling
- Couples Counseling
- Psychopharmacology





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Postpartum Screening & Assessment



Why Screen?

- High prevalence rate
- Risks of untreated Perinatal Mood Disorders are well documented
- Availability of effective treatment

- “You can’t tell by looking.”
- Screening tools readily available
- Increases rate of detection

+ Does the prevalence of perinatal depression warrant screening?

Yes!

We already screen for less common problems.

- 4.8% have gestational diabetes
- 5% have hypertension in pregnancy
- 12-15% of women will experience PPD after birth

+ Rates of Detection with Screening

- 2000 study: 391 outpatients in OB practice. Women screened with the EPDS
- With screening the rate of detection of PPD was 35.4%
- Spontaneously detected rate of PPD was 6.3%





Benefits of Screening

- Can greatly reduce the duration and severity of symptoms
 - Crucial for early detection and treatment
-
- Increases detection
 - Reduces the stigma for mothers

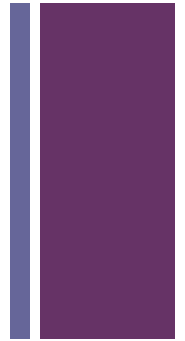


Who Should Screen?

- All healthcare professional that have contact with pregnant or postpartum women
- Primary Care/Internal Medicine Providers
- OB/Gyn. Providers
- Pediatricians
- Nurse Practitioners, Certified Nurse Midwives,
- Social workers and therapists
- Home visitors
- WIC Programs
- Hospitals



Screening vs. Diagnosis



- Screening tools are not diagnostic
- A positive screen does not in itself constitute a diagnosis
- Women with a positive screen should be referred to a mental health professional a trained in Perinatal Mood Disorders for clinical evaluation and a formal diagnosis
- Screening tools are not a substitute for clinical judgment



Key Points to Remember...

- Provide a brief explanation as to why you are screening
- Avoid terms such as “depression” or “anxiety” and use words such as “sadness” or “worry.”



Edinburgh Postnatal Depression Scale (EPDS)

10 item self report questionnaire

Score of > 12 is considered positive

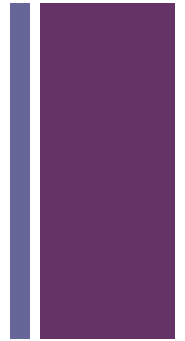
Available in 23 languages

Consider score along with the assessment of a
healthcare professional

Score does not reflect the severity of the symptoms



Responding to Suicide Risk

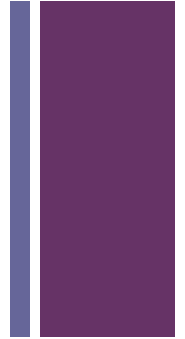


- EPDS Question #10: “The thought of harming myself has occurred to me.”
- If she answers with anything other than “0” provider must follow up to address threat of harm
- Do not avoid questions that are uncomfortable
- Assess, Refer and Follow-up
- Educate regarding phases of recovery; reassure her that acute symptoms will pass
- Acknowledge her wisdom in being honest



“Oftentimes, the main difference between the mother who kills herself and the one who doesn’t is whether it’ll be better for the baby. The thing that raises the hair on the back of my neck is the woman who tells me she thinks her baby will be better off without her. She is at very high risk for suicide.”

~Valerie Raskin “This Isn’t What I expected”

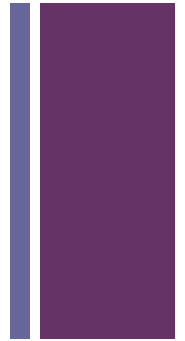


+ Perinatal Anxiety Screening Scale (PASS)

- 31 item self-report instrument (valid and reliable)
- Validated for use during pregnancy and up to 12 months postpartum
- Provides severity ratings (Mild, Moderate, Severe)
- Score of 26 or higher indicates high risk for anxiety
- Free



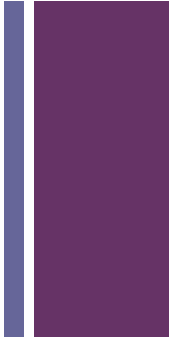
Clarifying Roles and Resources



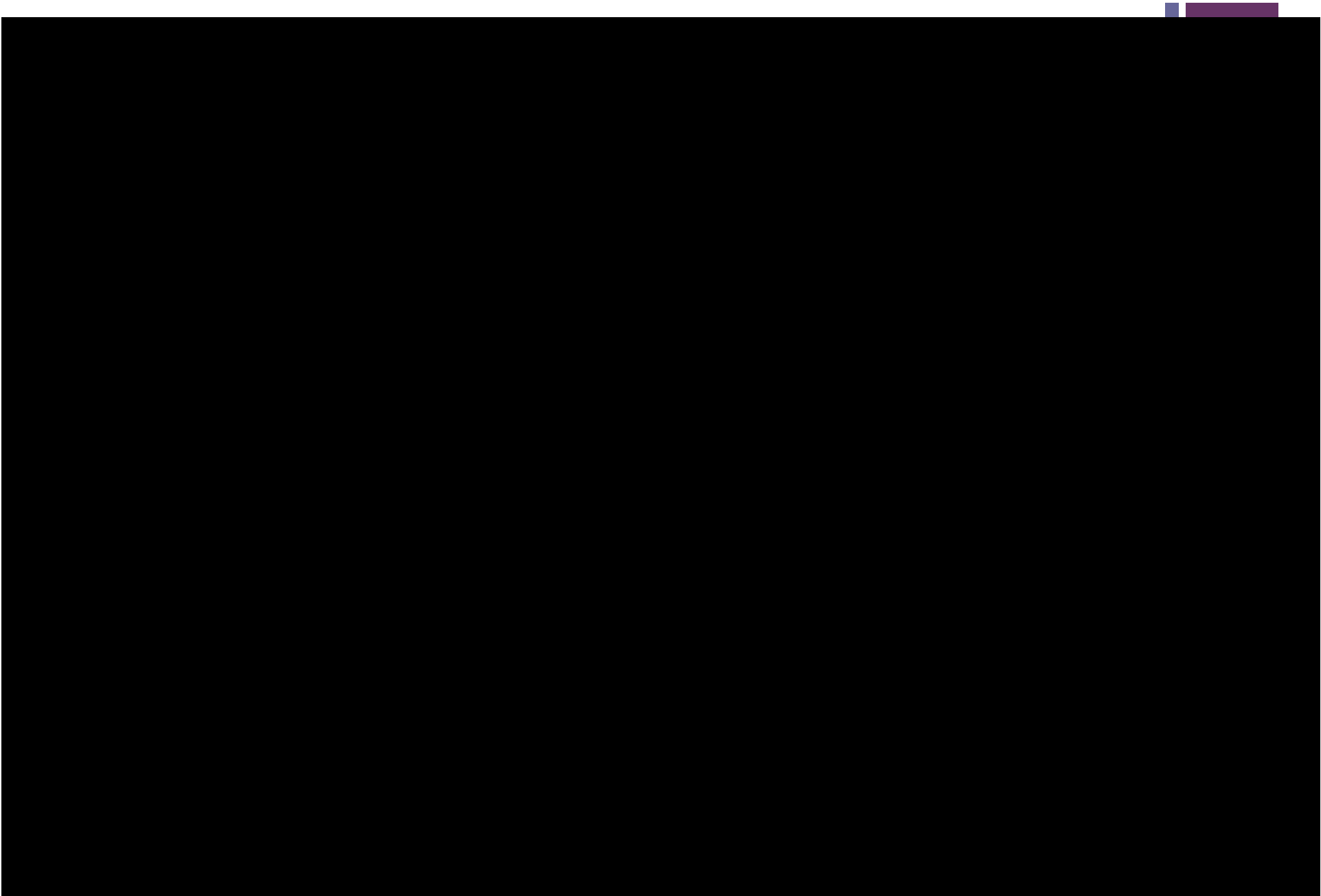
- Be clear about your role, availability, and ability to help.
- Ask her what it would take for her to feel safe
- Acquire permission to communicate with others in her support system including referrals
- Give Resources
 - 24 hour crisis hotlines
 - Urgent care
 - Reliable websites and phone lines
 - Referral for Medication Evaluation

Follow Up





Turn on the Lights





Thank You!
Questions?