

*Perinatal
Mood And Anxiety
Disorders*

Assessment & Treatment

CSPS STATEWIDE MEETING 11/3/11
Pec Indman EdD, MFT

WHAT IS PERINATAL?

Pregnancy



Through first postpartum year

PMAD not PPD

PERINATAL
MOOD (depression and bipolar)
ANXIETY (GAD, panic, OCD, PTSD)
DISORDERS

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**MYTHS OF
MOTHERHOOD**



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MYTHS OF MOTHERHOOD



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MYTHS ABOUT PERINATAL MOOD DISORDERS



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MYTHS ABOUT FEEDING



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PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Every year, more than 400 000 infants are born to mothers who are depressed, which makes perinatal depression the most under diagnosed obstetric complication in America. Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development.

Pediatrics 2010;126:1032-1039

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MATERNAL SUICIDE

- Leading cause of maternal death
- Related to psych illness, substance abuse
- Less associated with unemployment, adversity, single status and divorce

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THIS MAY BRING UP FEELINGS!



TREATMENT BARRIERS



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PRACTICAL BARRIERS

- Cost of treatment
- Limited time
- Loss of pay from work
- Poor access or transportation
- Childcare
- Provider ignorance

(Kim JJ,. Am J ObstetGynecol 2010;202:312.e1-5)

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PSYCHOLOGICAL BARRIERS

- Illness itself 
- Social Stigma
- Fear
- Lack of information
- Opposition to treatment (lack or poor support)

(Dennis, CL and Chung-Lee, L. Birth 2006;33(4):323-331)

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RACISM & HEALTH DISPARITIES

- Racism increases the “risk of risks”
 - Limits economic opportunity
 - Limits access to social resources
 - Increases exposure to dangerous work and living environments
- Poverty

Dominguez, T. Race, Racism, and Racial Disparities in Adverse Birth Outcomes. Clin OB and GYN, June 2008;51(2).

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PMAD and CULTURE

- PMADS occur all over the world
- Most cultures have rituals around birth
- Some cultures present with more physical symptoms
- Rates from one study tri-racial NC
 - Native Americans highest rate major depression
 - Whites
 - African Americans
 - Hispanics lowest rates

(Wei, G. et al. J Matern Child Health 2008;12:699-707)

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HISTORICAL INFORMATION

- Psychiatric history (personal & family)
- History of sexual abuse or trauma
- Fertility problems or treatment
- Perinatal loss
- Previous pregnancy, birth, or postpartum difficulties

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PREVENTION OF PMADS

WE KNOW:

- Who is at risk
- How to screen (every trimester in preg and well baby visits in 1st year).
- How to engage Preventive Tools
- Reliable Treatment Methods

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PREGNANCY OR DEPRESSION?

- Mood is labile, teary
- Self esteem is normal
- Sleep: bladder or heartburn may awaken Can fall asleep
- No suicidal ideology
- Energy: may tire, rest restores
- Pleasure: joy and anticipation (appropriate worry)
- Appetite: increases
- **Mood: persistent gloom**
- **Low self-esteem, guilt**
- **Sleep: early a.m. awakening**
- **Suicidal thoughts, plans, or intentions**
- **Energy: rest does not restore. Fatigue**
- **Anhedonia**
- **Poor appetite**

Yonkers K. and Little B, eds. Management of Psychiatric Disorders in Pregnancy, 2001

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DEPRESSION IN PREGNANCY

- About 15-23% of women experience depression in pregnancy up to 38% in low SES (Alfonso DD, et al. Birth 1990;17:121-130, Yonkers K, et al. General Hospital Psychiatry. 2009;31:403-413)
- 50-75% relapse after discontinuing medication when pregnant (Cohen LS, et al. Psychother Psychosom. 2004 Jul-Aug;73(4):255-8)
- Over 40% resume medication during pregnancy (Cohen LS, et al. Psychother Psychosom. 2004 Jul-Aug;73(4):255-8)
- Most are undetected and under treated (Marcus, S., Depression during Pregnancy: Rates, Risks, and Consequences. Can J Clin Pharmacol Vol 16 (1) Winter 2009

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DEPRESSION IN PREGNANCY RISK

- Women depressed at 18 wks gestation had 3x risk of PPD
- Depression at 32 weeks-6x risk

(Cohen LS and Nonacs RM eds. Mood and Anxiety Disorders During Pregnancy and Postpartum. American Psychiatric Publishing, Inc., 2005)

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SUICIDE IN PREGNANCY

- Suicides represented 41% of pregnancy associated violent deaths

(National Violent Death Reporting System, February 11, 2010)

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POSTPARTUM “BLUES”

- 50-80%
- Onset usually in first week postpartum
- Symptoms may persist from several days to a few weeks

NORMAL

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RISK FACTORS FOR PPD

- 50-80% risk if previous postpartum depression
- 50% risk if depression or anxiety during pregnancy
- Personal and/or family history of depression or other psychiatric disorder
- History of severe PMS or PMDD
- Social isolation/poor support system/teens/NICU

(Beck CT. J Obstet Gynecol. Neonatal Nurs. 2002;(31)394-402)

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SUICIDE RISK!

“The baby would be better off with another mom”

“The baby will be fine without me- it won't matter”

“My husband deserves a better wife and mother”

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TREATMENT FOR POSTPARTUM DEPRESSION/ANXIETY

- Individual therapy
- Group support/social support
- Antidepressant and/or anti-anxiety medication (Wisner KL, et al., N Engl J Med. July 2002;347(3):194-199)
- Medication for sleep
- Treat thyroiditis
- ECT

INADEQUATE TREATMENT CAN LEAD TO CHRONIC DEPRESSION OR RELAPSE

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POSTPARTUM OBSESSIVE-COMPULSIVE DISORDER (OCD)

- Up to 9% of new mothers develop obsessive symptoms and meet criteria for OCD
- 2.3% reported new postpartum onset

(Abramowitz JS, et al. Anxiety Disorders 2003. 17:461-478, Zambaldi CF, et al. Comprehensive Psychiatry 2009. 50(6) 503-509)

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SYMPTOMS OF PERINATAL OCD

- Intrusive, repetitive, and persistent thoughts or mental pictures
- Thoughts often are about hurting or killing the baby
- Tremendous sense of horror and (ego alien)
- Thoughts may be accompanied by behaviors to reduce the anxiety (such as hiding knives)
- Repetitive counting (diapers in the bag), checking (baby's breathing), cleaning

Abramowitz, J. et al. Arch Womens Ment Health. 2010; 13:523-530

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TREATMENT FOR OCD

- **Psychoeducation**
- Psychotherapy
- Medication (SSRIs, anti-anxiety medications, anti-psychotics)

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POSTPARTUM PANIC

- May occur in about 10%



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SYMPTOMS OF PANIC

- Episodes of extreme anxiety: excessive or obsessive worry or fears
- Shortness of breath, chest pain, sensations of choking or smothering, dizziness
- Hot or cold flashes, trembling, palpitations, numbness or tingling sensations
- Restlessness, agitation, or irritability
- During attack may fear she is going crazy, dying, or losing control
- Attack may awaken her from sleep
- Often no identifiable trigger for panic

(Sichel D and Driscoll JW. *Women's Moods* (1999), Ross, L. et al. *J Clin Psychiatry* 2006;67:1285-1298)

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TREATMENT FOR PANIC DISORDER

- Psychotherapy
- SSRIs
- Antianxiety medication

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POSTTRAUMATIC STRESS DISORDER (PTSD)

- May occur in 1-6% (Beck CT. *Nursing Research*. July/Aug 2004; 53(4):216-224)
- Up to 38% report traumatic birth (Beck C & Watson S, *Impact of Birth Trauma on Nursing*, *Nursing Research* 2008(57); 4:228-236)

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NICU Families

- Up to 70%
- Common to experience PTSD, PMADs



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SYMPTOMS OF PTSD

- Recurrent nightmares
- Extreme anxiety, hypervigilance
- Reliving past traumatic events
 - sexual
 - physical
 - emotional
 - childbirth

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TREATMENT FOR PTSD

- Psychotherapy
- Group support
- SSRIs and/or antianxiety medication

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BIPOLAR DISORDER

- Postpartum rates range up to 82% in women with BD
- Time of increased vulnerability for relapse
- Closely associated with postpartum psychosis

(Cohen LS and Nonacs RM eds. Mood and Anxiety Disorders During Pregnancy and Postpartum. American Psychiatric Publishing, Inc., 2005)

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SYMPTOMS OF BIPOLAR

- Mania and hypomania (“moody”)
- Depression
- Rapid and severe mood swings
- Postpartum depression imposter (Beck CT, Driscoll, JW. Postpartum Mood and Anxiety Disorder, 2006)



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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 & Mary

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RISK FACTORS FOR POSTPARTUM PSYCHOSIS

- Personal (20-50% ↑ risk) and/or family history of psychosis or bipolar disorder
- 80% risk if previous postpartum psychotic or bipolar episode
- First baby

(Suri R and Burt VK., Jnl Prac Psych and Behav Hlth. March 1997, Yonkers KA, et al.. Am J Psychiatry. 2004;161:608-620)

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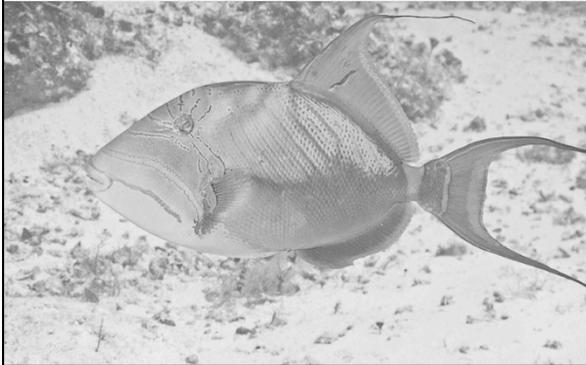
TREATMENT FOR POSTPARTUM PSYCHOSIS

- REQUIRES IMMEDIATE HOSPITALIZATION
- Antipsychotics
- Mood stabilizers (antidepressants as needed)
- Psychotherapy
- ECT

(Sit, D. et al. J Women's Health 2006(15):4:352-368, Yonkers KA, et al.. Am J Psychiatry. 2004;161:608-620)

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WHY SCREEN?



WHAT IS SCREENING?

- Screening is a tool to aid in
 - Assessment of who needs further evaluation and treatment
 - To review progress in treatment

SCREENING IS AN INDICATION OF SYMPTOMS AND IS NOT DIAGNOSTIC

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HOW DO YOU INTRODUCE SCREENING?

What do you say?

PRENATAL SCREENING

- Tests can be administered in prenatal period to predict postpartum depression
- Revision of the Postpartum Depression Predictors Inventory (PDPI) – Looks at risk factors
(Beck: JOGNN, 31, 394-402; 2002)
- Edinburgh Postnatal Depression Scale (EPDS), 1987 by Cox, et. al. (validated for prenatal depression)

PREDICTORS of PMADS

- Prenatal Depression/Prenatal Anxiety
- Childcare stress (includes baby health problems)
- Life stress
- Social support
- Marital/relationship
- Mental health history
- Infant temperament
- Self-esteem

(Beck: JOGNN, 31, 394-402; 2002)

POSTPARTUM SCREENING

- **Edinburgh Postnatal Depression Scale (EPDS)**, 1987 by Cox, et. al.
 - Free, used in preg, over phone, translated
 - Score of ≥ 12 → refer for evaluation
- **PHQ-9** <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>
 - Free, used in medical settings, translated
 - Not as validated for perinatal use
- **Postpartum Depression Screening Scale (PDSS)**, 2002 by Cheryl Beck D.N.Sc.
 - Costs, Eng/Spanish www.wpspublish.com/800-648-8857

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Edinburgh Postnatal Depression Scale

1. Have you often thoughts of self-harm?	0	1
Never or almost never	0	1
2. Have you lost interest in things you used to enjoy?	0	1
Not at all	0	1
3. Have you been unable to concentrate on things you used to do?	0	1
Not at all	0	1
4. Have you been unable to get going in the morning?	0	1
Not at all	0	1
5. Have you been unable to get going in the evening?	0	1
Not at all	0	1
6. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
7. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
8. Have you been unable to get going in the night?	0	1
Not at all	0	1
9. Have you been unable to get going in the morning?	0	1
Not at all	0	1
10. Have you been unable to get going in the evening?	0	1
Not at all	0	1
11. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
12. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
13. Have you been unable to get going in the night?	0	1
Not at all	0	1
14. Have you been unable to get going in the morning?	0	1
Not at all	0	1
15. Have you been unable to get going in the evening?	0	1
Not at all	0	1
16. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
17. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
18. Have you been unable to get going in the night?	0	1
Not at all	0	1
19. Have you been unable to get going in the morning?	0	1
Not at all	0	1
20. Have you been unable to get going in the evening?	0	1
Not at all	0	1
21. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
22. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
23. Have you been unable to get going in the night?	0	1
Not at all	0	1
24. Have you been unable to get going in the morning?	0	1
Not at all	0	1
25. Have you been unable to get going in the evening?	0	1
Not at all	0	1
26. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
27. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
28. Have you been unable to get going in the night?	0	1
Not at all	0	1
29. Have you been unable to get going in the morning?	0	1
Not at all	0	1
30. Have you been unable to get going in the evening?	0	1
Not at all	0	1
31. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
32. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
33. Have you been unable to get going in the night?	0	1
Not at all	0	1
34. Have you been unable to get going in the morning?	0	1
Not at all	0	1
35. Have you been unable to get going in the evening?	0	1
Not at all	0	1
36. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
37. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
38. Have you been unable to get going in the night?	0	1
Not at all	0	1
39. Have you been unable to get going in the morning?	0	1
Not at all	0	1
40. Have you been unable to get going in the evening?	0	1
Not at all	0	1
41. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
42. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
43. Have you been unable to get going in the night?	0	1
Not at all	0	1
44. Have you been unable to get going in the morning?	0	1
Not at all	0	1
45. Have you been unable to get going in the evening?	0	1
Not at all	0	1
46. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
47. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
48. Have you been unable to get going in the night?	0	1
Not at all	0	1
49. Have you been unable to get going in the morning?	0	1
Not at all	0	1
50. Have you been unable to get going in the evening?	0	1
Not at all	0	1
51. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
52. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
53. Have you been unable to get going in the night?	0	1
Not at all	0	1
54. Have you been unable to get going in the morning?	0	1
Not at all	0	1
55. Have you been unable to get going in the evening?	0	1
Not at all	0	1
56. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
57. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
58. Have you been unable to get going in the night?	0	1
Not at all	0	1
59. Have you been unable to get going in the morning?	0	1
Not at all	0	1
60. Have you been unable to get going in the evening?	0	1
Not at all	0	1
61. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
62. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
63. Have you been unable to get going in the night?	0	1
Not at all	0	1
64. Have you been unable to get going in the morning?	0	1
Not at all	0	1
65. Have you been unable to get going in the evening?	0	1
Not at all	0	1
66. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
67. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
68. Have you been unable to get going in the night?	0	1
Not at all	0	1
69. Have you been unable to get going in the morning?	0	1
Not at all	0	1
70. Have you been unable to get going in the evening?	0	1
Not at all	0	1
71. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
72. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
73. Have you been unable to get going in the night?	0	1
Not at all	0	1
74. Have you been unable to get going in the morning?	0	1
Not at all	0	1
75. Have you been unable to get going in the evening?	0	1
Not at all	0	1
76. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
77. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
78. Have you been unable to get going in the night?	0	1
Not at all	0	1
79. Have you been unable to get going in the morning?	0	1
Not at all	0	1
80. Have you been unable to get going in the evening?	0	1
Not at all	0	1
81. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
82. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
83. Have you been unable to get going in the night?	0	1
Not at all	0	1
84. Have you been unable to get going in the morning?	0	1
Not at all	0	1
85. Have you been unable to get going in the evening?	0	1
Not at all	0	1
86. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
87. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
88. Have you been unable to get going in the night?	0	1
Not at all	0	1
89. Have you been unable to get going in the morning?	0	1
Not at all	0	1
90. Have you been unable to get going in the evening?	0	1
Not at all	0	1
91. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
92. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
93. Have you been unable to get going in the night?	0	1
Not at all	0	1
94. Have you been unable to get going in the morning?	0	1
Not at all	0	1
95. Have you been unable to get going in the evening?	0	1
Not at all	0	1
96. Have you been unable to get going in the middle of the day?	0	1
Not at all	0	1
97. Have you been unable to get going in the afternoon?	0	1
Not at all	0	1
98. Have you been unable to get going in the night?	0	1
Not at all	0	1
99. Have you been unable to get going in the morning?	0	1
Not at all	0	1
100. Have you been unable to get going in the evening?	0	1
Not at all	0	1

Source: Cox, J.L., Holden, C., & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 772-776.

PHQ 4 – BRIEF SCREEN

- Over the past 2 weeks have you been bothered by these problems? (rank 0-3 for frequency)
 - Feeling nervous, anxious, or on edge
 - Not being able to stop or control worrying
 - Feeling down, depressed, or hopeless
 - Little interest or pleasure in doing things
- The thought of harming myself has occurred to me**

yes

no

WHEN SHOULD WE SCREEN?

- Each trimester of pregnancy
- All well-baby checkups in first year
- High risk groups (NICU, Teens)

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healthy mom, happy family
CUIDAR SU SALUD Y LA DE SU NIÑO
ES EL MEJOR REGALO QUE LE PUEDE DAR.

Cuatro sobrevivientes
y sus historias de recuperación

En Madre Saludable, Familia Feliz compartimos las experiencias de cuatro mujeres que vivieron una experiencia de parto y nacimiento de su hijo en un ambiente de apoyo emocional. Al compartir sus historias, ellas nos ayudan a comprender mejor el proceso de recuperación y cómo ellas se recuperaron de una experiencia que para ellas fue tan difícil como el parto. Madre Saludable es una herramienta que puede ayudar a las mujeres a prepararse para el parto.

Quiénes deberían de tener este video:

- Mujeres embarazadas
- Parto normal
- Parto con epidural
- Parto con cesárea
- Parto con fórceps
- Parto con vacío

Por qué deberían tener este video:

- Aprender a prepararse para el parto y nacimiento de su hijo
- Aprender a prepararse para el parto y nacimiento de su hijo en un ambiente de apoyo emocional
- Aprender a prepararse para el parto y nacimiento de su hijo en un ambiente de apoyo emocional
- Aprender a prepararse para el parto y nacimiento de su hijo en un ambiente de apoyo emocional
- Aprender a prepararse para el parto y nacimiento de su hijo en un ambiente de apoyo emocional

Madre Saludable, Familia Feliz
Encontrando las herramientas de apoyo y emocional durante el embarazo y el nacimiento.

Desarrollado por: Pec Indman EdD, MF
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TREATMENT FOR PERINATAL MOOD/ANXIETY DISORDERS

MAKING REFERRALS: WHAT DO YOU SAY???



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ENGAGING CLIENTS

- Listening and empathy
It sounds like you are having a rough time....
May I give you some resources?
What have you tried to feel better?
What gets in your way of getting help?

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ADDRESS BARRIERS AND CONFLICT (Motivational Interviewing)

*You'd like to get help, but are worried
your children might be taken away....*

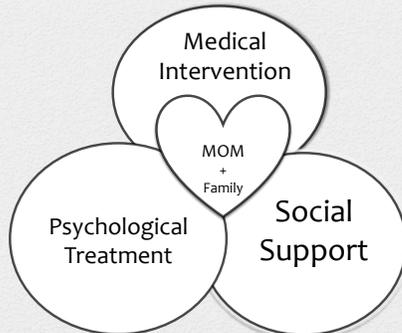
*You'd like to go on medication but your
family says it will hurt the baby....*

You don't know where to turn...

(Peg Dublin, MPH Motivational Interviewing Network of Trainers)

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THE TREATMENT TEAM



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WHO IS ON YOUR TEAM?

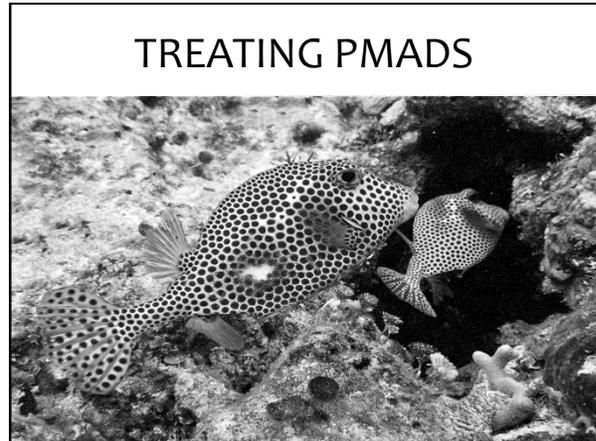


RESOURCES

HAVE READY BEFORE SCREENING!



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RISK BENEFIT RATIO

Risks of
Untreated
Illness

vs

Risks of
Medical
Treatment



NO RISK-FREE ZONE!!!

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What Is Evidence-Based?

- Practice supported by research findings and/or demonstrated as being effective through a critical examination of current and past practices

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PSYCHOTHERAPY

- Interpersonal Psychotherapy (IPT)
- Cognitive-Behavioral Therapy (CBT)
(Yonkers, K. et al. Obstet Gynecol 2011;117:961-77)
- Couples Therapy (Apfel R and Handel M in Miller L. ed. Postpartum Mood Disorders 1999)
- Group (<http://www.jppr.psychiatryonline.org/cgi/content/abstract/10/2/124>)

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Other Care Components

- Relaxation and assertiveness skills
- Avoid arousing stimuli (news, internet, violent movies)
- Avoid the unsupportive



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NRURSE MODEL

Nourishment and Needs

- Nutrition
- Medication
- Practical aspects of help

Sichel & Driscoll, *Women's Moods*, 1999

NRURSE

Understanding

- Psychotherapy
- Emotional support
- Psychoeducation
- Books, pamphlets, websites

NURSE

Rest and Relaxation

- Sleep
- Relaxation skills
 - Permission to take breaks!
 - Permission to ask for and accept help!

NURSE

Spirituality

- Experiencing joy
- Connectedness to the world
- Nourishment for the soul
- Faith, nature, etc.

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NURSE

Exercise



SOCIAL SUPPORT

- On-line computer support
- Visiting nurses, health workers, other moms
- Local hospitals
- Community centers
- Support groups

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TELEPHONE SUPPORT

- Telephone-based peer support effectively decreased depressive symptoms in new mothers.
- High maternal satisfaction with and acceptance of the intervention.

(Dennis CL et al, Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial, 2009 BMJ 2009;338:a3064)

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HOME VISITORS

- Trained to do postpartum depression screening
- Trained to do brief psychotherapeutic interventions
- **Reduced depression scores found at 6 and 12 months compared to usual care** (Morrell, JC. et al. BMJ 2009;338:a3045)
- **Effective, acceptable, and accessible option for low-income and ethnic-minority women** (Segre, L. et al. Psychotherapy Research Nov 2010;20(6) 712-721, <http://www.tandfonline.com/doi/pdf/10.1080/10503307.2010.518636>)

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MEDICATIONS IN PREGNANCY

- Studies of Prozac, Zoloft, Paxil, Effexor, Anafranil, Deseryl, Serzone, Tricyclics (Bennett HA, Einarson, A. et al. Clin Drug Invest 2004;24 (3),
- No **increased** risk malformations, miscarriage, neonatal complications or neurobehavioral developmental problems up to 71 mo (Nulman I, Rovet J, Stewart D, et al. Am J Psychiatry 2002;159:1889-18895)
- None in meta-analyses of those studies (Wogelius et al. Epidemiology 2006;17:701-704.)

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SSRI's in PREGNANCY

- "Our findings do not show that there are significantly increased risks of craniosynostosis, omphalocele, or heart defects associated with SSRI use overall."
- "Maternal use of SSRI's during early pregnancy was not associated with significant increased risks of congenital heart defects or of most other categories of birth defects."
- "It should be recognized that the specific defects implicated are rare and the absolute risks are small."

New England Journal of Medicine June 28, 2007; (35)

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BIPOLAR DISORDER IN PREGNANCY

- In bipolar women who discontinued meds, 50% relapsed in first 3 months of pregnancy, by 6 months, 70% relapsed (*Am J of Psychiatry*, 2007 Dec;164(12):1817-24)
- Depakote has up to 5% risk neural tube defects
- Lithium has 0.05% risk of Ebstein's anomaly in 1st trimester. Best choice for bipolar disorders
- Preconception counseling is critical

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BREASTFEEDING AND ANTIDEPRESSANTS

- AAP now recommends 1 year of breastfeeding
- **"... most are found at a very low levels and are not clinically relevant for the neonate."** (*ACOG Practice Bulletin*, April 2008, (92))
- Studies of exposed infants show no differences in IQ or neurobehavioral development (*Yoshida K, et al. Br J Clin Pharmacol.* 1997 Aug;44(2):210-1)

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BREASTFEEDING

- Depressed moms breastfed for shorter durations
- Experienced breastfeeding more negatively than non-depressed (*Paulson, Dauber, and Leiferman. Pediatrics*, 118(2), Aug 2006:659-668)
- Increased breastfeeding difficulties
- Decreased levels of breastfeeding self-efficacy (*Dennis CL & McQueen K. Pediatrics* 2009;123:e736-e751)

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OTHER TREATMENTS

- **Light Therapy** (*Oren, D, et al. Am J Psychiatry*, April 2002;159:4)
 - After 3 weeks depression scores improved by 49%
 - No adverse effects noted
- **Omega 3 Fatty Acids** (*Freeman MP, Evidence-Based Integrative Medicine* 2003;7(1):43-49)
 - Up to 3 gm daily improved EPDS scores
- **ECT** (*Yonkers K. and Little B, eds., Management of Psychiatric Disorders in Pregnancy*, 2001)
 - Few complications in pregnancy based on large body of literature
 - May be best choice for depression with psychosis

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WHAT ABOUT DADS/ PARTNERS?



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FATHERS

- In a national studies reported in 2006 and 2010, 10% of new fathers scored in the range of clinical depression.
- Maternal depression increased the risk of paternal depression.

(Paulson, Dauber, Leiferman, Pediatrics, 2006 Aug;118(2):659-68, Paulson, J and Bazemore, S. JAMA. 2010;303(19):1961-1969)

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Prenatal Anxiety

- Prenatal anxiety and postpartum depression represent separate risks for behavioral/emotional problems in children age 4 and act in an additive manner.

O'Connor TG, Heron J, Glover V: Alspac Study Team, Antenatal anxiety predicts child behavioral/emotional problems independently of postnatal depression. J Am Acad Child Adolesc Psychiatry. 2002 Dec;41(12):1470-7.



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CONSEQUENCES PRENATAL ILLNESS

- Preterm birth
- Low birth weight
- Intrauterine growth retardation
- NICU admissions

(Grote N. et al. Arch Gen Psychiatry. 2010 Oct;67(10):1012-24)



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POSTPARTUM: Moms and Dads

- 2006 national study of 5089 2-parent families of 9 month old babies
- 14% of moms and 10% of dads found to be moderately or severely depressed
- 75% moms still depressed at 3 yrs postpartum (Field, Pediatrics, suppl Nov 1998;102(5):1305-1310)

(Individual and Combined Effects of Postpartum Depression in Mothers and Fathers on Parenting Behavior. Paulson, Dauber, and Leiferman. Pediatrics, 118(2), Aug 2006:659-668)

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Depressed Dads

- Depression in fathers in the postpartum period was significantly associated with psychiatric disorder in their children 7 years later (most notably oppositional defiant/conduct disorders)

Ramchandani PG, et al., Depression in men in the postnatal period and later child psychopathology: a population cohort study. J Am Acad Child Adolesc Psychiatry. 2008 Apr;47(4):390-8

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Effects on Infants

- Higher levels of stress hormones
- Higher heart rates during interaction with their mothers
- More sleep disturbance

Emotional Care of the At-Risk Infant: Early Interventions for Infants of Depressed Mothers. Field, Pediatrics, suppl Nov 1998;102(5):1305-1310.

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PMAD EFFECTS ON KIDS

- Attachment problems
- Poor developmental, cognitive, emotional and social development
- Anxiety and depression by age 15

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Join PSI!

www.postpartum.net

1-800-944-4PPD

Postpartum Support International



Postpartum Support International
www.postpartum.net

- 1-888-948-4PPD supportline Eng/Span
- Free “chat with expert” phone calls
- Resource map, referrals
- Accurate information; training programs
- Annual conference

