

The Overarching Effects of Perinatal Mental Health

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Postpartum Support International, Georgia Chapter



Postpartum Support International
Georgia Chapter

Postpartum Support International, GA Chapter (PSI GA)



Our Vision

The Vision of PSI GA is that every woman and family throughout the state will have access to information, social support, and informed professional care to deal with mental health issues related to childbearing.



PSIGA.ORG

PSI HelpLine: 1-800-944-4773 (4PPD)

Objectives

- Become familiar with the spectrum of perinatal mood and anxiety disorders (PMADs)
- Understand the prevalence and seriousness of PMADs
- Be aware of the need for PMAD screening, and the methods for screening
- Learn treatment options and referral methods for PMADs
- Learn more about PSI GA as a resource

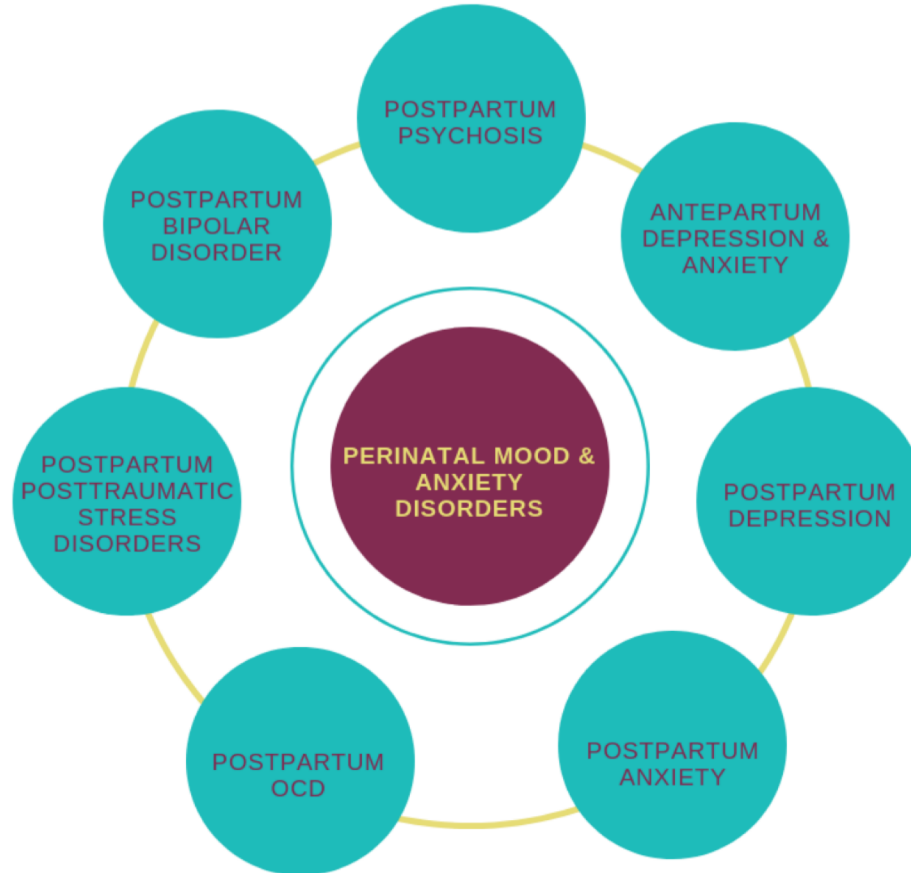
Perinatal Mood & Anxiety Disorders

“It’s Not Just Depression”



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Spectrum of Mental Health Disorders

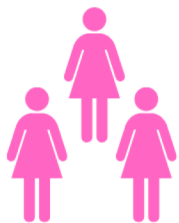


OUR LATEST NUMBERS

1 IN 7

women experience depression or anxiety
during pregnancy or postpartum

Maternal Mental Health Impact in Georgia



16.6%

self-report rate of PMADs
in GA (according to the
CDC), higher than the US
average

30,000

estimated # of
Georgia women
experiencing PMADs
every year.

1

PMADs are a leading
complication of
childbirth in the US



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Baby blues occur in up to
80% of women

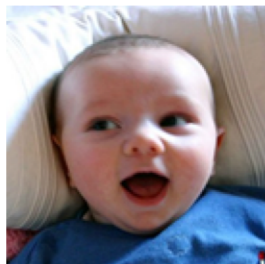


OCD is under-reported, but
occurs in **4%** of new
mothers

Perinatal depression affects
20% of new moms



PTSD occurs in **2-9%** of
mothers



Perinatal anxiety occurs in
6-8% of pregnancies



Postpartum psychosis occurs in
1-2% of women



Postpartum depression is the #1 complication of childbirth

Prevalence

Unfortunately, we know these statistics are conservative

We know these numbers:

- Do **not** include women who suffer due to miscarriages, stillbirths, or terminated pregnancies
- Reflect **only** self-reported cases







Of those who we know are affected, **only 10%** are diagnosed and receive treatment

Baby Blues

- Impacts 80% of new mothers
- Onset within **first** 10 days postpartum
 - Heightened reactivity
 - Feeling down
 - Feeling overwhelmed
 - Crying
 - Mood swings
- Symptoms are **temporary**



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

Remember:

- About 80% of new moms experience baby blues, typically subsiding within 1 month after delivery
- If you experience symptoms longer than 2-4 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 postpartum depression or anxiety (PPD/PPA)

Postpartum Depression

- Feeling overwhelmed
- Anger
- Worthlessness/Guilt
- Isolation
- Difficulty concentrating
- Recurrent thoughts of death/suicide
- Lack of feelings toward baby
- Appetite disturbance
- Mood swings
- Excessive sadness/crying



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Activity

Directions: Pair up with neighbor after each section for quick discussion.



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Have you seen this mother before?

Were her symptoms obvious, if so how?

Name one barrier for treatment.

Postpartum Anxiety

- Constant worry
- Excessive concern over baby's health
- Racing thoughts
- Agitation
- Restlessness
- Appetite changes
- Sleep disturbances (when given opportunity to rest)
- Physical symptoms



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Activity

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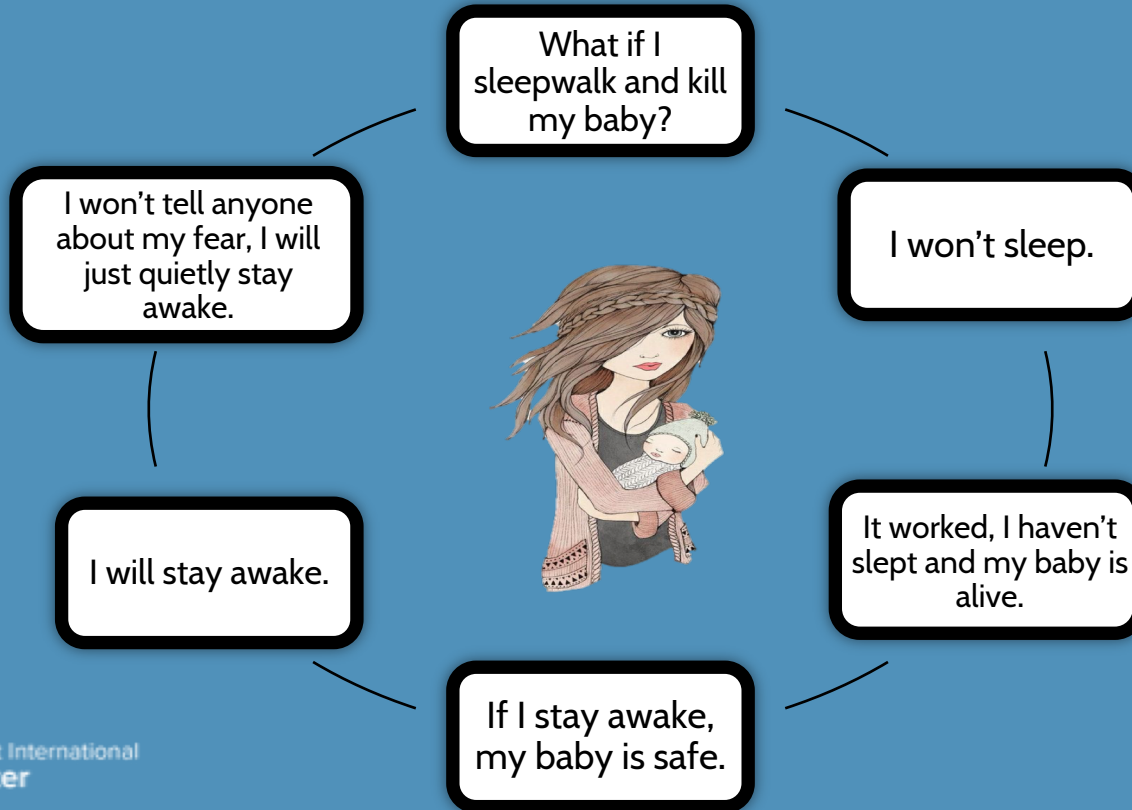
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Name one barrier for treatment.

Postpartum OCD

- High anxiety
- Intrusive thoughts
 - Unwanted
 - Sometimes graphic
- Mothers recognize that thoughts are scary/bizarre
- Guilt and shame
- Thoughts lead to hypervigilance
- Fear of being left alone with infant

Cycle of Intrusive Thoughts



"It once flashed through my mind the thought of putting my newborn in the trashcan, during an utterly exhausted middle of the night breastfeed wake up call while trying to recover from surgery. I felt so much **GUILT & FEAR & SHAME** that I never shared this thought with anyone."





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Have you seen this mother before?

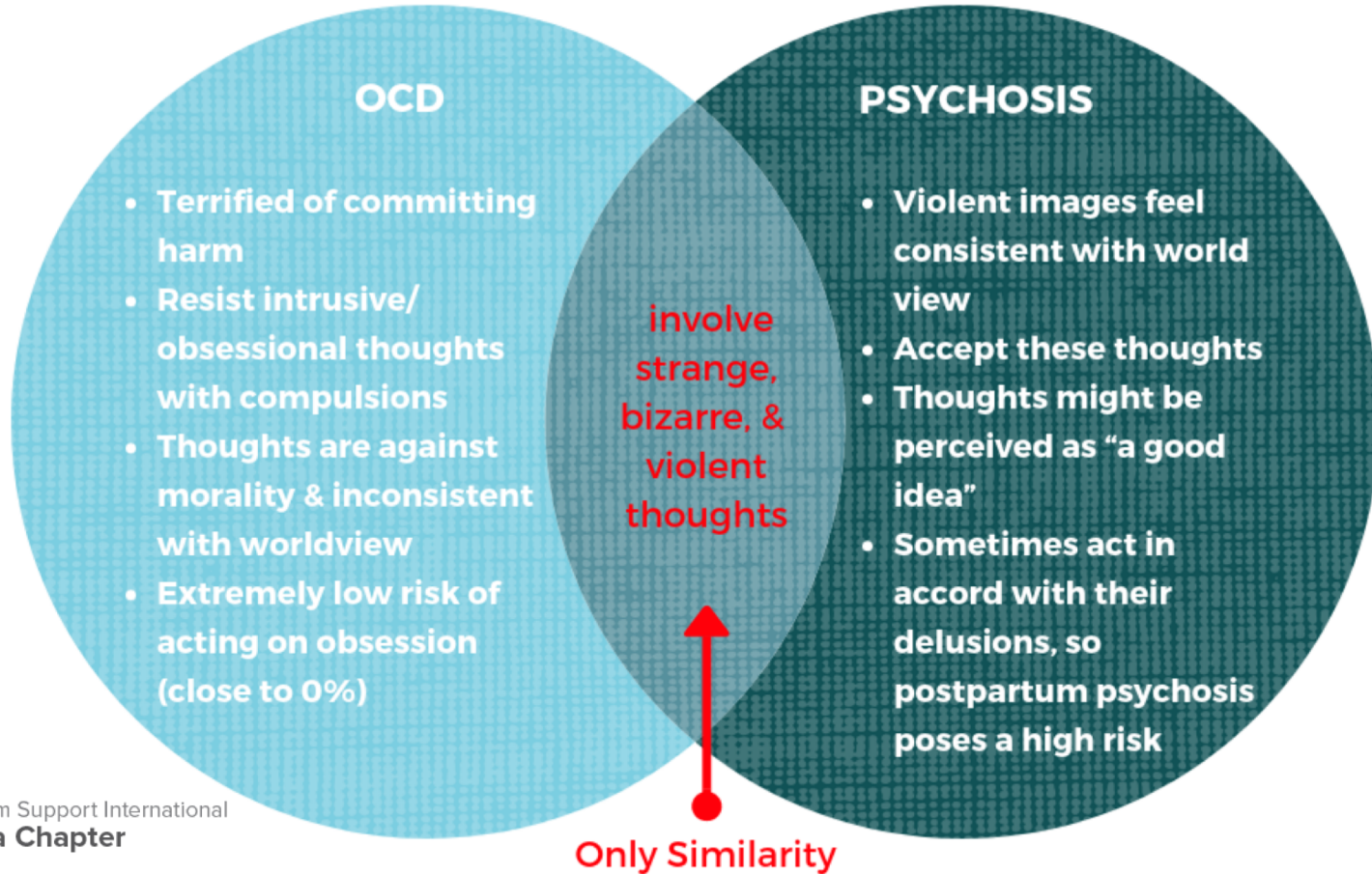
Were her symptoms obvious, if so how?

Name one barrier for treatment.

Postpartum Psychosis

- Early, acute onset (first few days-four weeks postpartum)
 - Requires immediate medical intervention and hospitalization
- Symptoms:
 - Delusions (strange beliefs), hallucinations (a/v)
 - Feeling very irritated
 - Significant mood changes
 - Symptoms similar to bipolar disorder
 - Mothers do not recognize that thoughts/behaviors are unhealthy

Postpartum OCD vs. Psychosis





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Public Health Impact



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1. Public Health Impact

- Risk of *untreated* PMAD during pregnancy:
 - Decreased prenatal care: nutrition, vitamins, appointments
 - Increased use of smoking, alcohol and drugs
 - Increased risk of termination of pregnancy
 - Increased risk of suicide



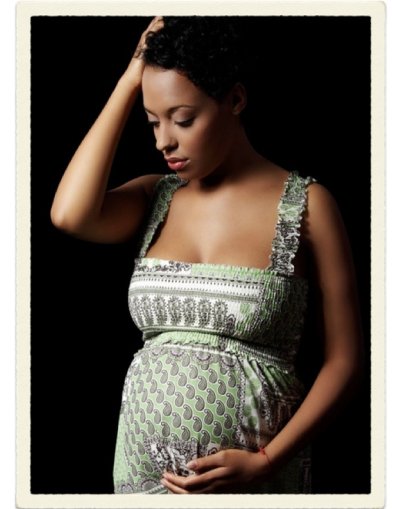
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2. Public Health Impact

- Risk of untreated PMAD on birth outcomes:
 - Depressed pregnant women have 2x the risk of preterm delivery
 - Pre-eclampsia is 2.5 x more likely
 - C-sections 2x as likely
 - Baby 2x as likely to go to NICU
 - Associated with lower birth weights and APGAR scores

3. Public Health Impact

- Risk of untreated PMAD on maternal behavior
 - Negative and disengaged parenting behaviors
 - Increased potential for child abuse/neglect
 - Less use of SIDS prevention techniques and car seats
 - Reduced odds of continued breastfeeding
 - Relationship difficulty



4. Public Health Impact

- Risk of untreated PMAD on infant development:
 - Higher cortisol levels at age 6 months
 - Lower levels of dopamine and serotonin in newborn crying more often; difficult to console
 - Increases the odds of developmental delays by 50%



Public Health Cost

Untreated PMADs
in the U.S. **are costly** and have
multigenerational consequences



An estimated
\$14.2 billion
for all births in 2017

Half of **perinatal women** with a
diagnosis of depression do not
get the treatment they need



Risk Factors



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Vulnerable Populations



Teen parents, or women who are also dealing with **poverty**, can experience postpartum depression at rates **twice** as high as the average.

New mothers of color have rates of postpartum depression soaring close to **38%**



Risk Factors

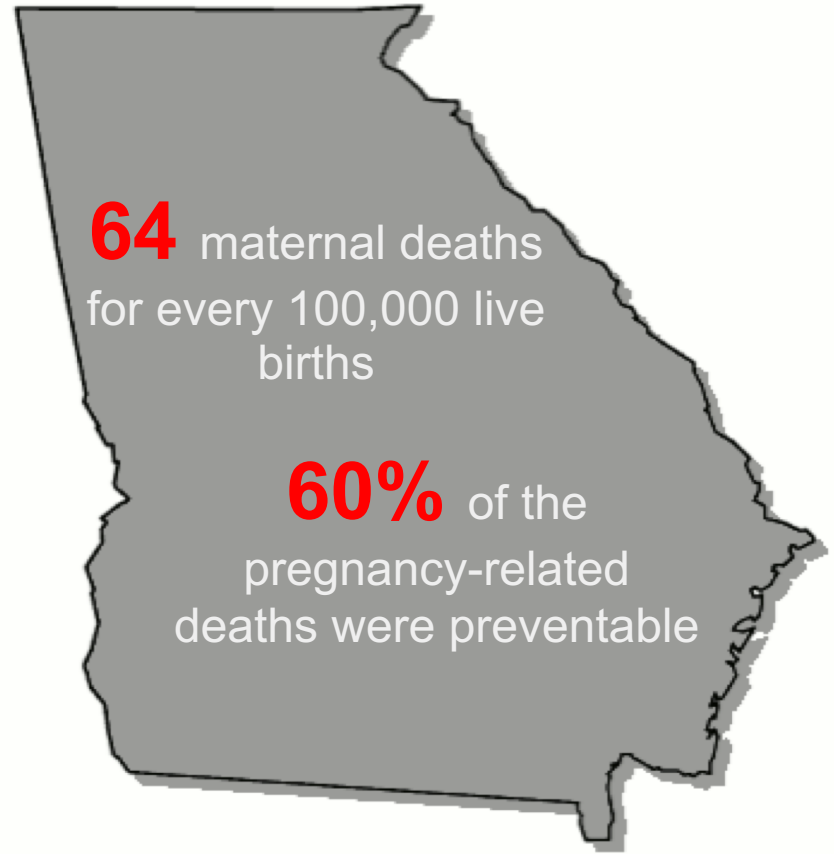
- Teen Pregnancy
- Inadequate support
- Marital/Partner stress
- Childhood trauma, sexual trauma
- Complications in pregnancy, birth (C-Sections) or breastfeeding
- Obstetric Violence
- Mothers of Multiples
- Infants in NICU
- Infertility Treatments
- Immigrants
- Sleep deprivation
- Highly self-critical or perfectionist personality
- Infant temperament
- Prior psychiatric history



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Maternal Mortality Crisis in Georgia

Between 2012-2014, Black non-Hispanic women were about **3.3 times more likely** to die due to pregnancy-related complications than White, non-Hispanic women



Take a break...



Screening Recommendations



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**Postpartum Support
International Georgia Chapter
recommends **Universal
Screening** for all Parents.
You cannot tell about
someone's mental health by
looking at them!**

Screening

- American College of Obstetrics and Gynecologists (MAY 2015):
 - Pregnant women should be screened at least once during the perinatal period for depression
 - Women with risk factors for postpartum depression, including a prior history of depression or anxiety should be monitored more closely.
 - Practices should have a referral process in place for women who may require follow up treatment.

PSI's Screening Best Practices

- All women should be screened by their OB/Gyn 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
- 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 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

Ask 3 simple questions



1. Have you felt overwhelmed in the last 7 days?
2. Do you have thoughts of harming yourself or your child?
3. Are you having difficulty adjusting to your new role as a mother?

If they answer **yes** to any of the above questions, provide referrals to a mental health provider

Treatment Recommendations



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Treatment Options



Social Support



**Support Groups
(in person & online)**



Psychotherapy



**Alternative
Therapies**



Medication



Hospitalization



Benefits of Psychotherapy

- Helps client manage distressing symptoms
 - Provides psychoeducation about PMADs
 - Assists them in understanding what they are experiencing
 - Teaches positive coping skills for their new stressors
 - Empowers and teaches them how to reframe negative thinking
- Includes healthy strategies that support overall mental wellness; providing resources and action planning

Medication

- Women **can** take medications while pregnant and while breastfeeding (risk vs. benefit)
- According to Mental Health America of GA:
 - Perinatal depression responds to SSRIs or SNRIs, and are first line agents
- Importance of following up or referring to psychiatrist if you prescribe medication
- Resources for Physicians:
 - PSI FrontLine Provider Webinar Series: **www.postpartum.net**
 - PSI Perinatal Psychiatric Consultation Line: **1-800-944-4773, ext 4**

Medical Interventions

- Inpatient hospitalization
- Intensive outpatient hospitalization
- Electroconvulsive therapy (ECT)
- Transcranial magnetic stimulation (TMS)



Alternative Therapy



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

Support Groups & Social Support

- Support groups
 - Professionally & Peer Facilitated
 - In person/On-line
- PSI Online Support Groups
- Warm-line
- Playgroups
- Church Groups
- “Meet-Up” groups
- On-line FB groups (pros and cons)



Referrals and Resources



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Where to Refer

- PSIGA.ORG
- Psychologist/Psychotherapist
- OB/GYN/Midwives
- Pediatrician
- Nurse Practitioner
- Primary Care Provider
- Reproductive Psychiatrist
- Social Worker
- Pastoral Counseling
- Endocrinologists
 - Potential for postpartum Thyroiditis

Postpartum Support International (PSI)

- Non profit founded in 1987
- Purpose to increase awareness of perinatal mental health
- Headquarters now in Portland, OR
- Members all over the world
- Volunteer coordinators in every one of the US States and in 36 countries
- PSI GA was established 2017

Postpartum Support International

- State, Regional Coordinators & Military Coordinators
- Spanish/English Helpline Coordinators
- Legal Resource Coordinators
- Dads/Partners Coordinators
- Online Support Coordinators/online support groups
- Yearly Conferences & Trainings (on- line + in person)

PSI GA CHAPTER

Meet the Board



ELIZABETH O'BRIEN



SHANTRICE JONES



COLIN GATEWOOD



CLARE SCHEXNYDER



MELISSA KEANE



KATE ROPE



SILKE VON ESENWEIN



STEPHANIE GALER




SARAH PRICE



MICA WHITFIELD



ELISE BLASINGAME



ANJLI HINMAN



KEISHA REAVES



JENNIFER L. BARKIN



LASHEA WATTIE

PSI GA Strategic Plan



TRAIN

We train medical & healthcare providers across Georgia to better screen, serve, & support the emotional needs of their moms



EDUCATE

We educate moms & their families about what they are experiencing & refer them to knowledgeable and trained professionals across Georgia



ADVOCATE

We advocate for improved healthcare for all moms & families across our state

Provider Trainings Across GA

1 hr (free) - Best Practices for
Screening Lunch 'n Learn



Additional Trainings offered:

- (1) hr Maternal Mental Health Overview
- (2) hr Perinatal Mental Health Signs & Symptoms
- (1) day Advanced MMH Clinical Skills Training

***Offered in OB/Gyn, Pediatric, Birth Worker,
Community Agency, and other Community and
Healthcare settings.***

Free PSI GA Educational Materials

Our materials are created to raise awareness of pregnancy and postpartum mental health and for distribution in community and healthcare settings.

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 fatigue and loss 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 began 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.

IS THIS NORMAL?

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Remember:

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Supporting Postpartum Families





Postpartum Support International
GEORGIA CHAPTER
Office: 478.798.0088
Email: psigainfo@gmail.com
Website: www.psigainfo.org

*Brochures available in English & Español
Find them at www.postpartum.net/resources*

Free PSI Resources for Families

Find a Local Support Group

Download Educational Resources

Contact a PSI State Coordinator (10 in GA)

Locate more than 50 trained MMH Providers in GA



GET HELP

PSI Helpline:
1-800-944-4773

#1 En Espanol or #2 English

OR TEXT: 503-894-9453

Find Support in GA:
psiga.org/get-help

 Postpartum Support International
Georgia Chapter

Free PSI Resources for Families

PSI HelpLine

Call 800-944-4773 (4PPD)

Text 503-894-9453

Someone will respond within 24 hrs/7 days a week

PSI Online Support Group (nationwide)

Weekly online support

www.postpartum.net/psi-online-support-meetings/

Telephone Chat with an Expert

Live phone session every week

www.postpartum.net/chat-with-an-expert/




GET HELP

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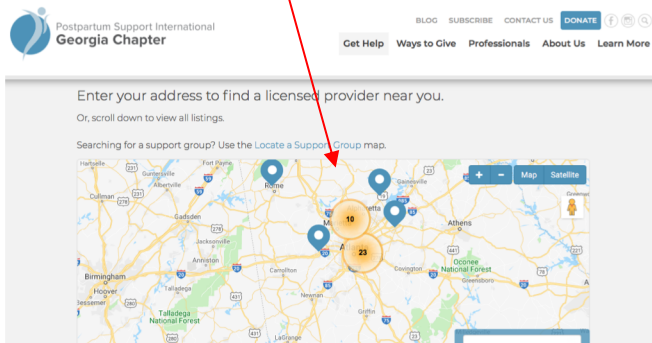
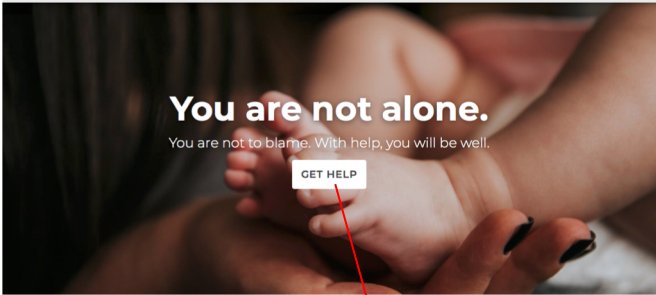
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Find Support in GA:
psiga.org/get-help

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Web Resources In Georgia



www.PSIGA.ORG

- Find specialized providers by location
 - Psychiatrists
 - Nurse Practitioners
 - Mental Health Therapists
- Find local support groups
- Contact local GA State Coordinators
 - Trained volunteers who provide support, encouragement, information, and resources by phone, text, or email
- Learn more about maternal mental health topics

Virtual Scavenger Hunt

☐ Use

<https://psiga.org/>

and

<http://www.postpartum.net/>



Thank You!