



COMMUNITY OF PRACTICE: IMPACT WV Maternal Health and Postpartum Depression

The Community of Practice (CoP) was developed through a partnership with IMPACT WV and the WV Home Visiting Program to help participants exchange technical information and share experiences about non-traditional families related to serving clients currently experiencing or who have past experiences with substance use and neonatal abstinence syndrome (NAS).

*The information in this IMPACT WV product was taken from CoP presentation by Michelle Comer, LICSW, PMH-C, IMH-E® who has worked with Mountain State Healthy Families, and is the state coordinator for Postpartum Support International, and has been instrumental in building the West Virginia Maternal Mental Health Coalition.

Aim

This presentation seeks to bring awareness to the different challenges that people during the childbearing process can experience.



General Information

Perinatal mood disorders are the #1 complication of pregnancy, or a leading cause of death in the first year, after a baby is born.

Concerns/Diagnoses

Baby blues

- Not a mood disorder or diagnosis – considered normal part of adjustment
- Affects 60-80% of new moms
- Symptoms: crying, feeling uncertain and overwhelmed, fatigue, irritability and mood fluctuations.
- Lasts between two days to two weeks
- Primarily caused by hormone fluctuations

Depression

- Prenatal or postpartum, if you are pregnant, you are automatically at risk
- Can also happen if there is a first trimester birth (miscarriage)
- 20-25% of mom's experience depression
- More common for minority groups and families living in poverty
- Symptoms not as common outside of the perinatal period:
 - Scary thoughts-random, intrusive thoughts that come to mind for no apparent reason, other than the individual is experiencing depression.
 - Challenges forming a bond with baby including lack of positive feels toward baby or being a parent
 - Inability to take care of self and family
 - Anxiety, isolation, mood swings, feelings of worthlessness
 - Described as "I do not feel like myself"



Concerns/Diagnoses

Anxiety and Panic

- You can have anxiety without panic, but cannot have panic without anxiety
- Classic symptoms include:
 - Anxiety: worry, sleeplessness, restlessness, jumpiness, being on high alert, excessive concern for baby's health and irritability
 - Panic: increased heart rate, increased perspiration, shakiness, difficulty breathing and heaviness
 - These symptoms can present during the pre/postpartum periods in moms who have never experienced a mood disorder before
 - When a mom is experiencing this, the worries are centered around mom and baby's health i.e. baby dying.

Obsessive-Compulsive Disorder (OCD)

- Perinatal women are up to 2x greater risk for OCD
- Moms who have a previous diagnosis for OCD usually do not take any medications during pregnancy, which can create a significant relapse of symptoms
- When considering treatments for perinatal patients, it is important to weigh the risks and benefits
- Symptoms in perinatal patients:
 - Intrusive, unwanted, repetitive, scary thoughts
 - Fear of acting on those thoughts and telling someone about them
 - Tremendous guilt and shame
 - Classic symptoms-cleaning, checking, counting

Psychosis

- Postpartum psychosis has a strong link with a diagnosis of bipolar disorder
- When working with an individual who has a diagnosis of bipolar disorder, it is important to be prepared to minimize risk during the postpartum period
- Can occur within days of giving birth
- These parents may kill their child, or take drastic measures based on what thoughts are telling them to do
- 1-2 in 1,000 moms experience psychosis
- Symptoms:
 - Flat affect, monotone voice, not speaking clearly-mumbling, delusions, experiencing auditory/visual/somatic hallucinations and rapid mood swings
 - Most of the time, these symptoms are focused on the baby
- If a mom is experiencing psychosis, she needs hospitalization, and it is important to make sure baby is safe



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Concerns/Diagnoses

Post-Traumatic Stress Disorder (PTSD)

- If someone has experienced significant trauma in their life, pregnancy can be a trigger that brings up past traumatic events or experiences
- It is important to identify and address trauma, especially when mom is giving birth
 - Sexual trauma- when mom is giving birth there is not much control over the body which can make mom feel vulnerable
- Mother may feel a sense of unreality and detachment



Risk Factors

Risk factors

- Previous diagnoses for perinatal mood disorders
- History of mental illness
- Reaction to other hormonal shifts, such as puberty, PMS or hormonal birth control
- Endocrine dysfunction
- Social factors
 - Poverty, intimate partner violence, recent loss of family, job or community or lack of support
- High stress parenting
 - Military service, teen parent, multiple babies and single parenting

Magnifiers

- Age-related stressors, adolescence or perimenopause
- Climate related stressors
- Lack of sleep
- Breastfeeding continuing or ending abruptly
- History of sexual abuse
- Birth trauma



Perinatal Outcomes

Mom	Baby
Mom may withdraw, become intrusive, not recognize infant cues, not enjoy parenting, be less tolerant and even view self as incompetent	Exposure to mom's illness in utero can slow down fetal growth and increase the risk for prematurity
Mom may feel guilty about impact of illness on baby, and relationship with baby, such as lost time	Long-term impacts on babies include developmental delays or difficulty in relationships later
During this time moms and babies can be lost, so it is important to know the signs and address concerns	Children are forming attachments during the first days and weeks post-partum



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Resources

National

- [Postpartum Support International](#)
- [Postpartum support center](#)
- [5 Reasons Why You Need a Postpartum Support Network](#)

West Virginia

- [WV Healthy Start/HAPI Project](#)
- [WV Resource Guide for PSI](#)

Podcasts

Adventures with PPD; Mom and Mind

Books

- Beyond the Blues by Bennett and Indman
- Postpartum Action Manual by Honikman
- Parental Mental Health by Honikman
- Becoming Us by Taylor
- Myself Again by Maureen and Wiersgalla
- Any titles by Karen Kleiman

Articles

- [Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes](#)
- [Preterm birth as a risk factor for postpartum depression: A systematic review and meta-analysis](#)
- [Prevalence of postpartum depression and interventions utilized for its management](#)

Tips

What can you do?

- Ask new parents in your life how they are feeling

For parents:

- Encourage involvement in home visitation and other resources: Postpartum Support International support groups, online psychiatric consults and helplines
- Increase own comfort level and understanding of mental health issues
- Educate families and providers
- Wellness and safety planning
- Connect with quality providers