

COMMUNITY OF PRACTICE: Perinatal Mood Disorder



The Community of Practice (CoP) series was developed through a partnership with IMPACT WV and the WV Home Visiting Program to help participants exchange technical information and share experiences about 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 a CoP presentation by *Kate Shanks, LISW-S, CLC*. Kate Shanks is the Infant Mental Health Coordinator for Hopewell Health Centers, Inc. in Southeastern, Ohio. Kate coordinates all evidence-based therapeutic services and consultation services for children and their families aged 0-3 as well as moms experiencing Perinatal Mood Disorders (PMD). Kate is also championing HeathySteps across Southeastern Ohio which is an evidence-based, interdisciplinary pediatric primary care program for children 0-3 and their families.**

Aim

To understand the mental health of infants and the different perinatal mental disorders (PMD), how does it impact the child and parents, and how it presents in homes and other places.

General Info

Infant mental health is the developmental, social, and emotional well-being of the child from age 0 – 3 years focusing on the caregiver and the child. PMD includes anxiety and/or depression that negatively affects the care and/or attachment of the fetus or child. There are four main categories of PMD.



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General Info Continued

Perinatal Mood Disorder Categories

Perinatal	Baby Blues	Depression or Anxiety	Postpartum psychosis
Occurs during pregnancy	Occurs in the first two weeks after delivery in ~80% of moms	Occurs up to 12 months following delivery in ~20% of moms	Occurs suddenly during the first 2 weeks of delivery in ~0.1-0.2% of moms
Perinatal depression and anxiety in a mother while pregnant can affect the mother-fetus attachment.	May include feeling sad, angry, overwhelmed, or crying a lot	Needs to be screened during obstetrics appointments or at pediatric well child appointments	Immediate help is needed through contacting mental health specialist
	Due to drastic fall in hormone levels, lack of sleep, change in diet, etc.	Also called postpartum depression, maternal depression perinatal depression and postpartum regret	Symptoms include delusions and strange beliefs, hallucinations, extreme irritation, hyperactivity, inability to sleep, paranoia, rapid mood swings, or communication difficulties
		Affects the attachment of the child and the role of the parent.	
		Depression symptoms: withdrawn, distant, flat affect, disinterest or lack of bonding	
		Anxiety symptoms: repetitive fear and questioning, overwhelming fear, overprotection	

- Risk factors for PMD:
 - Past history of PMDs
 - Hormonal changes (breastfeeding, weaning, etc.)
 - Past trauma (any kind)
 - Difficult delivery experience or feeding experience
 - Decreased social support and lack of resources
 - Teen parenting
- Impact of PMD during pregnancy:
 - Difficulty forming an attachment
 - Inadequate parental care
 - Poor nutrition
 - Substance use risk
 - Fear and anxiety
 - Unrealistic expectations
- Impact of PMD during delivery:
 - Premature labor
 - Low birth weight
 - Maternal hypertension
 - High rates of miscarriage
- Impact of PMD during postpartum:
 - Impaired bonding and attachment
 - Isolation
 - Negative maternal identity
 - Depressed and anxious moms
 - Babies tend to experience developmental challenges
 - Loss of parental support to other children
 - High rates of family conflicts

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General Info Continued

- PMD signs in moms:
 - Hearing 'they hate me' or 'I'm not a good mom' or 'they'd be better off without me' etc.
 - Noticing lack of eye contact between caregiver and child and increased anxiety during the child's movement (such as when a child starts to walk)
 - Noticing difficulty with attachment in the child (Seeking attention or avoiding attention, not crying when needed)
- Attachment is crucial for the relationship between caregiver and child.
- Attachment is a lasting psychological connectedness between human beings.
- Healthy attachments are seen through:
 - Comforted by caregiver
 - Engaging after a separation
 - Learning social skills (sharing, giving, and taking)
 - Responds to discipline
- Effect of unhealthy attachment on child:
 - Not smiling
 - Not comforted by caregiver
 - Defiance and anger
 - Cries a lot or does not cry when needed
 - Not interested in interacting
 - Aversion to physical touch
- Attachment between caregiver and child:
 - Child in car seat or crib is not needed
 - Basic needs are not met
 - Lack of eye contact or communication
 - Inconsistent parenting / responding

Resources

- Out-patient referrals for mental health
- OB-GYN follow up appointments
- Pediatric appointments
- Newborn behavioral observation (NBO) specialist
- Healthy steps: evidence - based program integrate primary care and behavioral health
<https://www.healthysteps.org/what-we-do/our-model/>

Tips: What can be done:

- Praise the caregiver (appreciate what moms do)
- Promote positive interaction within work (eye contact and physical touch)
- Talk about the importance of self-care from sleep, nutrition, taking breaks, supportive relationships, and movements.
- Referral to outpatient mental health