

Contact Information

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Mothers Strong Mission:

To promote and strengthen Butte County maternal depression systems of care, and ensure help is available to all women and their families

Objectives

- At the end of the session, learners will be able to identify the prevalence of PMAD and list the disorders that comprise PMAD.
- Learners will be able to identify a screening tool for perinatal depression.
- Learners will be able to articulate the impact of PMAD on maternal and infant health.

Scope of Problem

- Perinatal Depression and Anxiety is the No. 1 complication of childbirth, and it has a significant impact on the fetus, mother, infant, child and family
- · Nationally, 1 in 7 mothers will suffer from PMAD
- Prevalence increases to 40% in low income communities
- Not limited to pregnancy and early postpartum (can occur up to 1 or more years after birth of child)

Butte County Estimates: 2016

690 new cases each year



Symptoms of Baby Blues

- Approximately 70-80% of new mothers experience some negative feelings or mood swings after the birth of their child
- Usually occurs within 4-5 days after the birth and diminishes after two weeks
- · Symptoms include:
 - o Weepiness or crying for no apparent reason
 - Anxiety
 - o Insomnia

Types of PMAD Depression Anxiety OCD (Obsessive-Compulsive-Disorder) PTSD (Post-Traumatic Stress Disorder) Postpartum Psychosis

Depression During Pregnancy & Postpartum

- 15% of women experience significant depression following childbirth and the percentage is even higher for women living in poverty
- The rate is twice as high for teen mothers
- Perinatal depression is the most common complication of childbirth

Risk Factors

- · Personal or family history of depression or anxiety
- Premenstrual dysphoric disorder (PMDD or PMS)
- Marital/relationship stress
- · Financial stress
- Pregnancy, birth and/or breastfeeding complications
- · Recent life event such as loss or move
- · Multiple birth
- NICU moms
- · Inadequate support

Depression Symptoms

- These symptoms can start anytime during pregnancy and up to one year postpartum
 - o Feelings of anger and/or irritability
 - Difficulty engaging with baby
 - o Appetite and/or sleep disturbance
 - Crying and sadness
 - o Feelings of guilt, shame or hopelessness
 - o Loss of interest, joy or pleasure in things they usually enjoy
 - o Possible thoughts of self-harm
 - Suicidal thoughts

Anxiety During Pregnancy & Postpartum

- Approx. 6% of pregnant women and 10% of postpartum women develop anxiety
- This can be experienced alone, or with depression

Anxiety Symptom	ety Symptoms
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- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and/or appetite
- Fidgeting/restlessness
- Physical symptoms like dizziness, hot flashes, and nausea

Risk Factors

- Family or personal history of anxiety
- Previous depression diagnosis
- · Thyroid imbalance

Specific Anxiety Disorders

- Postpartum Panic Disorder
- Postpartum
 Obsessive
 Compulsive Disorder

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Postpartum Panic Disorder

- · Woman feels very nervous
- Recurring panic attacks
- Panic attacks can be experienced in waves

Obsessive-Compulsive

Disorder

- · Most misunderstood and misdiagnosed
- Affects 3-5% of new mothers
- Obsessions or intrusive thoughts
 - Persistent, repetitive thoughts or mental images related to the
 - Leaves mom with a sense of horror
- Compulsions
 - Repetitive behaviors that reduce fear and obsessions



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Postpartum PTSD

- 1-6% of women experience PTSD following childbirth
- May be associated with a trauma during childbirth:
 - The trauma is based upon how the mom perceives the birth event, not how anyone else perceives the event



Perceptions:

- · A perception of lack of caring
- · Poor communication
- Feelings of powerlessness
- Re-triggering of old trauma histories or fears
- Does a healthy baby justify a traumatic delivery?

Symptoms of PTSD

- Intrusive re-experiencing of a past traumatic event (which may be childbirth itself)
- Flashbacks or nightmares
- Avoidance of stimuli associate with the event including thoughts, feelings, people, places and details of the
- Persistent increased arousal (irritability, difficulty sleeping, hypervigilance)
- · Anxiety and panic attacks
- Feeling a sense of unreality and detachment

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Post	pai	rtu	m
Psyc	ho	sis	

- This is the most rare form of PMAD and occurs in one out of every 1,000 deliveries, or approximately 0.1% of births
- Onset is usually sudden, often within the first two weeks postpartum

Symptoms of Psychosis

- Delusions or strange beliefs
- Hallucinations (seeing, feeling or hearing things that aren't there)
- Paranoia and suspiciousness
- · Delusions of grandeur
- Can't remember how to complete basic tasks
- · Losing track of time
- · Rapid mood swings/conflict
- · Feeling controlled by an outside force

Risk Factors

- Most significant risk factor is personal or family history of Bipolar 1 disorder or a previous psychotic episode
- · For a woman with psychosis
 - -5% rate for suicide
 - -4% rate for infanticide

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Warning Signs

- · Not showing up for commitments
- · Looking unusually tired
- · Requiring a support person to accompany her
- Significant weight loss or gain
- Evading questions about her own well-being
- Not willing to hold baby or not willing to let others care for the baby
- Expressing that the baby does not like her, or that she is not a good mother



Risks of Untreated PMAD

- · Low birth weight
- Prematurity
- Small head circumference
- · Low Apgar scores
- · High fetal stress levels
- Negative effect on bonding
- Decreased breastfeeding
- · Poor self-care, nutrition and sleep
- Infant growth and nutrition
- Suicide

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Why this information

is so important...

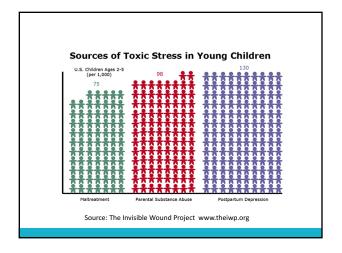
- PMAD symptoms generally do not resolve themselves without treatment
- PMAD can become chronic for the mother, and affect the entire family

Why this information

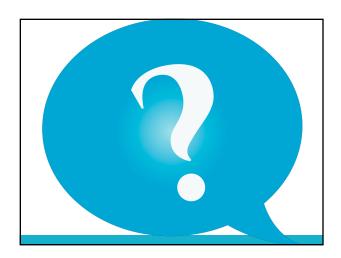
is so important...

- Cognitive and emotional delays through early childhood
- · Poor school readiness
- Developmental delays and affective disorders
- Higher rates of depression and psychiatric disorders in adults

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Three Core	Concepts in Early De	evelopment
Experiences Build Brain Architecture	Serve & Return Interaction Shapes Brain Circuitry	1 diete del cap mentina
NATIONAL SCIENT	IFIC COUNCIL ON THE	DEVELORING CHILD
	e Developing Child 🖁 HARV	







What does this mean for your community?

 Communities need to have a variety of resources and services in place to support families...

Critical Elements

- Medical providers and professionals need to be aware of the issue and engaged in treatment.
- Home visiting, counseling, case management and effective social services.
- Families have access to concrete supports such as food security, economic support, transportation, diapers, referral to services.
- Culturally sensitive services and interventions that include input from community members.

Screening

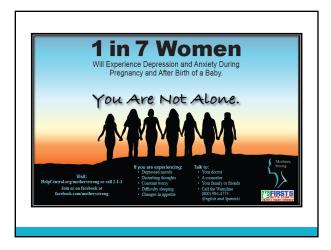
- The AAP and ACOG recommend screening for maternal depression
- Screening is the first step in helping new moms get back on their feet



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Trained Therapists



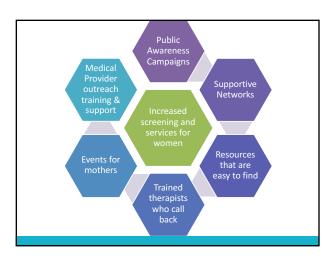
Events for Mothers







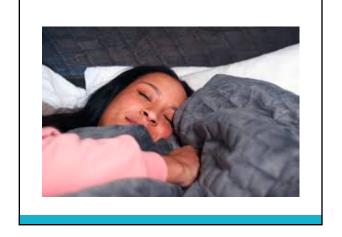






What helps?

- Normalize and Destigmatize:
- "This will pass."
- "You are a good mother."
- "You've got this."
- "Fear is love."
- "You are not alone."







What's i	probably	not	helpfu
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- "Oh, that happens to everyone."
- "You've always wanted a baby, enjoy this happy time."
- "You'd feel better if you did X..."
- "You don't need medication."
- "When I had a baby I didn't have time to be depressed."
- "Go to the gym, you'll feel better."

Do you know what to do with a mom in crisis?

- Know how to listen
- Know your county crisis hotline
- Know the suicide hotline and other helplines
- Know to call Postpartum Support International (PSI)

(800) 944-4773

Resources

Books-

http://postpartumstress.com/books/

Beyond the Blues by Shoshana Bennet and Pec Indman

Websites-

www.Postpartum.net

www.Postpartumstress.com www.postpartumprogress.com

www.helpcentral.org/mothersstrong



