



Perinatal Mental Health

WHAT TO LOOK FOR AND HOW TO HELP

What is Perinatal Mental Health?

- ▶ Perinatal mental health refers to a woman's mental health during pregnancy and the postpartum period
- ▶ This commonly includes mood disorders or anxiety
- ▶ In **rare** cases, symptoms of psychosis can occur
- ▶ Postpartum mental health concerns can occur up to a year after the birth of the child

So how do I know if someone is experiencing a perinatal or postpartum mental health concern?



Doesn't everyone have mood swings with pregnancy and delivery?



Types of Perinatal and post partum concerns

- ▶ Baby Blues
- ▶ Depression
- ▶ Anxiety
- ▶ Post Traumatic Stress Disorder
- ▶ Obsessive Compulsive Disorder
- ▶ Postpartum psychosis

Baby Blues

- ▶ Common in many women after childbirth
- ▶ Temporary and not considered a psychiatric concern
- ▶ Typically starts the first week after giving birth and will resolve on it's own between 10-12 days after giving birth
- ▶ You may notice mood swings, crying for no reason, feeling very happy or very sad, difficulty with sleep, decreased appetite, irritability
- ▶ **This occurs in 85% of women**
- ▶ **This can be a risk factor for post partum depression**



Major Depression

- ▶ Can occur during pregnancy or within a year of giving birth
- ▶ Most often starts within the first 3 months post partum though it could also occur after weaning baby or when menstrual cycle resumes
- ▶ Risk factors can include history of depression, family history of post partum depression, infant loss, lack of connection, DV, ACES, Pregnancy complications, infant health issues among other things
- ▶ Can last 2 weeks to a year or longer. Onset of symptoms may be gradual and difficult to notice at first.



Major Depression

- ▶ You may see changes in appetite, sleep, motivation, energy and concentration. You may see negative thinking patterns such as guilt, hopelessness, helplessness, worthlessness. In some cases, women may experience suicidal thoughts or psychosis (we will touch on this in a bit).
- ▶ If you notice symptoms, encourage good sleep hygiene, self care, engagement in community supports, individual therapy and potentially medication management
- ▶ **One in 7 women are impacted by post partum depression**

Anxiety

- ▶ Can vary from generalized anxiety, panic and social anxiety during pregnancy or the post partum period
- ▶ Can start immediately after delivery to 6 weeks post partum. May begin during pregnancy as well.
- ▶ Risk factors include history of anxiety, life changes, lack of supports, history of pregnancy loss, ACES, difficult pregnancy or birth
- ▶ Can last from weeks to months or longer



Anxiety

- ▶ You may see fear and anxiety, panic attacks, physical symptoms such as rapid heart rate, dizziness, chest or stomach pains, fear of detachment or doom, fear of dying or going “crazy”. May have difficulty with sleep or intrusive thoughts.
- ▶ Treatment options can include individual therapy and medication management. Encourage self care, exercise. Behavioral exercises learned in therapy can decrease nervous system dysregulation. Encourage connection and engagement with social supports.
- ▶ **Generalized anxiety occurs in 6-8% during the first 6 months after delivery. Panic occurs in 0.5-3% of women 6-10 weeks post partum. Social anxiety occurs in 0.2-7% of early post partum women.**

Post Traumatic Stress Disorder

- ▶ This is related to distressing anxiety symptoms following a traumatic event. Symptoms often include nightmares, flashbacks, avoidance, hypervigilance, negative world view
- ▶ Onset could be related to a traumatic delivery process or delivery. Underlying PTSD can be worsened due to a traumatic birth
- ▶ Risk factors include trauma or stress during pregnancy, obstetrical emergency, distress during labor and birth, fetal or newborn loss and infant complications. Prior trauma, history of adverse childhood experiences and lack of partner support are also relevant risk factors.

Post Traumatic Stress Disorder

- ▶ Symptoms can persist for one month or longer
- ▶ This occurs in 2-15% of women, after childbirth, ranges from 2-9% of women
- ▶ You may see changes in cognition, mood and arousal associated with the traumatic event. You may note avoidance of stimuli (people, places, memories) related to the traumatic event
- ▶ Treatment options include individual therapy and group therapy. Encourage self care. Encourage engagement in social and community supports.



Obsessive Compulsive Disorder

- ▶ Can include intrusive and repetitive thoughts that are frightening (may include thoughts of hurting child) and don't make sense to the mother/ expectant mother. Could include compulsive behaviors/ rituals like counting, cleaning or handwashing in response to intrusive thoughts. May happen with or without depression
- ▶ This may start 1-3 weeks postpartum. Occasionally will begin after weaning infant or when menstrual cycle resumes. Also can start during pregnancy
- ▶ Risk factors include a history of OCD, family history OCD, comorbid depression, anxiety or panic disorder, Premenstrual Dysphoric Disorder. Prior pregnancy loss, preterm delivery or cesarean delivery also risk factors.

Obsessive Compulsive Disorder

- ▶ This can last from weeks to months, in some cases longer
- ▶ This occurs in 4% of women
- ▶ OCD can be treated successfully through therapy and medications. Consistent routines that include self care are important. Encourage engagement in social and community supports. Encourage good sleep hygiene and asking or accepting help during nighttime feedings

Post Partum Psychosis

- ▶ Sudden onset of psychotic symptoms following childbirth
- ▶ Exhibits poor insight into symptoms which greatly increases risk
- ▶ Psychotic symptoms include auditory hallucinations, delusions, paranoia, disorganization.
- ▶ Onset is between 24 hours and 3 weeks after delivery. Greater risk if mother is sleep deprived for more than 48 hours
- ▶ Mom is at greater risk if there is a history of Bipolar disorder or psychosis, history of post partum psychosis (80% chance of reoccurrence), sleep deprivation, prior pregnancy loss, stopping medications for other illnesses

Post Partum Psychosis

- ▶ Symptoms will persist until it is treated
- ▶ You may see mood fluctuation, confusion, marked cognitive impairment, bizarre behavior, insomnia, hallucinations, May have moments where lucid. May have altruistic delusions around infanticide, homicide or suicide. These must be addressed immediately!
- ▶ Treatment options – hospitalization is almost always necessary in this instance. If there is a history, preventative treatment should be considered. Encourage sleep hygiene. When well managed, mothers can be skillful and amazing Moms!
- ▶ **1-3 in 1000 births impacted by this**

Why don't new mothers ask for help?



Why don't we ask for help?

- ▶ “Isn't this the happiest time of your life?”
- ▶ Fear of judgment from others
- ▶ Shame associated with negative thoughts
- ▶ “If I talk about it, my baby will be taken away”
- ▶ Motherhood is incredibly isolating
- ▶ Expectation that Mom's can do it all
- ▶ Some new moms don't realize that they are experiencing depression

How Can I Help?

- ▶ Remember – this is a medical condition that impacts everyone – Mom, child and family
- ▶ Those closest to Mom may notice symptoms first. Don't be afraid to encourage the new mother to reach out for support. Support can be through a primary care, their ob/gyn or a mental health provider
- ▶ Offer to assist with daily tasks – this could look like offering to grocery shop, watching the baby so Mom can nap or shower, cooking a meal
- ▶ Offer emotional support
- ▶ **Support, connection and treatment are essential to recovery. Recovery is possible!**

Resources you can offer

- ▶ [Mother and Infant Support Groups | William James INTERFACE Referral Service](#)
- ▶ [Lifeline \(988lifeline.org\)](#)
- ▶ [National Maternal Mental Health Hotline | MCHB \(hrsa.gov\)](#)
- ▶ [Microsoft Word - Perinatal Toolkit Updated 2.22.22.docx \(acog.org\)](#)
- ▶ [self-care-plan.pdf \(acog.org\)](#)

Final thoughts/ Questions?

**POST NATAL
DEPRESSION
IS AN ILLNESS
AND NOT A
REFLECTION
OF YOU AS A
MOTHER OR AS
A WOMAN**

www.mummy-tips.com

- Despite barriers to connecting to mental health services, one study suggests that women felt the support they received through the therapeutic relationship was valued
- As a result, women reported feeling more positive and confident
- Women also report experiencing better relationships with both their baby and their family



Exit Ticket



Citations

- ▶ [Maternal Health Task Force www.mhtf.org/topics/perinatal-mental-health](http://www.mhtf.org/topics/perinatal-mental-health)
- ▶ [Summary of Perinatal Mental Health Conditions | ACOG](#)
- ▶ [NIMH » Perinatal Depression \(nih.gov\)](#)
- ▶ [These Comics Capture The Silent Struggle Of Postpartum Depression And Anxiety | HuffPost UK Parenting \(huffingtonpost.co.uk\)](#)
- ▶ [Why So Many Women Don't Seek Help For Postpartum Depression | HuffPost Life](#)
- ▶ [Women's Experiences of Seeking and Receiving Psychological and Psychosocial Interventions for Postpartum Depression: A Systematic Review and Thematic Synthesis of the Qualitative Literature - Hadfield - 2017 - Journal of Midwifery & Women's Health - Wiley Online Library](#)