



Understanding Perinatal Mood Disorders

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Objectives:

- Describe the types, symptoms, rates
- Identify risk factors and treatments
- Describe community social support
- Identify resources for referral.



The Perinatal Period

From conception

Through the pregnancy

Labor and delivery

First year postpartum



Types of Perinatal Mood Disorders

- Prenatal depression or anxiety
- Major postpartum depression
- Postpartum anxiety or panic disorder
- Postpartum obsessive-compulsive disorder
- Postpartum psychosis




Rates

- Rates
 - Prenatal Depression: 13.5%
 - Postpartum Depression: 15%
 - Teenage Postpartum Depression: 26%
 - Postpartum Psychosis: .1 -.2% (1 – 2 per thousand)
- Most common perinatal complication



Theories about Causes

- Biological/Genetics
- Environmental/Social
- Psychological
-  Multifactorial: All of these factors work together, in the cause and in treatments.



Risk Factors for PMDs

- Previous PMD (*50% recurrence rate*)
- Family history of mental illness
- Personal of depression, anxiety, bipolar disorder, eating disorders, or OCD



Risk Factors continued

- History of mood disorders related to hormonal shifts: e.g., puberty, PMS, hormonal birth control
- Depression or anxiety in pregnancy
- Thyroid dysfunction or imbalance
- Inadequate social, familial, or financial support



Exacerbating Factors

- Complications in pregnancy, birth, or breastfeeding
- Age-related stressors (e.g. adolescence, perimenopause)
- Perfectionism/high expectations/superwoman syndrome
- Recent loss or move



Exacerbating Factors

- Family discord
- Isolation
- History of abuse
- Unresolved miscarriage, abortion, adoption, or infant loss



Other Perinatal Disorders

- Post Traumatic Stress Reaction
- Postpartum exhaustion
- Endocrine disorders



Depression Symptoms

- Sadness, crying
- Unexplained physical complaints
- Suicidal thoughts
- Appetite changes



Depression Symptoms continued

- Sleep disturbances
- Poor concentration/focus
- Irritability and anger



Anxiety Symptoms

- Agitated
- Excessive concern about baby's or her own health
- High alert
- Appetite changes- often rapid weight loss



Anxiety Symptoms continued

- Sleep disturbances
(difficulty falling/staying asleep)
- Constant worry
- Racing thoughts
- Shortness of breath
- Heart palpitations



Perinatal Anxiety and Panic Disorder

“I felt like I was jumping out of my skin the whole time. My heart was racing constantly. I thought several times about terminating the pregnancy because I couldn’t fathom dealing with this for nine months.”



OCD Symptoms

- Intrusive, repetitive thoughts – usually of harm coming to baby
- Horrified by these thoughts
(ego-dystonic thoughts)
- Tremendous guilt and shame



OCD Symptoms continued

- Hypervigilance
- Moms engage in behaviors to avoid harm or minimize triggers

Educate mom that thought does NOT equal action



Postpartum Anxiety and OCD

“I finally told my husband that he and my daughter would be better off without me – that I was not a good mother or wife. I felt like things were never going to get better – that I would never feel happy again. The only way out was to die.”



...“I am going to act as though everything is fine and I am terrified of what lies ahead.”



Postpartum psychoses

Symptoms

- Delusions (e.g. baby is possessed by a demon)
- Hallucinations (e.g. seeing someone else's face instead of baby's face)
- Insomnia



Postpartum psychoses symptoms continued

- Confusion/ disorientation
- Rapid mood swings
- Waxing and waning - can appear and feel normal for stretches of time in between psychotic symptoms



Perinatal Psychosis

“It was the seventh deadly sin. My children weren't righteous. They stumbled because I was evil. The way I was raising them they could never be saved. They were doomed to perish in the fires of hell.”



Andrea Yates,
mother of Noah,
John, Luke, Paul
& Mary



OCD vs. Psychosis

Postpartum OCD:

- ❶ Women recognize thoughts/images are unhealthy
- ❷ Extreme anxiety related to thoughts/images
- ❸ Overly concerned about “becoming crazy”



OCD vs. Psychosis continued

Postpartum Psychosis:

- Acute onset – sudden noticeable change from normal functioning
- Women do not recognize actions/thoughts are unhealthy
- May seem to have less anxiety when indulging in thoughts/behaviors



OCD Thoughts of Harming Baby: **Low Risk**

- Mother doesn't want to harm baby
- The thought is obsessive in nature and odd/frightening to mother
- Mother has taken steps to protect baby
- Mother has no delusions or hallucinations related to harming baby



Psychosis-Thoughts of Harming Baby: **High Risk**

- Mother has delusional beliefs about the baby; e.g. that the baby is a demon
- Thoughts of harming baby are ego-syntonic (mother thinks they are reasonable and/or feels tempted to act on them)



Essential Elements of Recovery

- Relevant, reliable information
- Reassurance
- Connection
- Physical wellbeing
 - Rule out other causes
 - Good nutrition
 - Rest
 - Informed medical care



Essential Elements of Recovery continued

- Practical support
 - Help with childcare and housework
- Emotional expression and support
- Time and faith



Treatment and Referral

- Medical assessment to rule out other causes
- Support groups
- Individual, family, or group therapy
- Psychiatric medication evaluation



Treatment and Referral continued

- Endocrinology
- Supportive Treatments (e.g., Naturopathic, chiropractic, massage, physical tx, acupuncture, traditional healing)
- Spiritual support



Social Support Response to Suicide Risk

- Postpartum Support International's
Network of trained volunteers

1-800-944-4PPD

Website: www.postpartum.net



Volunteers Role

- **Have availability and ability to help.**
- **Assist caller to find the help she needs.**
- **Have their availability in all written and verbal communication.**
- **Have support or supervision**



Assessing Risk of Harm

Volunteers trained to:

- **Actively listen to caller**
- **Assess “Feeling like dying” vs. having a plan**
- **Ask the hard questions:**
 - **“Some women feel so bad that they think of hurting themselves. Do you feel like that?”**



Assessing Risk of Harm continued

- When you think about that, have you ever thought of a plan or is it a feeling?
- “Have you ever felt this before?”
- “Have you ever hurt yourself before?”
- “Do you have any questions for me?”



Responses to Risk of Harm

- **“Have you told anyone else about this?”**
- **“I am really glad you are being honest with me. I will help you find the support you need.”**



Responses to Risk of Harm continued

- “I am going to give you some good emergency resources that you can contact at any time. I will call you back and make sure you are safe.”
- “What would help you feel safe from harm?”



Connecting with Resources

“I am so glad you told me how you feel. I am taking what you have said seriously and I will help you find the help you need. It will help for me to talk to your support system.”

- Get phone numbers for healthcare provider, therapist, or family member



Connecting with Resources

continued

- Ask to talk to a significant other.
- Referring her to a specific provider or urgent care.
- Telling her that volunteer is willing to call them and make sure they're available



Emergency Resources

Volunteers have emergency services information

- Local and national 24-hour hotlines
- “211-info” or other community resources and referral lines
- Local Urgent Care
- Reliable websites and phone lines



PSI Realistic Reassurance

- **PSI Universal Message**
 - “You are not alone.”
 - “You are not to blame.”
 - “You will be well, this is treatable.”
- **Reassuring the caller that she is on the right track to feel better; reaching out will help.**



PSI Realistic Reassurance continued

- Take small steps toward wellness
- Explain phases of recovery: the acute phase will pass
- Encourage caller to keep reaching out and trust in her recovery



Obstacles to Prevention

- ❶ Lack of information
- ❷ Escalation of distress
- ❸ Discontinuity of care
- ❹ Relapse
- ❺ Recurrence of acute episode



Obstacles to Prevention continued



Stigma



Silence



Secrets



Social Support Networks Beyond Talk into Action



*“You alone can do it,
but you can’t do it alone.”*

(Borkman, 1999)



Social Support Networks

- Link with local resources
- Do not offer medical or psychological advice,
- Do not make recommendations
- Support women's right to choose her treatment approach and providers



Networks *continued*

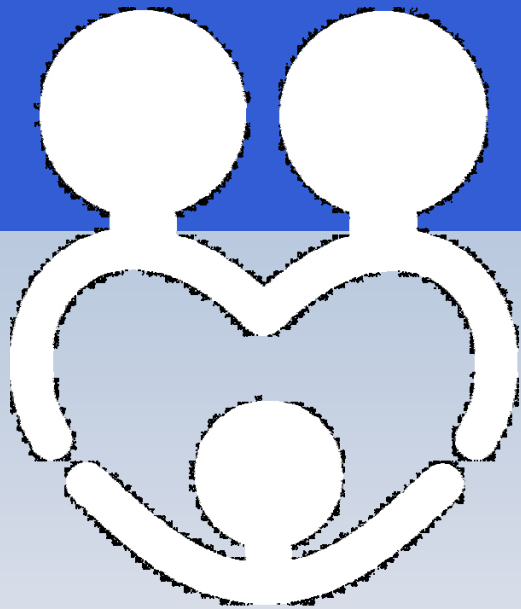
- Encourage caller to ask for support, treatment, and informed care
- Know limits & gives available emergency contacts



Examples of Networks

- Includes all or some:
 1. Ongoing support group
 2. Collaboration between agencies
 3. Informational service
 4. Resource clearinghouse





PEP

POSTPARTUM EDUCATION FOR PARENTS





POSTPARTUM EDUCATION FOR PARENTS



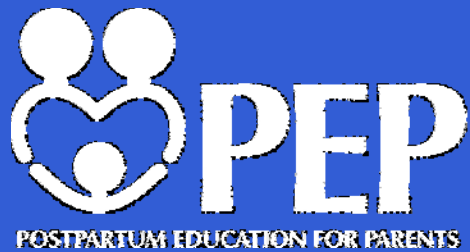
PEP, a group of trained parent volunteers, offers numerous services to help parents and families thrive with their new children.





- Founded in 1977 by a group of new moms to offer parenting support and guidance
- Non-profit
- PEP services are open to any individual or family
- Located in Santa Barbara, California





- Warmline
- Baby Basics Class
- New Parent Groups
- Postpartum Distress Support Groups



Warmline

- Free 24-hour service provides confidential support from trained volunteers
- Basic infant care to breast or bottle feeding issues to postpartum adjustment
- Warmline can be a great source of information and support



Baby Basics Class

- A monthly, three-hour class designed for new and expecting parents
- Topics covered include: bathing, feeding, behavior, safety, car seat usage, and more
- Participants also receive **Baby Basics: A Guide to Your First Weeks as Parents**



New Parent Groups



- A meeting where new parents can share their experiences and enjoy the company of other new moms
- Speakers relevant to new moms give information pertaining to child rearing
- Lifelong friendships have been formed through these groups



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Postpartum Distress Support

- Support for families experiencing anxiety, sadness, or distress after childbirth
- Support is offered through the Warmline and New Parent Groups
- Mothers dealing with PPD will receive information on how to deal with this illness and steps that they can take to work towards recovery



Emotional Support

PEP believes that there is no one right way to be a parent. Your confidence in being a parent will increase with the knowledge that other parents, through PEP, are there to help you.



What About Your Community?

The Next Steps

Who?

What?

Where?

When?

How?



Your Turn to Talk

- **Questions and Discussion**

