Disclosures

- None
Objectives

- Briefly review range of postpartum mood and anxiety disorders
- Highlight the impact of untreated mental health disorders on women and their children
- Discuss importance of screening and why pediatricians are so important
- Present resources
• Depression is most common complication of pregnancy and postpartum
• Lifetime risk of depression 20-25% (7-12% in men, twice as high in women between 20-40)
• In first 3 months PP, 14.5% women will have NEW episode of MDD
• 10-20% will suffer during 1st year postpartum
• PPD greatest cause of maternal mortality and long term morbidity

US Dept of Health and Human Services 1993
Gaynes et al. Agency for Healthcare Research and Quality 2005
Obstetrical Complications

- Gestational Diabetes
- Hypertension
- Depression
Highest Risk

Kendell et al. *British Journal of Psychiatry* 1987
Range of Diagnoses

- Depression
- Anxiety
- Panic
- Mania
- OCD
- Psychosis
“Baby Blues”

- Transient – first 14 days PP
- Occurs in 40-85% of women
- Mood swings, elation, irritability, tearfulness, fatigue
- Risk factor for subsequent PPD
Postpartum Anxiety

- More severe than Baby Blues
- Symptoms:
  - Cannot sleep when baby sleeping (infants do sleep sometimes!)
  - Panic attacks
  - Constant tightness in chest, inability to relax, cannot leave house due to worries about safety or feeling overwhelmed
Postpartum Anxiety

- Researchers from Penn State screened >1,000 moms using both the Edinburgh Postnatal Depression Scale and the State Trait Anxiety Inventory
- 17% had anxiety and 6% had depression symptoms in the first few weeks PP
- Anxiety remained more common than depression even at 6 weeks PP
Postpartum OCD

- Researchers at Northwestern University found that 11% of moms had postpartum OCD symptoms at 2 weeks PP
- At six months
  - 50% has persistent symptoms
  - 5% had developed new symptoms of OCD
- This compares to an OCD prevalence in the general population of 3%
Postpartum Psychosis

- Psychiatric Emergency
- Rare - 1-2 cases per 1,000 births
- Rapid onset - usually occurs within 2 weeks of birth
- Initial symptoms - insomnia, obsessive concerns about the newborn, and mood fluctuations
- Later-delusions, hallucinations, disorganized thought process
- Elevated risk of suicide and infanticide
OCD presenting symptoms

- Worries are experienced as visions or “stuck” thoughts/intrusive thoughts
- Often they will develop behaviors (compulsions) to undo the obsessions - spending hours on “baby boards” or calling nurse line for reassurance
- Patients with OCD are NOT at higher risk of harming their infants, but fear they will
- Intrusive thoughts are common in postpartum period and does not mean patient has OCD
Barriers to Treatment

- Women often do not recognize symptoms as anxiety/depression
  - Have to disentangle symptoms of depression from normal adaptations - fatigue, early am awakening, weight loss
  - **Less likely** to utilize mental health services due to **stigma and lack of provider awareness**
  - 86% not getting treatment
Warning Signs

- Changes in somatic functions
- Intense irritability and anger
- Feeling overwhelmed, unable to care for baby
- Feeling inadequate, guilt, shame
- Not bonding
- Intrusive thoughts

Misri et al. *J SOGC* 1995
Why depression is bad for mom

- Occupational and role impairment
- Marital Distress
- Chronic psychiatric illness
- Suicide
- Child abuse or neglect
- Maladaptive parenting with other children
- Change in plans for future children

- Schiff, *Pediatrics* 2006
Why maternal depression is bad for baby

- Poor mother-infant attachment
- Mothers less likely to read, cuddle and interact with child (withdrawn, unresponsive, negative)
- Mothers less likely to breastfeed, have shorter duration, or have negative emotions associated with breastfeeding
- Mothers less likely to attend well-child visits, vaccinate babies, and attend to pediatric preventative practices

- Essex M. *Br J Psych* 2001
Effects on Baby

- Infants more fussy, less vocal, fewer positive facial expressions
- Higher risk of avoidance and distressed behavior
- 3-fold increase risk of conduct disorders, inappropriate aggression and cognitive and attention deficits in school-aged children
- 10-fold increased risk of poor mother-child relationship

Screening For PPD

- AAP recommends that pediatricians screen mother’s for PPD at
- APP recommends using EPDS
  - 10 questions
  - Extensively validated
  - Cut off score of >10 to indicate positive screen and need for further evaluation

Earl 2010, Cox 1987
Why are pediatricians so important!

- Pediatricians may be only medical providers encountered routinely in first year of life
- See baby and mother at 2-7d, 2, 4, 6, 9, 12 months
- Visits allow for repeated observations of mood and behavioral changes in mother and infant
- Pediatricians trained to ask questions about breastfeeding and DV
Barriers for pediatricians

- Mother is not identified patient
- Lots of other issues to cover in visit
- Lack of referrals if screen is done
- Some healthcare plans may not allow direct referral of mothers
Treatment

• Involves therapy, medication management, or combination in outpatient, inpatient, or PHP setting
• Focus on sleep, support and self-care
• Try to involve partners
• Remission of depression associated with decrease in children’s mental health behavioral disorders

Weissman MM. JAMA 2006
Pilowsky, DJ JAMA 2008
Paternal Postpartum Depression

- Meta-analysis of 43 observational studies (28,004)
- Prevalence of paternal PPD:
  - Birth – 3 months – 8% (95% CI 6%-11%)
  - 3-6 months PP – 26% (95% CI 17%-36%)
  - 6-12 months PP – 9% (95% CI 5%-15%)
    - Paulson et al. *JAMA* 2010
  - Moderate correlation between maternal and paternal depression
    - Field et al. *J Affect Disord* 2011
Resources:
Center for Perinatal Bonding and Support

OUTPATIENT THERAPY

MEDICATION MANAGEMENT

PHP: DAY PROGRAM
Schedule and Services

- 1 - 3 week program, rolling admission
  - 5.5 hours daily, 4 days/week, mothers and non-mobile infants

Group Services:
- Interpersonal Therapy
- Circle of Security
- CBT and DBT
- Psycho-education
- Self Care (infant massage, exercise, art)

1:1 Services:
- Individual check-ins
- Medication Management
- Treatment & Discharge Planning

Family Services:
- Family meetings
- More family check-ins for high risk patients
Day Program Impact

150+ INTAKES
98 START
76 GRADUATES
6 INPATIENT ADMITS
9.2 AVERAGE DAYS (2+ WEEKS)
## Results

<table>
<thead>
<tr>
<th>Screen</th>
<th>Admission</th>
<th>Graduation</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPDS (Perinatal Depression)</td>
<td>18.95</td>
<td>10</td>
<td>10+ concern for depression</td>
</tr>
<tr>
<td>GAD-7 (Generalized Anxiety)</td>
<td>15</td>
<td>7.92</td>
<td>10+ concern for anxiety</td>
</tr>
<tr>
<td>BIMF (Mother-Baby Attachment)</td>
<td>63.59</td>
<td>88.21</td>
<td>Higher number (out of 120) = higher bonding</td>
</tr>
</tbody>
</table>
Patient Testimonials

"I didn’t feel judged."

"Without the Day Program, I don’t know if I would feel better like I feel today."

"The Day Program took me from a place of hopelessness and no longer wanting to live to a place of joy, hope, understanding why I felt that way, and confidence that I am enough."

"I was able to get help and keep my baby with me."

"Being able to share my struggles in such a unique community relieved a lot of anxiety, shame, and guilt in dealing with postpartum depression."

"It helped me with my feelings of numbness, guilt, disconnection, and intrusive thoughts."
Veronika Zantop, MD
Veronika.Zantop@Swedish.org

Center for Perinatal Bonding & Support
Swedish Medical Center
Seattle, WA 206-320-7288
Resources

- Womensmentalhealth.org (Mass General Center for Women’s Mental Health)
  - Blogs about medications, treatments in pregnancy and breastfeeding
- “Lactmed” for breastfeeding information--United States National Library of Medicine ToxNet
- Postpartum Support International