Identifying and Supporting Parents Experiencing Postpartum Depression

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There Are No Disclosures
Webinar Learning Objectives:

• Identify the difference between normal “baby blues,” postpartum depression, and postpartum psychosis.
• Understand the impact of postpartum depression on children and families, including the impact on children's cognition, regulation, and social-emotional abilities.
• Identify risk and protective factors for maternal pre- and postpartum depression.
• Utilize maternal depression screening tools.
• Identify resources and referral and support systems that exist in the state.
Postpartum Spectrum of Psychiatric Symptoms
Postpartum Spectrum of Psychiatric Symptoms – Baby Blues

- Postpartum Depression: 10%-25%
- Anxiety Disorder (comorbidities)
- Bipolar Disorder: 72.88% women develop PP
- Postpartum Psychosis: 0.002%

Increasing Severity

Postpartum Blues: 50%-80%
Postpartum Blues
“Baby Blues” “Maternity Blues”

- 30-80% of all new mothers experience some negative feelings or mood swings after childbirth with onset 4-5 days after birth
- Emotional lability, excessive anxiety, fatigue, insomnia
- Occur for a few minutes up to a few hours each day
- Lessen daily
- Self-resolve within 14 days after delivery
- Does NOT impair functioning

Earls, M. F. (2010).
Postpartum Spectrum of Psychiatric Symptoms – Depression

- Postpartum Depression: 10%-25%
- Anxiety Disorder (comorbidities)
- Postpartum Blues: 50%-80%

Increasing Severity

- Bipolar Disorder: 2.88% of women develop PP
- Postpartum Psychosis: 0.02%
Prevalence

General Population

- Between 6 and 17% of women experience an episode of major depression
- Marked differences in age group – prevalence rates are three times higher in 18- to 29-year old individuals than in age 60 years +

Pregnant Women

- 8 to 51% - definitional and sampling diversity
- 10 to 17% - using DSM criteria

Mothers of Infants

- 19.2% of women with major and minor depression within first 3 months
- 7.1% with more narrowly defined definition of major depression

Peak Prevalence 10-14 weeks following delivery (Chaudron, L. H. (2003).)
What Does Major Depressive Disorder Look Like?

- Change from previous level of functioning
- Depressed Mood or Loss of Interest or Pleasure
- With 4 or more of the following symptoms during the same 2 week period

(American Psychiatric Association, 2013)
Depressive Symptoms

- Weight change
- Sleep disturbance
- Psychomotor changes
- Energy level changes
- Concentration disturbance

(American Psychiatric Association, 2013)
Depressive Symptoms

- Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- Episode not attributable to the physiological effects of a substance or to another medication

(American Psychiatric Association, 2013)
With Peripartum Onset

- Symptoms occur during pregnancy or in the 4 weeks following delivery
- 50% of "postpartum" major depressive episodes actually begin prior to delivery
- Often present with severe anxiety and panic attacks

(American Psychiatric Association, 2013)
Other Symptoms to Consider

• *Intrusive thoughts*
  • Negative attributions to the baby
  • Thoughts of harming the baby
  • Bizarre beliefs about the baby

• *Examples of Distorted Cognitions/Intrusive Thoughts/Feelings*
  • Guilt and anxiety about parenting
  • Loss of love for the baby
  • Extreme disappointment about the gender
  • Inflated expectations about the infant’s developmental abilities

Paternal PPD

- Under recognized
- Prevalence
  - 10.4% world wide
  - 14.1% in US, 8.2% outside US
- Risk factors include maternal prenatal and post partum depression
- Sex difference in long-term effects on child
- 2x the risk of developing externalizing disorders

Postpartum Spectrum of Psychiatric Symptoms - Bipolar Disorder & Psychosis
Postpartum psychosis

- Psychiatric EMERGENCY
- Rapidly to within first few months
- Bipolar Disorder

(American Psychiatric Association, 2013)
Risk Factors
Risk Factors

- Personal or family history of a mood disorder
- Depression during previous or current pregnancy
- Marital discord/Single marital status
- Younger maternal age
- Psychosocial stress
  - Lower education
  - Lower socioeconomic status
  - Lack of social support
- Minority/immigrant/refugee populations
- Chronic Illness
- Infant reasons

Bio-Psycho-Social Implications

ON INFANT, DYAD, AND FAMILY
Sequelae of Untreated PPD for Infant

• Failure to implement injury-prevention practices (Earls, M. F., et al (2019))
• Difficulty managing chronic health conditions (Earls, M. F., et al (2019))
• Poor development (Drury, S. S., et al (2016))
• Increase in externalizing and internalizing symptoms (Drury, S. S., et al (2016))
Cognitive-Intellectual Functioning

- Infants
  - Lower score on Bayley Scales of Infant Development

- Toddlers and pre-school children
  - Lower scores on the McCarthy Scales of Children’s Abilities

- School age
  - Influences children's cognitive functioning after controlling for SES

- Similar effects found for exposure to prenatal stress

Parent-Child Interaction Impacts

- Feeding practices
- Child abuse and neglect
- Attachment disturbance

Attachment

Insecure Attachment Patterns

- Difficulties with emotion regulation
- Difficulties being comforted
- Unusual behaviors, such as “freezing” after a separation from caregiver
- Lack of interest in age-appropriate objects
- Listlessness
- Apprehension at mother’s distance
- Apprehension at mother’s closeness
- Overly friendly
- Acting out to obtain a response (more than is expected for the age)
- Cessation of trying to master tasks

Family Impacts

- Economic
- Overuse of services
- Increased risk of paternal/partner (?) PPD
Screening Recommendations
Rationale for Postpartum Depression Screening

400,000 infants are born to mothers who are depressed every year

Perinatal depression is the most underdiagnosed obstetric complication in America

Earls, M. F. (2010).
Screening Tools

✅ **Survey of Wellbeing of Young Children (SWYC)**
- For babies, toddlers & preschoolers 2 months – 5 years
- Comprehensive first-level tool for routine use in regular well-child visits
- Includes Edinburg Postnatal Depression Scale for 2, 4, 6 months (EPDS)
EPDS

23 studies identified accuracy of EPDS

- Cutoff scores of 13
  - Probable depressive disorder
  - Sensitivity ranged from 0.67 to 1.00 with majority of results between 0.75-0.82
  - Specificity was 0.87 or greater in all studies

- Cutoff scores of 10
  - Moderate level symptoms
  - Sensitive ranged from 0.63 to 0.84
  - Specificity of 0.81

3 studies that examined PHQ-9

- Sensitivities and specificities wide-ranging

Edinburgh Postnatal Depression Scale\(^1\) (EPDS)

Name: ___________________________  Address: ___________________________

Your Date of Birth: ______________________  Phone: _________________________

Baby’s Date of Birth: ______________________  _________________________

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

\begin{itemize}
  \item [\square] Yes, all the time
  \item [\square] Yes, most of the time
  \item [\square] No, not very often
  \item [\square] No, not at all
\end{itemize}

This would mean: “I have felt happy most of the time” during the past week.

Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   \begin{itemize}
     \item [\square] As much as I always could
     \item [\square] Not quite so much now
     \item [\square] Definitely not so much now
     \item [\square] Not at all
   \end{itemize}

2. I have looked forward with enjoyment to things
   \begin{itemize}
     \item [\square] As much as I ever did
     \item [\square] Rather less than I used to
     \item [\square] Definitely less than I used to
     \item [\square] Hardy at all
   \end{itemize}

3. I have blamed myself unnecessarily when things went wrong
   \begin{itemize}
     \item [\square] Yes, most of the time
     \item [\square] Yes, some of the time
     \item [\square] Not very often
     \item [\square] No, never
   \end{itemize}

4. I have been anxious or worried for no good reason
   \begin{itemize}
     \item [\square] No, not at all
     \item [\square] Hardy ever
     \item [\square] Yes, sometimes
     \item [\square] Yes, very often
   \end{itemize}

5. I have felt scared or panicky for no very good reason
   \begin{itemize}
     \item [\square] Yes, quite a lot
     \item [\square] Yes, sometimes
     \item [\square] No, not much
     \item [\square] No, not at all
   \end{itemize}

6. Things have been getting on top of me
   \begin{itemize}
     \item [\square] Yes, most of the time I haven’t been able to cope at all
     \item [\square] Yes, sometimes I haven’t been coping as well as usual
     \item [\square] No, most of the time I have coped quite well
     \item [\square] No, I have been coping as well as ever
   \end{itemize}

7. I have been so unhappy that I have had difficulty sleeping
   \begin{itemize}
     \item [\square] Yes, most of the time
     \item [\square] Yes, sometimes
     \item [\square] Not very often
     \item [\square] No, not at all
   \end{itemize}

8. I have felt sad or miserable
   \begin{itemize}
     \item [\square] Yes, most of the time
     \item [\square] Yes, quite often
     \item [\square] Not very often
     \item [\square] No, not at all
   \end{itemize}

9. I have been so unhappy that I have been crying
   \begin{itemize}
     \item [\square] Yes, most of the time
     \item [\square] Yes, quite often
     \item [\square] Only occasionally
     \item [\square] No, never
   \end{itemize}

10. The thought of harming myself has occurred to me
   \begin{itemize}
     \item [\square] Yes, quite often
     \item [\square] Sometimes
     \item [\square] Hardy ever
     \item [\square] Never
   \end{itemize}

Administered/Reviewed by ___________________________  Date _________________________

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- [ ] Yes, all the time
- [x] Yes, most of the time
- [ ] No, not very often
- [ ] No, not at all

This would mean: “I have felt happy most of the time” during the past week.

Please complete the other questions in the same way.
In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never
4. I have been anxious or worried for no good reason
   ☐ No, not at all
   ☐ Hardly ever
   ☐ Yes, sometimes
   ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   ☐ Yes, quite a lot
   ☐ Yes, sometimes
   ☐ No, not much
   ☐ No, not at all
6. Things have been getting on top of me
   - Yes, most of the time I haven’t been able to cope at all
   - Yes, sometimes I haven’t been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all
*8 I have felt sad or miserable
   □ Yes, most of the time
   □ Yes, quite often
   □ Not very often
   □ No, not at all

*9 I have been so unhappy that I have been crying
   □ Yes, most of the time
   □ Yes, quite often
   □ Only occasionally
   □ No, never

*10 The thought of harming myself has occurred to me
   □ Yes, quite often
   □ Sometimes
   □ Hardly ever
   □ Never
Resources and Support Systems
Primary Care Provider Role

- Screen for postpartum depression
- Not required to treat
- Support the mother and family
- Facilitate access to resources
  - Therapy resources
  - Emergency services
- Provide guidance and follow-up for the infant and dyad
  - Monitor mother-child interaction
  - Infant’s health and development
  - Discuss impact of pediatric preventive practices
- Collaborate with mother’s psychiatrist regarding medication and breastfeeding

Earls, M. F. (2010).
Sample Questions to Ask

• How are you feeling about being a new mom?
• How are you coping with the additional stress of a new baby?
• Are you able to sleep when the baby is sleeping?
• How is your appetite?
• Do you have enough energy to do the things you need to do for yourself, the baby, your work?
• Have you been feeling sad or depressed over the past week?
• Have you been feeling anxious, worried, or irritable over the past weeks?
• Have you had difficulty concentrating or remembering things?
• Do you find yourself crying for no reason?
• Have you been having thoughts of hurting yourself? Anyone else?

Sample Implementation

- Screens handout out by nursing staff during check in
- Screen universally at 2 month, 6 month, and 12 month visits
- Anytime pediatrician is concerned about the mother
- Pay attention to answers that imply risk – suicide
- If no imminent danger to mother or infant
  - Provide education about PPD
  - Refer mother to appropriate provider

Supporting the Mother

PATRICIA MONAGHAN, ED.S, LMFT
Outpatient Behavioral Health at Overlook Medical Center

WHO WE ARE
We are a team of dedicated health care professions in Psychiatry and MCH Nursing.

WHAT WE DO
We assess / assist the woman to find her way back to a new equilibrium
Interventions

A. SUPPORT

B. EDUCATION

C. PERSPECTIVE
A. Support

- Individual therapy, couple’s therapy
- Medication evaluation
- Weekly new mothers’ group
“Trust yourself. You know more than you think you do.”

-Dr Benjamin Spock
B. EDUCATION

- Cognitive therapy
- Boundary making skills
- Mindfulness based tools
C. Perspective

- We use Mindfulness to slow down, find peace, contentment, and enjoyment in everyday life.
- We offer hope through the education and use of Mindfulness tools.
  - i.e- A woman can increase her problem solving ability and tell herself, this is hard and I am going to get through this.
- We also recommend 3 websites:
  - Mystrength.com
  - UCLAMARC.edu
  - Mindful.org
- Neuroscience research shows that mindfulness makes positive changes to the brain

“If you are depressed, you are living in the past. If you are anxious, you are living in the future. If you are at peace, you are living in the present”
-Lao Tzu
Why Our Interventions Work

• VALIDATION OF FEELINGS

• ASSIST THE CLIENT TO MEET HER BASIC NEEDS: (asking for help, getting adequate rest and nutrition, getting started on medication and teaching self-compassion)

• IDENTIFY GOALS AND CREATE AN ACTION PLAN (sleep, feeling connected to others, handling conflict, and returning to work)
Benefits of The New Mothers Group

• There is no need to rush to heal because I can see the others’ strengths. Groups help people to see that I am not the only one and I am doing the best I can.
• Groups decrease isolation and teach women how to re-connect and re-build.
• Healing and creative problem solving occurs in a group, and can also give hope- a sense of what is possible.
Lessons From The Group

- I am not alone.
- I wish I had come in sooner.
- When I have a plan, my anxiety gets lowered.
- It’s okay to ask for help.
- I am allowed to feel this way.
- I can take time for myself.
- There are no “shoulds”.
- I am good enough- not perfect.
- I can focus on what I got “done” today
- This is my new normal.
New Jersey Resources

**Statewide:**
- Postpartum Support International, NJ Chapter (PSI NJ)
  [https://psichapters.com/nj/](https://psichapters.com/nj/)
- Nurse Family Partnership
  [https://www.nursefamilypartnership.org/](https://www.nursefamilypartnership.org/)
- Speak Up When You’re Down (can assist moms with no insurance or Medicaid)
  1-800-328-3838

**Northern NJ:**
- Partnership for Maternal & Child Health of Northern New Jersey
  [http://partnershipmch.org/](http://partnershipmch.org/)

**Central NJ:**
- Central Jersey Family Health Consortium
  [https://www.cjfhc.org/](https://www.cjfhc.org/)

**Southern NJ:**
- Southern NJ Perinatal Cooperative
  [https://www.snjpc.org/](https://www.snjpc.org/)

**PPC Hubs do not take PPD referrals but they can help you identify local resources**
Pediatric Psychiatry Collaborative

Regional Hubs

Atlantic Health Hub @ Newton Medical Center
Atlantic Health Hub @ Goryeb Children’s Hospital
Hackensack Meridian Hub @ Hackensack University Medical Center
Hackensack Meridian Hub @ Palisades Center
Hackensack Meridian Hub @ Saint Peter’s Family Health Center
Hackensack Meridian Hub @ Jersey Shore University Medical Center
Cooper Hub @ Cooper University Medical Center
Cooper Hub @ Pennsville

Essex County served by Rutgers University Behavioral Health Care.
More information on the Essex Hub can be found here: https://abhc.rutgers.edu/clinical/community/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub.xml
PPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line
- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.
- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
- Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.
- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
Questions for NJAAP?

Please contact:
The Mental Health Collaborative
609-842-0014
mhc@njaap.org

To Register to Participate in the PPC:
http://njaap.org/programs/mental-health/ppc
Sources:


OLSON, A. (., KEMPER, K. (., KELLEHER, K. (., HAMMOND, C. (., ZUCKERMAN, B. (., & DIETRICH, A. (.

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