

Perinatal Depression Guide

Perinatal Depression:

A Guide for Health Care Workers

Perinatal Network of Monroe County

Perinatal Mood Disorder Coalition

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**Perinatal Network
of Monroe County** ||

Acknowledgements

- The contents of this presentation are intended as an educational guide. Information should not be reproduced without proper referencing of source materials.
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Mental Illness during Pregnancy and the Postpartum Period.

- Pregnancy and childbirth are times of great physical, psychological and social change.
- We use the term 'perinatal' to refer to the time surrounding pregnancy and childbirth.
- When we talk about 'perinatal depression' we generally mean depression that occurs surrounding pregnancy and childbirth.

- Antenatal depression refers to depressive symptoms *during* pregnancy
- Postpartum depression (PPD) refers to depression following childbirth (usually up to 6 months)
- Approximately 1 in 10 women will suffer from antenatal or postpartum depression.

- Women can be depressed only during pregnancy or after the baby is born, or at both times.
- Healthcare workers who provide perinatal care are in the ideal position to discuss and monitor depressive symptoms
- Most women are more comfortable discussing these issues with their perinatal healthcare providers.

Why is Depression during Pregnancy Important?

- Studies consistently show that the children of mom's who were depressed during pregnancy have poorer outcomes in cognitive and behavioral tests.
- Depression and anxiety during pregnancy is also linked with poor obstetric outcomes including:
 - Increased fetal behavior and heart rate
 - preterm birth or fetal growth restriction (this is after taking account of other factors such as smoking, diet and weight)
 - low birth weight, premature labor and delivery, pre-eclampsia & worse infant temperament.

Causes

What causes perinatal depression?

We don't know exactly but it's agreed that there is no single cause.

Biological (including hormonal and genetic), psychological and social factors all contribute to the triggering of illness.

How much each of these factors contributes varies between individuals.

Risk Factors

Who is at risk for depression?

The **strongest** predictors of depression are:
a personal or family history of depression
experiencing stressful life events
lack of social support.

For postpartum depression it is experiencing depression or anxiety during pregnancy or a family history.

Moderate predictors include:

Personality traits, low self-esteem, experiencing relationship difficulties and being of lower socioeconomic status.

Diagnosis of Depression

- *Is perinatal depression different from depression at other times?*
 - The simple answer is no, it is not clinically different.
 - However, the content of the symptoms often focus on motherhood or infant care topics.
 - The duration and the severity of the symptoms varies.

How is it diagnosed?

- Mental health professionals use the DSM-IV criteria as the 'gold' standard to diagnose depression.
- However many questionnaires have been developed that elicit depressive symptoms that can be filled out by patients themselves or by trained staff.
- Women can experience individual symptoms but to get a diagnosis of depression they need to experience at least 5 symptoms at the same time and for at least 2 weeks.

How Depression Symptoms are defined: DSM-IV Criteria for Major Depressive Episode (MDE)

Five (or more) of the following symptoms, during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

- Significant weight loss when not dieting or weight gain or decrease or increase in appetite
- Insomnia or hypersomnia (sleeping excessively)
- Psychomotor agitation (feeling restless, jumpy on edge) or retardation (being slowed down, moving slowly, sluggishness)
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide (or hurting the baby)

Problems with Detecting Depressive Symptoms

- Women may be reluctant to disclose symptoms due to stigma
- ‘Myths of motherhood’ – everything’s perfect, should be grateful that they have a healthy baby, see depression as a personal weakness. Women have a ‘maternal instinct’ and know how to do everything with a baby when they give birth.
- They don’t realize the symptoms are not a normal part of new motherhood

Starting Conversations

- Screening tools like the EPDS
 - Used as a measure of depressive symptoms and based on a score which indicates if women should be further examined for risk of depression
 - However, some women won't endorse symptoms on the EPDS for a number of reasons
 - You can use such a screening tool as a guide to ask about symptoms

Mood symptoms that clients or families may notice

- Mom's behavior is erratic/unpredictable or they're not acting like themselves
- Tearful, sad, crying or feeling like she wants to cry
- It seems like you can not do anything "right" anymore
- You don't seem to "connect" anymore/ you feel lost without her
- She doesn't seem to have any time for partner / family / other kids/ baby or is irritable with those around her
- She is having trouble eating and sleeping
- She constantly complains of being tired

Examples of how women have described mood symptoms

- 'Losing it over nothing' with kids, partner, others
- Tearful / crying / wanting to cry
- Don't feel anything, not happy or sad just numb
- Blackness all around me, can't see a way out of it, no future
- Don't feel 'right', on edge, nervous, panic about everything
- Feel useless

Examples - continued

- Pregnancy / having a baby not like I imagined
- This wasn't what I signed up for / didn't expect it to be like this
- Want to give the baby away, up for adoption to someone who can love him/her and do a better job
- My maternal instinct didn't kick in, don't know what to do
- I pretend to everyone that I'm happy when inside I'm not, it's what they expect

Questions to ask to Differentiate Symptoms

- Symptoms of depression are also common in pregnant women or new moms.
- **Weight change and appetite** – ask about desire and enjoyment for food – if someone put their favorite food in front of them would they want it and enjoy it? Are they forcing themselves to eat?
- **Guilt / worthlessness** – excessive and inappropriate feelings – doesn't deserve to be a mom, doesn't deserve good things because she's a bad person. Ask if she was 'herself' would she feel this way?
- **Diminished concentration** - slowed thinking, confused, unable to finish a simple task or make simple decisions that she usually could.

Sleep disturbance – ask about mom's ability to get rest or sleep when she has the opportunity.

- If someone else is watching the baby can she sleep or nap?
- Does she have difficulty waking up in the morning and does she feel refreshed after sleeping?
- If baby is asleep and you're exhausted and lay down, can you fall asleep?
- Fatigue – in the context of depression is a prevailing sense of exhaustion irrespective of the amount of sleep or rest obtained

- **Death or suicide.**

- Thoughts of death or suicide are a common symptom of depressive illness.

- Women may not mention suicide or death outright but may say things like “I would be better off dead”, “if I went to sleep and didn’t wake up it would be a relief” or “the world is such a terrible place how could I have brought a baby into it?”

Healthcare workers need to assess:

- The frequency and severity of these thoughts
- How much emotional and practical support does she have available to her?
- Has she discussed these feelings with anyone else? Does she have a plan?
- **Immediate emergency psychiatric referral is essential if the mom has frequent suicidal thoughts or is overwhelmed by the thoughts OR if she has a plan and means OR if she has no reliable support.**
- The mom should not be left alone with the baby until she is assessed.

Thoughts of Harming the Baby

- Some women have thoughts or images of hurting the baby which make them feel ashamed or deeply frightened, even though they would never act on them.
- Things like how easy it would be to smother the baby, drop them out of a window, drown them in the bath, or push the stroller into traffic.
- Although these are often scary and distressing they seldom indicate that a mom will harm the baby.

These thoughts require **referral or follow-up** if:

- The mom thinks that the thoughts are reasonable and may act on them
- She cannot get rid of the thoughts or is constantly worrying where the next one will come from
- Mom is taking action to avoid hurting the baby e.g. putting away all knives and sharp objects, refusing to give baby a bath or not going outside

Families – advice on what to say

- Living with and watching someone close with depression is an intense emotional experience.
- Partners or family members may question their own role, feel insecure, uncertain what to do and scared.
- It is important to realize that depression is a medical illness like any other.
- It is not the woman's fault and there was nothing she could do to prevent it.

What you can do:

- Tell her that you love her, you know that she is doing her best and that you will get through this
- Help her, along with the dr or healthcare worker, to make informed decisions about which treatment is best for her
- Ask her what kind of support she needs (although she may not know herself)
- Being there for her, even if you don't say anything is very helpful

What you can do - continued

- Help out with tasks without being asked (washing dishes, laundry, preparing food)
- Encourage her to talk openly about her feelings with you and professionals who can help her, show that you are doing your best to understand (even if you don't)
- Tell her that the depression is not her fault, she's not to blame – it is not within her control

What not to do:

- Tell her to snap out of it or pull herself together. Depression is a medical illness; no one chooses to feel this way and no one can 'snap' out of it
- Tell her all the things she has to be grateful for; she knows this and it adds to her sense of guilt at feeling this way
- Compare her to other family members or friends who had children and were fine. Everyone's experience is different.

What not to do - continued

- Don't comment on an unclean house, unwashed clothes or other things not done. (This only adds to her sense of guilt and worthlessness).
- Don't avoid spending time with her even if it seems difficult or uncomfortable. She likely feels very alone and appreciates you being nearby.
- Don't criticize how she handles the baby, or if she cannot handle baby-related things. She may already think that she is a useless mother.

For moms and families

- The best thing mom can do for the baby is to look after herself. Make yourself a priority.
- Enlist help from your support network – family, friends, church group, coworkers.
- If you had a broken leg you wouldn't feel bad about asking.
- Visitors can bring food, go grocery shopping, do chores, watch the baby (or other children) while mom sleeps, showers or takes a walk. Tell them what you need, they'll be happy to offer.

Managing visitors

- Everyone wants to meet the new baby but this can add to stress and exhaustion. Family – particularly partners – can support moms by discouraging visitors from coming at inconvenient times.
- Arrange an ‘open house’ time when people can come and visit – say two hours when the baby usually naps.
- If people do not respect your wishes about visiting, ask family to tell them that you are resting and to come at another time.
- If a family member causes you stress, get your partner or someone else close to limit the person’s contact until you feel better or limit the length of the visit.

Educating others

- Educate people about depression. Often well meaning friends and family may say things hurtful things.
- If you tell someone how you are feeling and they tell you it's nothing or you shouldn't feel that way tell someone else. Tell your nurse or a friend or relative you trust.
- Mood symptoms and pregnancy and childbirth are strongly linked. The link has been known for centuries but has not always been recognized or openly discussed.
- Worldwide, 1 in 10 women experiences perinatal depression. 1 in 4 people experiences depression.
- Depression is extremely common, and affects people of all ages, races and backgrounds. It's an illness.

Self-care for moms

- Exercise – stand outside in the fresh air, get someone to go for a walk with you (with or without the baby)
- In bad weather walk around the nearest shopping mall (with or without the baby)
- If going out of the apartment or house is too much, perhaps telephone friends or family to begin with.
- Talk to other mothers – particularly if there are groups for moms with PPD. Sharing experiences with moms who have got through this is a big help.
- It may also help that other moms had similar experiences and fears about being a mom even if they didn't have depression.

Calming activities

If you start to feel overwhelmed:

- Take a shower or bath
- Breathe deeply, focus on your breathing rather than on negative thoughts
- Telephone a support person
- Tell yourself “It will be alright. I am doing the best I can at the moment”
- Remind yourself that you are not alone; others are in the same situation and many more have got through it.
- Depression can be treated, you will feel better in time. You’re being a good mom by getting yourself well.

Advice for Healthcare Professionals - Treatment

- As a professional seeing women during pregnancy or in the postpartum period, you have the perfect opportunity to discuss these issues and for the woman to confide in you.
- Depression is a very treatable illness
- Early recognition and treatment of symptoms is important even if it's uncomfortable raising some of the issues.
- Treatment can be by a PCP, OB but preferably a psychiatrist
- Treatment depends on severity of illness and can include medication, 'talk therapy' or a mixture of both.
- Counseling can be done by healthcare workers who have an established relationship with the woman.

Differentiating PPD from other illnesses

● PPD versus Blues

- The blues are very common affecting up to 75% of women
- Onset typically day 3 or 4
- Key feature, they are mild and transient lasting hours to days – women feel emotional for no reason, crying although happy, ‘PMS’ like symptoms
- They resolve within 2 weeks – if the symptoms last longer than 2 weeks it is probably depression
- No treatment necessary

PPD vs Postpartum Psychosis

- Postpartum Psychosis (PP) affects 1 in 1000 deliveries
- It is a psychiatric emergency requiring immediate hospitalization and treatment by a psychiatrist
- Symptoms include severe mood swings from feeling elated / euphoric to depression. Most cases resemble bipolar disorder.
- Onset of symptoms very rapid, often within 72 hours of delivery 95% of cases within 2 weeks
- Behavior totally out of character, hearing or seeing things that others can't, strange beliefs (often religious in nature).
- Women with a personal or family history of bipolar disorder or postpartum psychosis are at increased risk.

Risk of further illness

- Women who experience an episode of perinatal depression are at risk of having future episodes
- If a woman has experienced PPD the risk of another PPD is 40-60%
- The risk of depression unrelated to childbirth is 25%
- So women and health care professionals need to detect symptoms early

Books for Healthcare Workers

- Ross LE, Dennis CL, Robertson Blackmore E & Stewart D. Postpartum Depression: A guide for front line health and social service providers. Toronto: CAMH. 2005. pp180.
- http://www.camh.net/Publications/CAMH_Publications/Postpartum_Depression/index.html
- Beyond the Blues: A Guide to Understanding And Treating Prenatal And Postpartum Depression. Bennett S & Indman P (2006).
- www.beyondtheblues.com

Websites (all begin with www.)

- [Mededppd.org](http://www.Mededppd.org) (highly recommended)
- [perinatalweb.org](http://www.perinatalweb.org)
- [Beyondtheblues.info](http://www.Beyondtheblues.info)