Understanding Maternal Mental Health and the Impact on Families

NYS Moving on Maternal Depression Project

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The Guidance Center is the leading community-based not-for-profit children’s mental health agency on Long Island. For over 65 years, we have been dedicated to restoring and strengthening the emotional well-being of children (from birth – age 24) and their families.

We have programs located all throughout Nassau County that provide diagnosis, treatment, prevention, training, parent education, research and advocacy.
Issues We Address

- ADHD
- Alcohol/Substance Use
- Anxiety
- Autism Spectrum
- Bereavement
- Bullying/Cyberbullying
- Chronic Illness
- Depression
- Developmental Delays
- Eating Disorders
- Learning Disabilities
- LGBTQ+ Issues
- Physical, Sexual and Emotional Abuse
- Perinatal Mood and Anxiety Disorders
- School Refusal
- Self-Harming Behaviors
- Separation, Divorce, and Parental Conflict
- Socialization Issues
- Suicide
- Teen Pregnancy and Parenting
- Trauma
- Witness/Victim of Violence
- Youth at Risk
Our Services

- **Mental Health services**: individual, family, group therapy; psychiatric evaluations and medication management

- **Substance Use Treatment**: services for youths that are using, those that are using and have co-occurring mental health issues, children of parents who use substances, and prevention services

- **Learning to Learn**: diagnostic assessment and tutoring of children with learning problems or developmental disorders

- **Triage and Emergency services**: Maternal Depression Program

- **Bereavement and Trauma services**

- **Early Childhood Services**:
  - Children’s Center at Nassau County Family Court
  - Good Beginnings for Babies: support, counseling, advocacy and education for pregnant and parenting teens
  - Nature Nursery
  - Grandparent Advocates Supporting Autistic Kids (GASAK): support group for families with autistic children.
Our Services

- **Intensive Support Program** (ISP): Intensive mental health services onsite at 3 Nassau BOCES schools (elementary, middle, and high school programs)
- **Intensive Home-Based treatment and coordination services** that work to prevent out-of-home placements
- **Latina Girls Project**: bilingual and bicultural counseling, group therapy and respite outings
- **Organic Garden Program**
- **Wilderness Respite Program**: adventure groups for youth at risk
- **Community responses in crisis**:
  - September 11, 2001
  - Hurricane Sandy - Project Hope
  - Anti-Asian Bias webinar following COVID-19, as requested by a local community
- **Local, statewide and national advocacy** Initiatives to improve access to quality mental healthcare
How Do We Treat These Families?

- Addressing children’s emotional, behavioral, developmental and physical needs within the context of their relationships and environments.

- We see the connection between how a parent is functioning, or how a stressful home environment, impacts the way children feel, behave, develop, learn, and engage with others.

- Potentially misidentifying the nature of the issue that needs to be addressed.

- With a better understanding of parental mental health, you can modify interventions and expectations of treatment.

**Recognize the Connection Between Early Childhood and Parental Mental Health**
Understanding the Issue

- Term Perinatal Mood and Anxiety Disorders replaces what is typically referred to as “Postpartum Depression”
  - More accurately reflects women experiencing symptoms during their pregnancy, not just the postpartum period, as well as the component of anxiety
  - The postpartum period is typically considered the first year after birth
- PMADs affect 1 in 7 women, making it the #1 complication of pregnancy and childbirth. 
  JAMA. Interventions to Prevent Perinatal Depression US Preventive Services Task Force Recommendation Statement; February 12, 2019 Volume 321, Number 6
- Increasing recognition of fathers experiencing postpartum depression, estimating it impacts 1 in 10 dads. www.postpartum.net
Baby Blues

- Affects up to 80% of new mothers
- Symptoms begin within days of delivery but resolve within 2 weeks
- Tearful, irritable, anxious, interspersed with times of feeling well
- May have trouble falling asleep or staying asleep
- No treatment needed
- Provide emotional support, education, sleep support and extra help with the newborn and responsibilities
Researchers are still unsure of what exactly causes postpartum depression, though it is believed to be a combination of physical, emotional, and environmental factors.
Risk Factors

- A personal history of any psychiatric disorder (including a previous PMAD experience)
- Family history of depression or mental illness
- History of physical or sexual abuse
- Sensitivity to hormonal changes
- Low Self-esteem
- Inadequate support system
- Recent stressors- marital problems, financial problems, immigration, move, loss
- Lower socioeconomic status
- Pressure to return to work
- Substance abuse
Risk Factors

- Unplanned/ unwanted pregnancy
- History of reproductive losses; miscarriage, stillbirths, infertility
- Complications of pregnancy, delivery or breastfeeding
- Having a baby in the NICU
- Mothers who get sick or develop medical issues
- Mothers of multiples
- Cultural considerations
- Difficult infant temperament
Perinatal Mental Health

- There are various presentations of perinatal mental health difficulties:
  - Depression and Anxiety
  - Obsessive Compulsive Disorder (OCD)
  - Posttraumatic Stress Disorder
  - Bipolar Disorder
  - Psychosis
Perinatal Depression and Anxiety

- Begins during pregnancy or within a year after delivery
- Symptoms are more severe and last more than 2 weeks
  - Depressed Mood
  - Anhedonia
  - Anger or irritability
  - Change in sleep
  - Change in appetite
  - Withdrawing from friends
  - Low energy
  - Poor concentration and difficulty making decisions
  - Feelings of helplessness, hopelessness, worthlessness, shame
  - Guilt
  - Lack of interest in the baby; Possible regret about the decision to become a mother
  - Suicidal ideation
Perinatal Depression and Anxiety

- Increased recognition that this is more than depression

- Anxiety symptoms include
  - Feeling overwhelmed
  - Worry that something bad is going to happen - mainly focused on the baby
  - Racing thoughts
  - Panic attacks
OCD

- Obsessions about the baby - these are intrusive, persistent thoughts or mental images related to the baby, which are upsetting to the mother (Ego dystonic)
- Can be misunderstood as postpartum psychosis*

Common obsessive thoughts:
- Thoughts about the baby dying from SIDS
- Thoughts of dropping the baby
- Thoughts of drowning or visualizing the baby drowning
- Thoughts of germs and illness

Common compulsions
- Checking on the baby (monitors, breathing)
- Reassurance seeking (calling OB, pediatrician, Google)
- Cleaning
PTSD

Common Causes

- Most often caused by real or perceived trauma during the delivery or postpartum experience
- OB complications
- Unplanned C-section
- Perceived inadequate care during labor and delivery
- Feelings of powerlessness, poor communication, or lack of support and reassurance during delivery
- Premature or high risk infants; NICU
- Fetal demise, stillbirths
- History of sexual abuse or previous trauma
PTSD

- Nightmares
- Flashbacks
- Upsetting Intrusive Thoughts
- Strong distress to related exposures
- Strong body reactions (increased HR)
- Changes in arousal
  - Increased startle response
- Avoidance
- Dissociation
- Negative changes in thoughts/mood

- Loss of interest
- Inability to experience joy
- Irritability
- Impulsivity
- Poor sleep
- Poor concentration
- Hypervigilance
Bipolar Disorder

- The presence of depression and mania/hypomania
- Hypomanic and Manic Episodes Often Include:
  - Decreased need for sleep
  - Increase in goal directed activity and high energy level
  - Rapid speech
  - Impulsivity and poor insight
  - Irritability
  - Difficulty concentrating; easily distracted
  - Overconfidence
  - Delusions and hallucinations (in severe cases)
Postpartum Psychosis

- Acute, severe illness - this is a psychiatric emergency!
- 1-2: 1000 births
- Characterized by a loss of contact with reality for extended periods of time
- Symptoms may include rapid mood swings, agitation, confusion, delusions, disorganized thinking, hallucinations, severe insomnia, paranoia
- The most significant risk factor are a personal or family history of bipolar disorder or a previous psychotic episode
- Risk of suicide and infanticide
Postpartum Mental Health

- **Maternal Presentation**
  - Tearful
  - Anxious
  - Depressed
  - Feel like life will never be the same
  - Feelings of guilt
  - Poor self-esteem

- **Paternal Presentation**
  - Irritability
  - Anger
  - Substance abuse
  - Physical complaints like headaches, stomach problems
  - Violent behavior
  - Working more
What Can We Do?

- SCREEN and TREAT as early as possible, even prior to the onset of difficulties
- Identify these women early in the perinatal and postpartum periods for better outcomes
The American College of Obstetrics and Gynecology (ACOG) recommends depression screening for all women, both as a part of the well-woman visit and during the perinatal period.

The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. [https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care)

It is recommended that all obstetrician–gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. There is evidence that screening alone can have clinical benefits, although initiation of treatment or referral to mental health care providers offers maximum benefit. [https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression)
Screening Timing

- Routine screening for depression (by primary care doctor or OB/GYN)
- First prenatal visit
- At least once in second trimester
- At least once in third trimester
- First postpartum obstetrical visit (no later than 12 weeks postpartum)
- Repeated screening at 6 and/or 12 months in OB and primary care settings
- 3, 9, and 12 month pediatric visits*

Postpartum Support International
Screening

- Edinburgh Postnatal Depression Scale (EPDS): the most widely used tool
  - Self-assessment
  - Score >10 indicates possible illness
  - Includes questions relating to anxiety
  - Validated in pregnancy and postpartum
  - Validated for new mothers and fathers (2 point lower cut off for fathers)
  - Available in many languages
  - Free

- Patient Health Questionnaire-9 (PHQ9)
  - Self-assessment
  - Score >10 indicates possible illness
Edinburgh Postnatal Depression Scale (EPDS)

Postnatal depression is the most common complication of childbirth. The Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "antenatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Matters who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the test after 2 weeks. The scale will not detect mothers with anxiety neurrosis, phobias or personality disorders.

Women with postnatal depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center www.navaginen.gov and from groups such as Postpartum Support International www.postpartum.org and Depression after Delivery www.depressionafterdelivery.com.

**SCORING**

**QUESTIONS 1, 2, 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

**QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as 3 and the bottom box scored as 0.

Maximum score 30

Possible Depression: 16 or greater

Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

**Edinburgh Postnatal Depression Scale**

**Name:**

**Address:**

**Baby’s Date of Birth:**

**Your Date of Birth:**

**Phone:**

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 feel IN THE PAST 7 DAYS, not how you feel today.

Here is an example, already completed.

I have felt happy:

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

I have been able to laugh and enjoy the funny side of things:

- As much as I always could
- Not quite as much now
- Definitely not as much now
- Not at all

I have thought about things in a different way:

- As much as I used to
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

I have been feeling nervous when things weren’t going well:

- Yes, most of the time
- Yes, some of the time
- No, not at all

I have been anxious or worried for no good reason:

- Yes, not at all
- Hardly ever
- Sometimes
- Yes, very often

I have felt sad or MOODY for no good reason:

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

I have felt down or cried for no good reason:

- Yes, quite a bit
- Yes, sometimes
- No, not much
- No, not at all

I have been feeling down most of the time:

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No

I have felt quite upset that I have been crying:

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No

The thought of harming myself has occurred to me:

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Adapted/revised by Date

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PHQ-9: Patient Health Questionnaire (PHQ-9)

For initial diagnosis:
1. Patient completes PHQ-9 Depression Assessment.
2. If there are at least 4 symptoms listed below, consider a depression disorder. Add one star to determine severity.

Criteria: Major Depressive Disorder
- If there are at least 5 symptoms listed below, consider a depression disorder. Add one star to determine severity.

Criteria: Other Depressive Disorder
- If there are at least 4 symptoms listed below, consider a depression disorder. Add one star to determine severity.

Note: Since the questionnaires rely on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understands the questions, his/her other medical conditions, and the possible presence of other mood disorders or other mental disorders.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:
1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every 2 weeks) at home and bring them to their next appointment for scoring or they may complete the questionnaires during each subsequent appointment.
2. Add one star to each symptom.
3. Add together the total score to get the TOTAL score.

Scoring: Add up all the boxes below to get the TOTAL score.

Interpretation of Total Score

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>Minimal depression</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>15-19</td>
<td>Severe depression</td>
</tr>
<tr>
<td>20-27</td>
<td>Very severe depression</td>
</tr>
</tbody>
</table>

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When maternal mental health issues are not treated, it can cause:

- Deterioration in functioning
- Relationship issues with partner
- Difficulty bonding with infant
- Parenting difficulties
- Impacts on future childbearing decisions
- Intergenerational Trauma
- Implications on child's functioning and development
The Impact on Children

- Children at higher risk for developmental delays, learning issues, behavioral difficulties, and emotional dysregulation
- Attachment issues which impact a child’s ability to feel safe and secure, and develop healthy, positive relationships
- Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur from birth-17 years, (such as family mental illness, substance, use, abuse, neglect, exposure to violence) that are linked to lifelong negative patterns of physical and emotional health outcomes
  
  [www.cdc.gov/violenceprevention/aces/index.htm](http://www.cdc.gov/violenceprevention/aces/index.htm)
We are the only community-based mental health clinic in the county providing services for women suffering from maternal depression.

We accept most insurances and turn no one away for the inability to pay.

We never put clients on a waiting list for services.

Due to need, we have an expanded catchment area to provide treatment for mothers outside of Nassau County.

We recognize and implement culturally competent practices.

We screen all participants in the Good Beginnings for Babies program.

We offer rapid response to mothers

- All initial calls are treated as emergencies and immediately screened over the phone to assess for safety and needs.
- An appointment for an assessment is scheduled, usually within 48 hours.
At the Initial Assessment:

- Screen using the Edinburgh Postnatal Depression Scale and The Columbia Suicide Severity Rating Scale, both standardized assessment tools.

- The clinician conducts another safety assessment, obtains a full history, and discusses the anticipated course of treatment.

- Prior to leaving the first session, they are given a follow-up appointment and encouraged to call sooner if needed.

- Contact collateral sources, such as the woman's obstetrician or partner, in order to collaborate care.

- We encourage that family members participate in the treatment.

- A psychiatric evaluation is offered as part of the treatment process.
Treatment

- Ongoing therapy services:
  - Individual and family therapy; includes couples’ counseling and dyadic work with mothers and their babies
  - Utilize EPDS throughout treatment and have client fill out again at termination
- Support groups
- Psychotropic medication, when needed
- Referrals for higher level of care, when needed
  - Partial hospitalizations
  - Inpatient treatment

Validation is a key component of care, as well as providing a non-judgmental, safe place to be honest about their feelings.
Beginning in 2019, we received a grant from the Nancy and Edwin Marks Family Foundation that allows us to offer more services to our clients.

- Increased clinical capabilities, during which we more than doubled our admissions and clients served
- Home visits that allowed us to meet with mothers sooner after giving birth
- Increased community education and collaborative efforts with obstetricians and pediatricians to increase screening and knowledge of our services
- Enhancing psychoeducation, wellness, and self-care. This had the additional component of childcare so that the mothers could focus on themselves and relax
  - Pediatric sleep workshop
  - Mindfulness Workshop
  - Postpartum Yoga
  - Beauty masterclasses at Neiman Marcus
The Impact of COVID-19

- Recognizing the impact of the pandemic on families during preconception, pregnancy, postpartum, and parenting.
- Increased isolation, less supports available, sadness about missing the typical experiences of this time.
- Anxiety about being alone during important appointments or the delivery due to evolving restrictions; changes to birth plans
- Increased concerns about illness
- Changes to treatment planning
  - Telehealth: Risks and Benefits
  - Virtual Support Groups