

PERINATAL MOOD DISORDERS: IMPROVING ITS ASSESSMENT

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Course Parameters

- Dispelling the myths of motherhood
- Dx and Tx issues
- Using case material, emphasis on:
 - ▶ identifying risk factors,
 - ▶ addressing the impact of maternal depression on the family system
 - ▶ understanding the psychological repercussions of disrupted attachment

Birth of a child as a developmental crisis

- More psychiatric admissions around childbearing years (O'Hara & Stuart, 1999).
- Rates of major depression postpartum in the U.S. estimated at 800,000 women annually
- International rates estimated between 10% and 28%
- Cross-cultural meta-analysis documents 143 studies reporting prevalence in 40 countries with rates as high as 60% (Halbreich & Karkun, 2006)

Myths of Motherhood

- mothering is instinctive
- the notion of “the perfect mother”
- supermom
- madonna images



Myths About the Baby

- love at first sight
- love means 24 x 7
- no big deal – just another job



Myths about the Transition to Parenthood

- the happy little family
- the most wonderful time in your life
- the ultimate fulfillment
- instant knowledge
- snap back by six weeks

The woman's experience of the motherhood myths

- The myth of maternal instinct
- The myth of maternal bonding
- Who is “the good mother” ?



The man's experience of the motherhood myths

- The myth of maternal instinct
- Male attitudes about gender roles
- Occupational roles vs. family roles



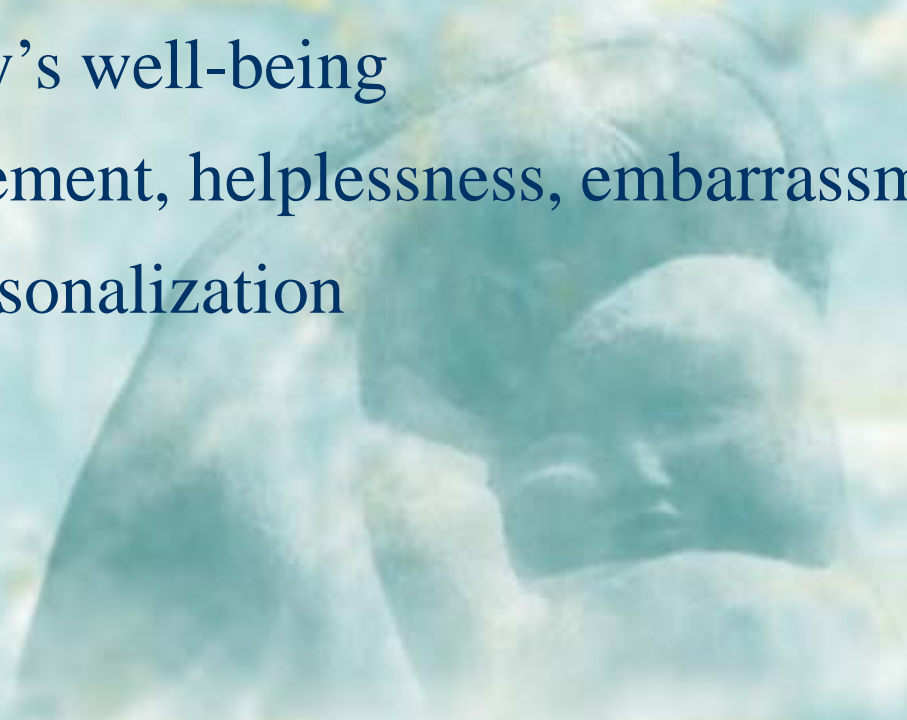
The couples' experience of the motherhood myths

- Babies fix bad marriages
- Mothers and fathers share equally in infant care
- Routines will not change after the baby is born



Emotional Reactions to Pregnancy and Birth

- during labor – fears of unknown
 - ▶ loss of control
 - ▶ medical procedures
 - ▶ baby's well-being
- excitement, helplessness, embarrassment, depersonalization



Emotional Reactions Following Birth

Positive feelings

- euphoria
- sense of fulfillment
- sense of being a family
- instant love for baby
- protectiveness

Negative feelings

- disinterest in baby
- exhaustion/detachment
- disappointment
- overwhelmed by sense of responsibility

Depression/Anxiety During Pregnancy

- 10% during pregnancy
- 50-75% relapse after discontinuing meds
- low birthweight
- preterm
- constriction in placental blood supply
- heightened startle response
- later behavioral problems
- > cortisol levels
- organ malformation

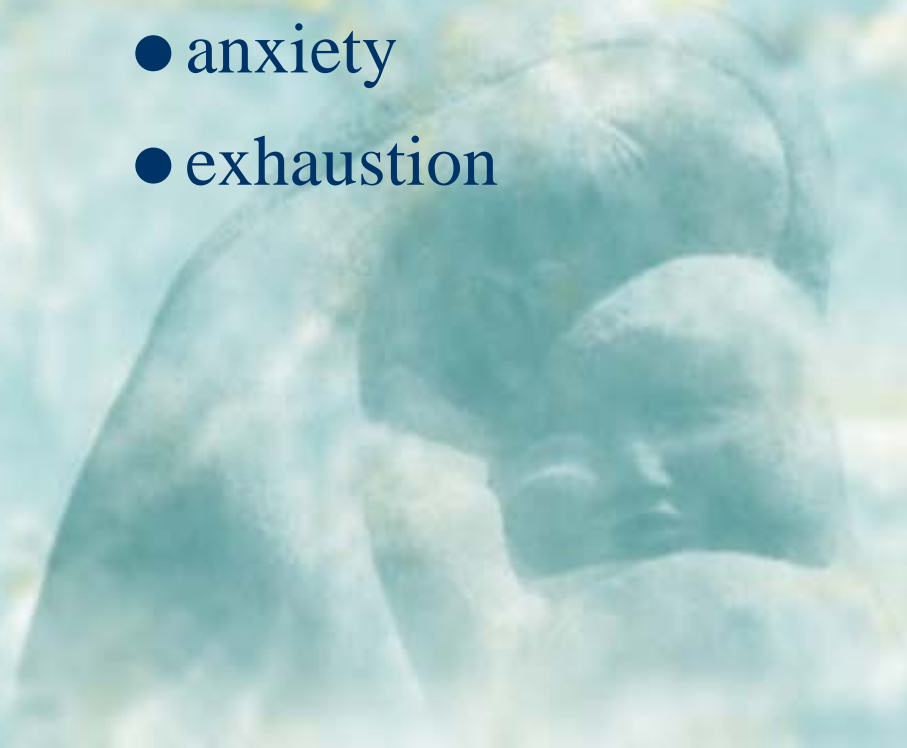
Baby Blues

- 50%-80% of postpartum women
- onset usually between day 3 and day 14 postpartum
- symptoms persist few days to few weeks
- usually diminish without intervention



Symptoms of the Blues

- tearfulness
- irritability
- sadness
- sleeplessness
- anxiety
- exhaustion



Symptoms of Postpartum Psychosis

- refusal to eat
- inability to sleep
- agitation
- depressed or elevated mood (mania)
- delusions
- hallucinations
- paranoia

Pregnancy Denial and Neonaticide

- Physical symptoms of pregnancy absent or denied
- Depersonalization and dissociation
- Labor pains misinterpreted/unassisted deliveries
- Brief psychosis
- Intermittent amnesia
- Childhood trauma (substance abuse, sexual / physical / emotional abuse)
- Poor insight/low intellectual functioning, especially abstract thinking
- Dysfunctional family dynamics characterized by chaos, isolation, or rigidity and emotional neglect
- Hostile/estranged parental relationships (frequent threats of abandonment)

Explanations for postpartum depression

THE MEDICAL MODEL PERSPECTIVE

THE FEMINIST PERSPECTIVE

THE ATTACHMENT THEORY PERSPECTIVE



Postpartum Depression

- 15%-20% with “baby blues” will develop a major depression
- can occur anytime within the first year
- early assessment and tx critical – can become chronic
- 50% - 75% recurrence rate in subsequent birth



Symptoms of PPD with Anxiety

- insomnia
- weight loss
- inability to cope
- hopelessness
- confusion and disorientation
- difficulty concentrating
- “going through the motions”
- sadness
- feelings of inadequacy
- memory loss
- fear of being left alone
- overwhelming anxiety
- emotionally detached from their infant
- suicidal ideation

Symptoms of Obsessive-Compulsive Disorder

- intrusive and repetitive thoughts or images
- thoughts often about hurting/killing baby
- thoughts often accompanied by anxiety-reducing behavior



Symptoms of Panic Disorder

- shortness of breath, chest pain, dizziness
- trembling, numbness
- restlessness and agitation
- sudden episodes of extreme anxiety, excessive worries



Symptoms of PTSD

- reliving of past traumatic events
- flashbacks, nightmares, images
- sense of doom

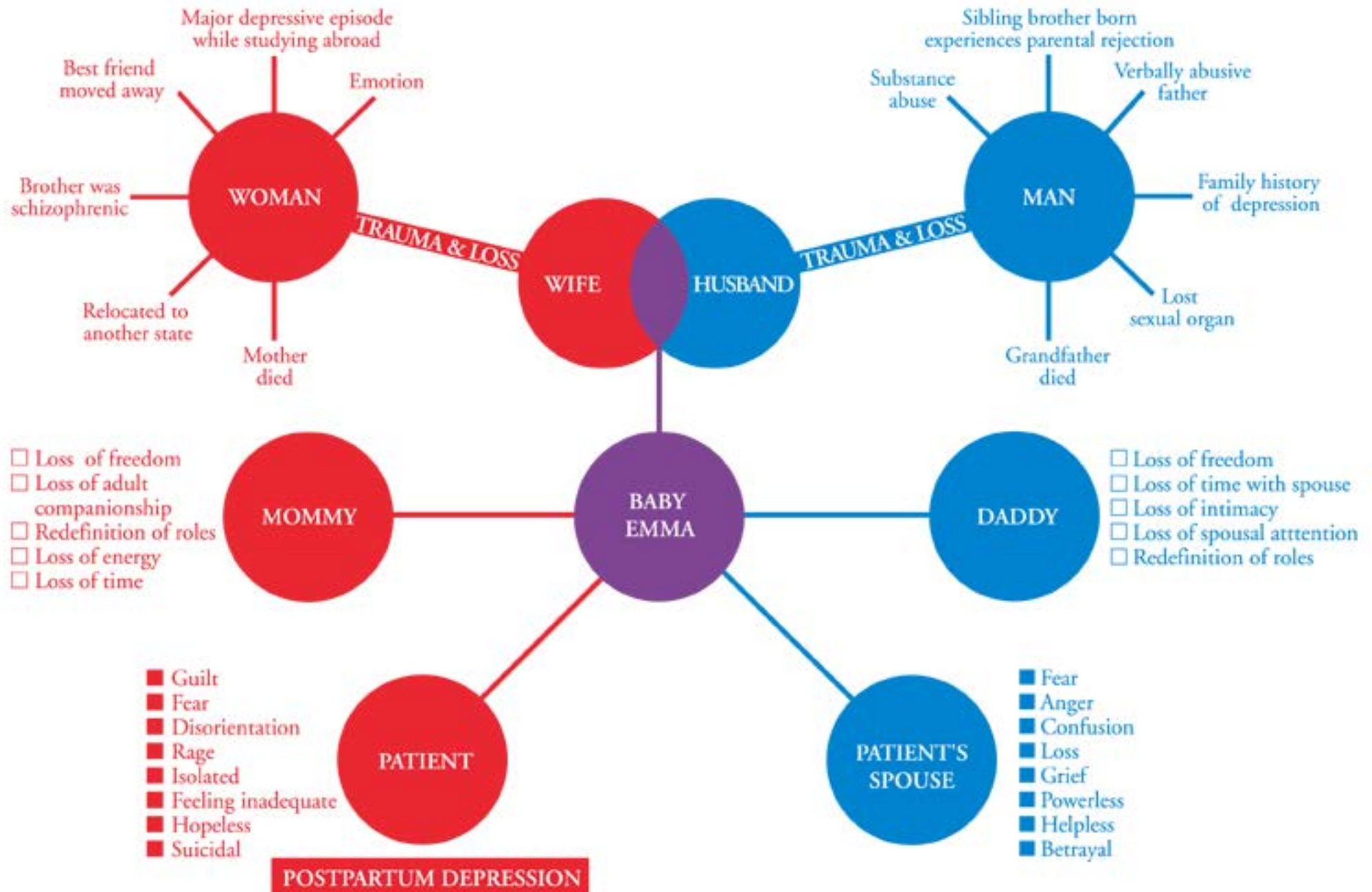


Impact on the System

- responses to loss
- renegotiation of roles
- closed system vs open system



A SYSTEMS APPROACH TO TREATING POSTPARTUM DEPRESSION



Marital Satisfaction and Postpartum Depression

- Marital satisfaction based on one's perception of responsiveness and reliability of the other
- Maternal competence and partner support
- Disruptions in communication

Biological Risk Factors

- personal / family history of depression and/or anxiety disorder
- personal / family history of postpartum depression
- depression / anxiety during pregnancy
- premenstrual dysphoric disorder (PPD)
- personal / family history of thyroid illness
- long / short intervals between pregnancies
- fertility tx

Psychological Factors

- interpersonal stress
- unsupportive spouse
- poor relationship with woman's own mother
- ambivalence about the maternal role
- past experience of trauma (physical, emotional, sexual abuse)
- chemical dependency in the family
- previous unresolved losses (death, divorce, miscarriage, abortion, stillbirth)

Psychosocial Stressors

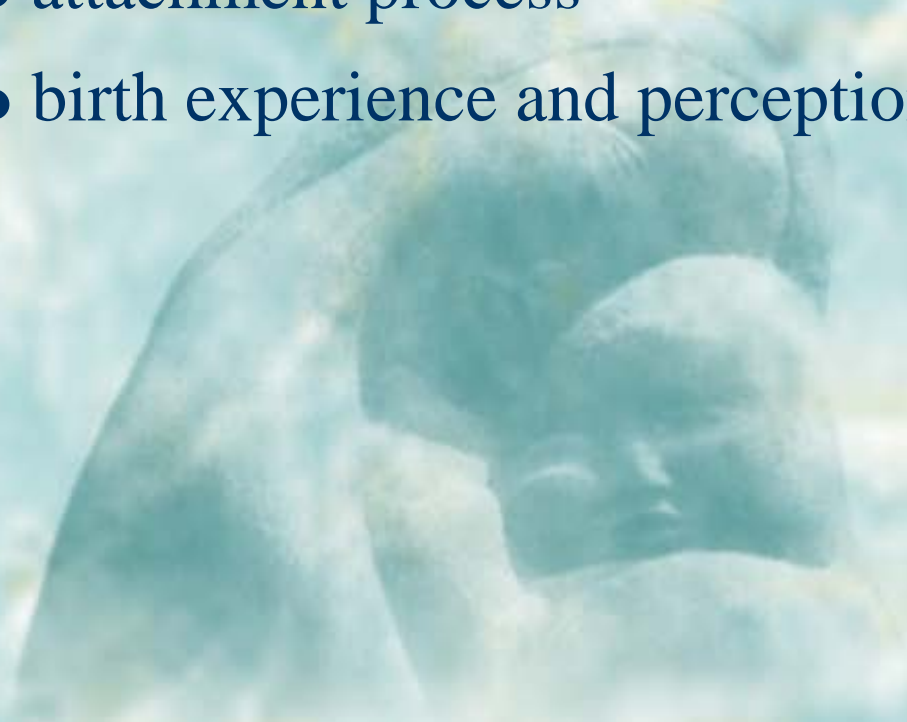
- absence of a social support structure
- complicated pregnancy and/or delivery
- premature delivery
- infertility issues
- sick/colicky infant
- multiple births
- stressful life events (moving, financial pressures)

Screening for Risk During Pregnancy

- previous tx for psychological / emotional problems
 - ▶ medications
 - ▶ counseling
 - ▶ hospitalizations
- awareness of mood changes and severity
- previous depressions during pregnancy and/or postpartum

Screening During Labor and Birth

- partner support
- stress of labor and delivery
- maternal expectations
- attachment process
- birth experience and perceptions



Screening Postpartum

- comfort level with maternal role
- mother-infant reactions
- sleep and/or eating disturbances
- mood fluctuations



Pregnancy and Postpartum Screening Tools

- Edinburgh Postnatal Depression Scale (EPDS)
- Postpartum Depression Screening Scale (PDSS)
- Personal Health Questionnaire (PHQ-9)



PDSS – The Four Stage Process of Teetering on the Edge

- Encountering Terror
- Dying of Self
- Struggling to Survive
- Regaining Control

Postpartum Depression Screening Scale

Seven Dimensions/Categories

- sleeping/eating disturbances
- anxiety/insecurity
- emotional lability
- mental confusion
- loss of self
- guilt/shame
- suicidal thoughts

PDSS Total Score

35-59: normal adjustment

60-79: significant symptoms of postpartum depression

80-175: positive screen for major postpartum depression



Why Treat Postpartum Depression?

Risks to the infant present risks to the developing child

- attachment difficulties
- poorer developmental scores at one year
- social developmental delays
- cognitive deficits and attention disorders
- microdepression
- serious maternal depression carries risk of child abuse and neglect, maternal suicide or infanticide

Treatment of Perinatal Mood Disorders

- individual psychotherapy
- antidepressant and/or anti-anxiety medication when necessary
- medication for sleep
- treat thyroiditis



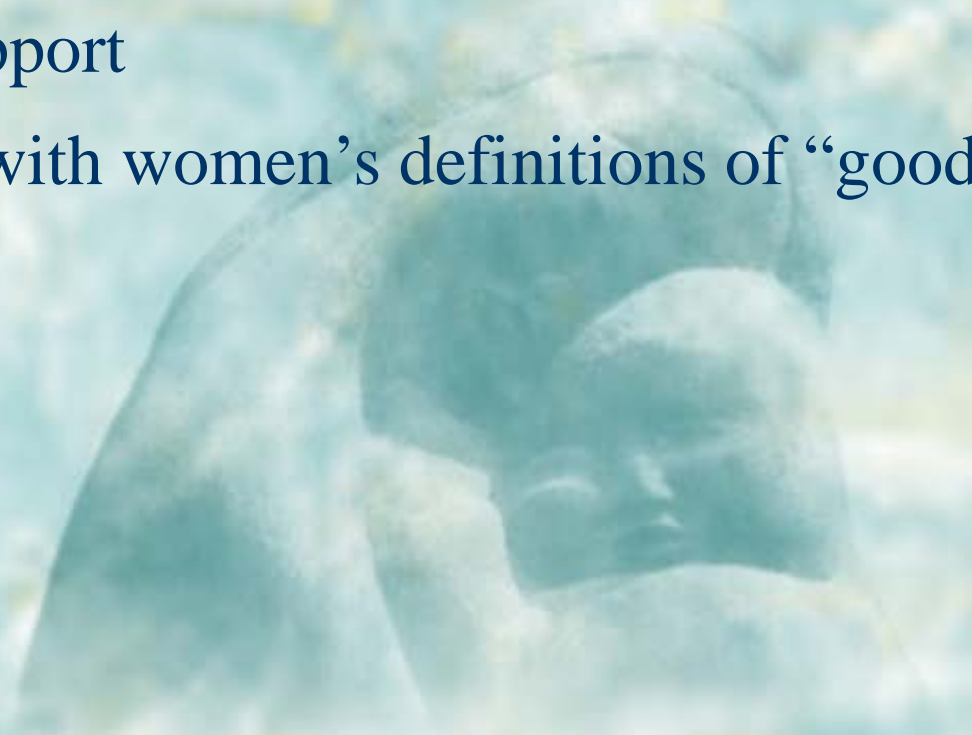
Barriers to TX

- healthcare providers minimize the experience
- woman's fear of overreaction by health care providers
- self reliance as societal value
- stigmas about mental illness
- media
- differing medical opinions
- finances

Therapeutic Goals

- dispel motherhood myths to reduce shame
- educate about risk factors
- mourn loss of former self
- help to normalize the transition to parenthood by defining shared responsibilities and roles, rearranging priorities
- help to mobilize additional support systems
- exploring the psychological process (“the good-enough mother”)

Psychotherapy for Postpartum Mood Disorders

- Interpersonal psychotherapy
 - Emotionally focused psychotherapy
 - Cognitive behavioral psychotherapy
 - Group support
 - Working with women's definitions of “good mother”
- 

What are the functions of attachment?

- Physical and psychological survival
- A template for all other relationships



The new mother and the developing attachment relationship

- Primary maternal pre-occupation (Winnicott)
- The good enough mother (Winnicott)
- Maternal attunement (Ainsworth)
- Development of self (Stern)
- Affect regulation (Emde)

Maternal depression and disrupted attachment

- Emotionally disconnected or hostile and intrusive
- Withdrawn
- Less touch
- Less face to face contact
- Less skin to skin contact (holding)



Prevention

- perinatal screening
- education
- social support
- preparation for parenthood
- plan of action



Edinburgh Postnatal Depression Scale

1. I have been able to laugh and see the funny side of things.
2. I have looked forward with enjoyment to things.
3. I have blamed myself unnecessarily when things go wrong.
4. I have been anxious for no good reason.
5. I have felt scared or panicky for no very good reason.
6. Things have been getting on top of me.
7. I have been so unhappy that I have had difficulty sleeping.
8. I have felt sad or miserable.
9. I have been so unhappy, I have been crying.
10. The thought of harming myself has occurred to me.

Each item rated 0-3. Any score over 12 is significant.

British Journal of Psychiatry, June 1987, Vol. 150, J.L. Cox, Holden and Sagovsky


Resources

Postpartum Support International
www.postpartum.net

Marce Society
www.marcesociety.com

211 LA County
www.211LACounty.org

Los Angeles County Perinatal
Mental Health Task Force
lacountyperinatalmentalhealth.org



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