

**ECHO IDAHO**

Maternal Care

# Perinatal Mental Health

3/26/25

Rachel Root, PhD, PMH-C  
Treasure Valley Psychology

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



**University of Idaho**  
School of Health and Medical  
Professions



# Learning Objectives

- Introduction of perinatal mood and anxiety disorders
- Explore screening tools used in perinatal populations
- Discuss strategies for supporting mental health in the perinatal period

# The Perinatal Period

- From pregnancy through the first year after giving birth
- Highest incidence of mental health intervention across a woman's lifespan
- Perinatal mental health disorders are the #1 most common medical complication related to childbearing



# Perinatal Mood and Anxiety Disorders

- 1 in 5 birthing individuals
- 75% of birthing people who experience symptoms consistent with PMADs go untreated
- 27% enter pregnancy with anxiety or depression
- 33% develop symptoms during pregnancy
- 40% develop symptoms postpartum
- Suicide and overdose are the leading causes of death in the first year postpartum

# Perinatal Mood and Anxiety Disorders

## **Risk Factors**

- Personal or family history
- Lack of support
- Sensitivity to hormonal changes or endocrine dysfunction
- High stress parenting
- Trauma

## **Compounding Factors**

- Sleep deprivation, pain, breastfeeding struggles, childcare stress, relational difficulty, health concerns in baby or parents, baby's temperament, family of origin issues, returning to/balancing work, etc.

# Is this “NORMAL”??

## Baby Blues or Postpartum Depression?

- Affects up to 85% of new moms
- Typically peaks at 2-5 days postpartum
- Differential Diagnosis
  - Timing: if symptoms emerge within first two weeks, likely baby blues
  - Duration: more than 2 weeks, likely PPD
  - Severity: increasing severity in PPD, decreasing in BB

	Pregnancy	Postpartum	Depression	Anxiety
Mood	lability, teary, anticipation, joy	lability, weepiness, joy, overwhelm, heightened emotions	persistent gloom, anhedonia, irritability	persistent worry, fear, dread, irritability
Energy	may tire easily, but rest is restorative	decreased, but rest is restorative	rest is not restorative, persistent fatigue	feeling “on edge”
Appetite	Increased	Increased	Decreased	Decreased, may forget to eat
Sleep	waking from bladder urgency/heartburn/discomfort, but can fall asleep	Is able to sleep when given the opportunity	can't fall asleep, early waking	can't fall asleep, “mind racing,” “can't turn my brain off”
Self-esteem	Relatively unchanged	Relatively unchanged, some body image shifts	persistent guilt	persistent self-doubt
Behaviors	Relatively unchanged	periodic checking on baby, worry about germs, etc	disinterest, avoidance, uncontrollable crying	checking is almost constant and disruptive, won't let others hold baby

# Perinatal Obsessive Compulsive Disorder

- 1.5-2xs greater risk in perinatal period
- Symptoms
  - Intrusive, repetitive thoughts- usually of harm coming to the baby
  - Severe guilt and shame
  - Feeling horrified by one's own thoughts
  - Extreme hypervigilance
  - Compensatory behaviors



# Perinatal Psychosis

- Prevalence rate of 1-2 in 1,000
- Onset usually within first 2 weeks postpartum
- Almost all postpartum psychosis is preceded by insomnia
- This is a medical emergency!
- Risk Factors
  - **Preexisting Type I or Type II Bipolar Disorder**
  - First baby
  - Perinatal infant mortality
  - Discontinuation of mood stabilizer
  - Personal history
  - Family history
  - Acute sleep deprivation

# Postpartum OCD

- Extreme anxiety about unwanted thoughts/images
- Awareness that thoughts are unhealthy
- Mother is disturbed/fearful of thoughts
- No desire to harm baby
- Steps taken to ensure safety of infant
- Absence of delusions or hallucinations
- Significant concern about “going crazy”

# Postpartum Psychosis

- Little anxiety about thoughts/behaviors or aloofness
- Higher tendency to act on or indulge in thoughts/behaviors
- No recognition that thoughts are unhealthy
- Delusions/hallucinations
- Desire to harm baby/carry out thoughts

# Bipolar Disorder

- Chronic disorder with high rates of relapse, suicide, psychosis, and significant dysfunction across settings
  - Stopping medications significantly increased risk of relapse
- High risk factor for postpartum psychosis
  - Psychosis occurs in 20-30% of individuals with known Bipolar Disorder
  - 90% of individuals with postpartum psychosis ultimately have Bipolar Disorder

# Birth Trauma

## Definition

- If the birthing individual was (or believed that they or their baby was) in danger of injury or death
  - If they felt helpless, out of control, or alone (at any point in labor and birth)
  - The individual's perception determines the presence of trauma, whether or not clinical staff or caregivers agree (Beck, 2004)
- 
- Approximately 34% of moms endorse a traumatic birth experience
  - Non-birthing partners can experience birth trauma
  - Potential for PTSD to develop

# Birth trauma

## Potentially trauma-inducing aspects of child-bearing

- Emergency/unplanned Caesarean delivery
- Premature birth
- Postpartum Hemorrhage
- Infant in NICU
- Forceps/Vacuum extraction
- 3rd or 4th degree laceration
- Severe pre-eclampsia
- Hyperemesis Gravidarum
- Traumatic vaginal birth
- Infant loss
- Fertility Struggles
- Unrealized birth plans/expectations
- Denial of reproductive healthcare/disruptions in availability of care
- Pts not being informed/consulted in reference to medical procedures
- TFMR

# If un/under-treated...

## Pregnancy

- Noncompliance with prenatal care
- Increased risk of preterm birth, shortened gestational age, low birth weight, preeclampsia, and suicide
- Risks for fetal development

## Postpartum

- Difficulty breastfeeding
- Difficulty with bonding and attachment
- Increased risk of PMADs in non-birthing partner
- Fertility issues
- Risks for baby
  - Babies harder to soothe, increased crying
  - Persistent disruption of neurotransmitter and hormone systems affects continued brain development



# Screening

## Prevalence of perinatal complications

- Gestational Hypertension- 6-8%
- Pre-eclampsia- 6-8%
- Gestational Diabetes- 6%
- PMADs- 21%

## Who can screen?

- ALL providers who interface with pregnant or postpartum women
- Parents may respond differently to certain providers

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's 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 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
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- |   |   |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me   |
| <input type="checkbox"/> As much as I always could            | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now                | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual    |
| <input type="checkbox"/> Definitely not so much now           | <input type="checkbox"/> No, most of the time I have coped quite well             |
| <input type="checkbox"/> Not at all                           | <input type="checkbox"/> No, I have been coping as well as ever                   |
| 2. I have looked forward with enjoyment to things             | *7. I have been so unhappy that I have had difficulty sleeping                    |
| <input type="checkbox"/> As much as I ever did                | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Rather less than I used to           | <input type="checkbox"/> Yes, sometimes   |
| <input type="checkbox"/> Definitely less than I used to       | <input type="checkbox"/> Not very often   |
| <input type="checkbox"/> Hardly at all                        | <input type="checkbox"/> No, not at all   |
| *3. I have blamed myself unnecessarily when things went wrong | *8. I have felt sad or miserable  |
| <input type="checkbox"/> Yes, most of the time                | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Yes, some of the time                | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Not very often                       | <input type="checkbox"/> Not very often   |
| <input type="checkbox"/> No, never                            | <input type="checkbox"/> No, not at all   |
| 4. I have been anxious or worried for no good reason          | *9. I have been so unhappy that I have been crying                                |
| <input type="checkbox"/> No, not at all                       | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Hardly ever                          | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Yes, sometimes                       | <input type="checkbox"/> Only occasionally  |
| <input type="checkbox"/> Yes, very often                      | <input type="checkbox"/> No, never  |
| *5. I have felt scared or panicky for no very good reason     | *10. The thought of harming myself has occurred to me                             |
| <input type="checkbox"/> Yes, quite a lot                     | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Yes, sometimes                       | <input type="checkbox"/> Sometimes  |
| <input type="checkbox"/> No, not much                         | <input type="checkbox"/> Hardly ever  |
| <input type="checkbox"/> No, not at all                       | <input type="checkbox"/> Never  |

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

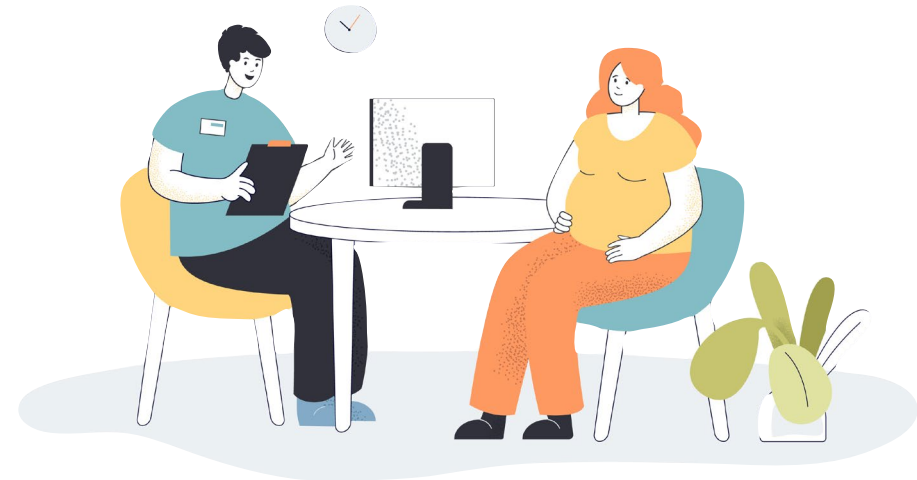
Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.



# Screening

## Recommended screening schedule

- At least once in each trimester of pregnancy
- 4-6 weeks after delivery
- 3mo, 6mo, 9mo, 12mo
- Any time there is concern



# Treatment

## Psychotherapeutic approaches useful for working with PMADs

- Cognitive Behavioral Therapy (CBT)
- Acceptance and Commitment Therapy (ACT)
- Interpersonal Therapy (IPT)
- Motivational Interviewing
- Peer support (group or individual)
- Psycho-education (groups or individual)
- Mother-infant therapy and education

# Treatment

## Clinical guidelines/best practices for supporting medication usage

- Maximize non-pharmacological interventions
- If it's working, don't change it
- Risk vs risk model
- Dose to remission
- DO NOT taper off medications as delivery approaches
  - Height of psychiatric vulnerability between 34w GA and 4w PP
  - Significant neurochemical changes in first 48hrs after delivery

# How else can I help?

- The best treatment is prevention
- Psychoeducation and support
- Sleep hygiene is **ESSENTIAL**
- Support medication use when necessary
- Assess and encourage utilizing supports
- Provide resources
- Be aware and sensitive to cultural considerations
- Consult and work as a team with other providers whenever possible
- Remind your families that these disorders are treatable



# Resources

## Postpartum Support International

- Toll-free helpline for women and families 1-800-944-4773 (ext. 1 for English, ext. 2 for Spanish)
- Comprehensive resource for all things perinatal mental health including online support groups, peer support, educational classes, provider directory, local PSI resource coordinators, and more

Perinatal Psychiatric Consult Line 1-800-944-4773 (Medical providers only)

## National Maternal Mental Health Hotline

- 1-833-852-6262
- 24/7 crisis line, English and Spanish, interpreter services in 60 languages

## Massachusetts General Hospital Center for Women's Mental Health

- Informational resource
- <https://womensmentalhealth.org>

## Trauma Resources

- PATTCH
  - Resource for individuals affected by birth trauma
- RESOLVE
  - Resource for individuals affected by infertility
- The MISS Foundation
  - Resource for bereaved parents
- Return to Zero
  - Resource for individuals affected by pregnancy and infant loss

# References

- ACOG Committee Opinion 757 (2018).
- Gavin (2005). *Obstetrics & Gynecology*, 106, 1071-83.
- Fawcett (2019). *Journal of Clinical Psychiatry* (80)4.
- National Institute of Mental Health (2013). Postpartum Depression Facts NIH13-8000.
- Davis (2019). Pregnancy-related deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017.
- Metz (2016). *Obstetrics & Gynecology*, 128(6): 1233-1240.
- Goldman-Mellor (2019). *American Journal of Obstetrics & Gynecology*, 221(489): e1-9.
- Da Costa (2019). *Journal of Women's Health*, 21(9): 830-836.
- Foli (2016). *Journal of Affective Disorders*, 200: 293-302.
- Byatt (2015). *Obstetrics & Gynecology*, 126(5): 1048-1058.
- Luca (2020). *American Journal of Public Health*, 110(6): 888-896.
- Grote (2010). *Archives of General Psychiatry*, 67(10): 1012-1024.
- Taylor (2019). Eliminating racial disparities in maternal and infant mortality. Center for American Progress.
- Zhou (2019). *Journal of Women's Health*, 28(8): 1068-1076.
- Field (2010). *Infant Behavioral Health*, 33(1): 1-14.
- Sriraman (2017). *Pediatrics in Review*, 38(12): 541-551.
- Fitelson (2011). *International Journal of Women's Health*, 3: 1-14.
- Cherry (2016). *International Journal of Women's Health*, 8: 233-242.
- Stein(2014). *The Lancet*, 384: 1800-1819.
- Felitti (1998). *American Journal of Preventative Medicine*, 14(4): 245-258.
- Wisner (2013). *JAMA Psychiatry*, 7(5): 490-498.
- Altshuler et al. *AM J Psychiatry*. 1996;153:592; Cohen and Rosenbaum. *J Clin Psychiatry*. 1998;59(suppl 2):18; Meany et al. *Dev Neurosci*. 1996; 18:49; Orr and Miller. *Epidemiol Rev*. 1995;17:165; Steer et al. *J Clin Epidemiol*. 1992;45:1093
- Hosseini SM et al. *Pediatric and Perinatal Epidemiology* 2009; 23:557-566
- Viguera A. et al. *Am J Psychiatry* 2007; 164:1817-1824. Boden, R. et al. *BMJ* 2012; 345:7085

# References Cont.

Field T. Infant Behave Dev. 2010;33(4):409-418. Field T, et al. Infant Behave Dev. 2006;29:445-455. Allotter L, et al. Dev Neuropsychol. 2001;20(3):639-651

Evins, Theofrastous JP, Galvin SL, Am J Obstet Gynecol 2000 May; 182(5):1080-2

Earls M, Committee on Psychosocial Aspects of Child and Family Health. Pediatrics. 201;126(5):1032-39

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. Elk Grove Village, IL: American Academy of Pediatrics 2008

Oguz, F. Journal of Mood Disorders 2011; 1(4):178-86

Abramowitz J. et al. Arch Women's Mental Health 2010; 13(6):523-530

*Traumatic Childbirth by Beck, Driscoll, Watson 2013; Beck, CT. Nursing Research 2004 (53)28-35*

<https://www.mmhla.org/fact-sheets>

<https://www.2020mom.org/mmh-screening-tools>

## Images

[https://www.freepik.com/free-photo/mother-holding-her-infant-baby\\_18411451.htm#fromView=search&page=2&position=5&uuid=3299ae77-7a29-406a-b25b-e4a9e6de6d4b](https://www.freepik.com/free-photo/mother-holding-her-infant-baby_18411451.htm#fromView=search&page=2&position=5&uuid=3299ae77-7a29-406a-b25b-e4a9e6de6d4b)

[Image by grmarc on Freepik](https://www.freepik.com/free-vector/cute-interracial-women-pregnancy-landscape_4943466.htm#fromView=search&page=1&position=22&uuid=3be4eba1-1d4e-4e9e-bd99-8fd55e36dc39)

[Image by pikisuperstar on Freepik](https://www.freepik.com/free-vector/cartoon-pregnant-women-illustration-illustration_21862802.htm#fromView=search&page=1&position=46&uuid=3be4eba1-1d4e-4e9e-bd99-8fd55e36dc39)

[Image by storyset on Freepik](https://www.freepik.com/free-vector/pregnancy-stages-concept-illustration_10118070.htm#fromView=search&page=1&position=48&uuid=3be4eba1-1d4e-4e9e-bd99-8fd55e36dc39)

[Image by pch.vector on Freepik](https://www.freepik.com/free-vector/young-depressed-woman-sitting-sofa-holding-head_9177140.htm#fromView=search&page=1&position=23&uuid=69eca871-ea10-4f24-b59d-716d32b2304a)

[Image by freepik](https://www.freepik.com/free-photo/postnatal-period-with-mother-breastfeeding-child_19121638.htm#fromView=search&page=1&position=2&uuid=69eca871-ea10-4f24-b59d-716d32b2304a)

[Image by pch.vector on Freepik](https://www.freepik.com/free-vector/support-depressed-sad-girl-from-friend-mother-sister-women-sitting-couch-together-comforting-talk-people-flat-vector-illustration-empathy-mental-help-depression-concept_22344032.htm#fromView=search&page=1&position=30&uuid=69eca871-ea10-4f24-b59d-716d32b2304a)

[Image by pch.vector on Freepik](https://www.freepik.com/free-vector/doctor-consulting-pregnant-woman-office-gynecologist-talking-female-patient-hospital-flat-illustration_16375057.htm#fromView=search&page=1&position=16&uuid=f6353ffe-66ed-4976-b3e0-2e1f3b977da5)

[Image by pikisuperstar on Freepik](https://www.freepik.com/free-vector/hand-drawn-flat-design-pregnancy-yoga-collection_21599613.htm#fromView=search&page=1&position=17&uuid=a8cb2c71-70c1-4cd5-a5c8-d564a89bf698)